

POLICY LOAN FORM

INSTRUCTIONS

1. Please fill this form in BLOCK LETTERS using black or blue ink.
2. The Assignor stands for policy owner and the Assignee stands for "Kotak Life Insurance"
3. This loan can be availed after the policy acquires surrender value. Applicable interest rate is **9.09328%** p.a.compounded half yearly.
4. A third party, who must be a major, other than the Assignor and the Assignee, must witness the signatures or thumb impressions
5. This form shall be accompanied by the original policy document in respect of which the policy loan is made.
6. This form shall not be effectual against the company unless it is duly completed and delivered to Kotak Life Insurance
7. The policy Loan form must be sent to "Kotak Life Insurance", The Policy Servicing Department, 7th Floor, Kotak Infiniti, Building No. 21, Raheja Infinity park, Off Western Express Highway, Goregaon Mulund Link Road, Malad (E) Mumbai-400097
8. Loan can be availed only in Inforce, Premium Paying, Fully Paid and Single Premium status
9. The minimum eligibility of loan value is Rs. 10,000

Note: In order to abide by the Foreign Account Tax Compliance Act (FATCA), kindly submit a Insurance FATCA Declaration, separately.

I/We confirm that I/we shall report any future changes in my/our tax status to Kotak Life Insurance within 30 days of such change. I/We also confirm that until I/we provide a written intimation about any such changes, Kotak Life Insurance may presume that there is no change in my/our tax residency status and consider my/our earlier submitted declarations, if any, as valid. I understand that for any queries about my/our tax residency, I/we have to consult my/our own tax consultant.

GENERAL INFORMATION

| | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|-------------------|--|--|--|--|--|--|--|--|--|--|
| Name of the policyholder (as stated in the policy document) | | | | | | | | | | | | | | | | | | | | | |
| Name of the Plan: | | | | | | | | | | | | | | | | | | | | | |
| Policy No.: | | | | | | | | | | | Premium(p.a.) Rs. | | | | | | | | | | |
| Sum Assured (Rs.) | | | | | | | | | | | | | | | | | | | | | |
| Date of Issue of the policy: | | | | | | | | | | | | | | | | | | | | | |

PARTICULARS OF LOAN (Please tick any one of below)

| | |
|--|---|
| <input type="checkbox"/> Maximum Loan amount available | <input type="checkbox"/> Amount of Loan required (Please specify) _____ |
|--|---|

DIRECT CREDIT DETAILS (Loan will be issued through Direct Credit)

| | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|------------|--|--|--|--|--|--|--|--|--|--|
| Name of the Bank: | | | | | | | | | | | | | | | | | | | | | |
| Bank A/c No.: | | | | | | | | | | | IFSC code: | | | | | | | | | | |
| Name of the policy holder in the Bank A/c: | | | | | | | | | | | | | | | | | | | | | |

* Cancelled cheque required for Direct Credit

PARTICULARS OF THE ASSIGNOR

| Title(Mr./Ms./Mrs.) | Surname | First name | Middle name |
|---------------------|---------|------------|-------------|
| | | | |

Correspondance Address :-

| | | | | | | | | | | | | | | | | | | | | |
|-------|--|--|--|--|--|--|--|--|--|--|----------|--|--|--|--------------|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | City/Village | | | | | |
| State | | | | | | | | | | | Pin Code | | | | | | | | | |

Telephone Numbers (With STD Codes)

| | | | | | | | | | | | | | | | | | | | | | |
|-----------|--|--|--|--|--|--|--|--|--|--|--------|--|--|--|--|--|--|--|--|--|--|
| Residence | | | | | | | | | | | Office | | | | | | | | | | |
| Mobile | | | | | | | | | | | E mail | | | | | | | | | | |

☐ Do your bit for a greener world by switching to e-communication. Kindly tick if you would like to receive your communication through electronic mode for all your policies.

I, _____, as the beneficial owner of the above named policy do hereby absolutely and irrevocably transfer and assign the rights and the benefits of the said policy to "Kotak Life Insurance" and hereby given a notice of the same.

Signature of the Assignor:
(In case of company, please affix company stamp counter signed by authorized signatory)

Consideration details:

Assignment for a valuable consideration of Rs _____ (Consideration amount is mandatory)

Purpose of the Loan-

PARTICULARS OF THE ASSIGNEE

Name of the company

KOTAK LIFE INSURANCE CO. LTD.

Address :- Policy Servicing Department, 7th Floor, Kotak Infiniti, Building No.21, Raheja Infinity park,
Off Western Express Highway. Goregaon Mulund Link Road, City : Malad (East), Mumbai

State : Maharashtra

Pincode : 400097

Phone Number (Toll Free):1800 209 8800

Fax Number : 022-66200550

E mail : clientservicedesk@kotak.com

Signature of the Assignee:
(Please affix company stamp counter signed by
authorized signatory)

Dated this _____ - day of _____,20 _____.

PARTICULARS OF THE WITNESS

Title(Mr./Ms./Mrs.)

Surname

First name

Middle name

Address :-

City/Village

State

Pin Code

Telephone Numbers (With STD Codes)

Residence

Office

Mobile

E mail

Signature of the Witness:
(In case of company, please affix company stamp
counter signed by authorized signatory)

Enclosed herewith is:

1. Original policy document
2. Cancelled cheque

DECLARATION BY THE PERSON FILLING IN THE FORM (Applicable only where form is filled in by a scribe or signed in vernacular languages)

I, _____ having known the policy holder for a period of _____
do declare that I have explained the nature of the questions contained in this form.

Place

Date

D D M M Y Y Y Y

Address of Scribe

Flat /Building

Road /Sector

Area

Landmark

City

State

Pin

Signature of Scribe

Kotak Mahindra Life Insurance Company Ltd.

IRDAI Regn No. 107, CIN: U66030MH2000PLC128503,

Regd Office: Kotak Mahindra Life Insurance Company Ltd., 2nd Floor, Plot # C-12, G-Block, BKC, Bandra (E), Mumbai - 400 051.

<https://insurance.kotak.com>

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ACKNOWLEDGEMENT

We acknowledge the receipt of your request for _____ for policy number _____

Branch Name and code

Date

D D M M Y Y Y Y

Signature of branch official

Name of Operations Executive

Kotak Mahindra Life Insurance Company Ltd.

IRDAI Regn No. 107, CIN: U66030MH2000PLC128503,

Regd Office: Kotak Mahindra Life Insurance Company Ltd., 2nd Floor, Plot # C-12, G-Block, BKC, Bandra (E), Mumbai - 400 051.

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