





**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/ copy of bank account passbook bearing the above mentioned account number along with this form.**