

Electronic Funds Transfer- Mandate form

I Mr./Ms. _____, son/daughter/wife of _____ resident of _____ am a claimant/Policy Holder under the Policy Number _____. I do hereby request Max Life Insurance Company Limited electronically transfer the claim payment under the above mentioned policy number in to my bank account as per detail given below.

Account Holder Name: _____

Bank name: _____

Type of Bank Account: _____

Bank Account Number: _____

Branch Address : _____

MICR code : _____

IFSC code (Indian Financial Security code): _____

Declaration—

I agree to save and hold Max Life Insurance Company Limited harmless and indemnified against any and/or all losses, claims, liabilities, legal proceedings (including attorney fees'), expenses, or damages suffered by or taken against Max Life Insurance Company Limited arising on account of any error or misrepresentation in the information furnished in this EFT mandate by me.

Date:

Account Holder / Claimant Signatures: _____

Bank Verification -

I, the undersigned authorized person, on behalf of the above mentioned bank, confirm that the bank account details of the individual as mentioned in this EFT Mandate form are correct and are hereby verified

Name of Bank: _____

Bank verification Stamp with branch address and Signature of the Banker _____

Name of the Signing authority _____

Please attach a copy of cancelled Cheque or copy of bank account passbook bearing the above mentioned account number along with this form.