



## Max Life Insurance Company Limited

Regd. Office: 419, Bhai Mohan Singh Nagar, Railmajra, Tehsil Balachaur,  
District Nawanshahr, Punjab, 144533  
Head Office: 11th & 12th Floor, DLF Square, Jacaranda Marg, DLF City Phase-II,  
Gurugram – Haryana, 122002

**Proposer**

Attach Recent  
Photograph

**Payor**

Attach Recent  
Photograph

### Unit Linked Proposal Form

For Unit linked Plans, THE INVESTMENT RISK IN  
INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER

**Proposal Number:**

GO /CA/Broker Code:

Do you have a Max Life Insurance Policy or have currently applied simultaneous policies? ☐ Yes ☐ No. If yes give Policy/Proposal number\_\_\_\_\_

**Purpose of Insurance** ☐ Savings ☐ Child Future ☐ Pension ☐ Protection ☐ Tax Benefit

**Objective of Insurance** ☐ E/E ☐ MWPA ☐ HUF ☐ CEIP ☐ Partnership ☐ Individual

**Product Solution** ☐ Existing Customer **I want to receive physical policy document** Yes / No

### A. PERSONAL DETAILS

		<input type="checkbox"/> <b>PROPOSER</b>	<input type="checkbox"/> <b>LIFE TO BE INSURED</b> (if other than proposer)
<b>1. Title</b>			
<b>2. Name</b>	First		
	Middle		
	Last		
<b>3. Father's / Husband Name</b>	First		
	Last		
<b>4. Date of Birth</b>	DD/MM/YYYY		DD/MM/YYYY
<b>5. Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	
<b>6. Nationality</b>	<input type="checkbox"/> Indian <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> Foreign National	<input type="checkbox"/> Indian <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> Foreign National	
<b>Residing Country</b>	if Nationality other than Indian		if Nationality other than Indian
<b>Residence for Tax purposes in Jurisdiction(s) outside India</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No (If 'Yes' then FATCA & CRS-Self Certification Form to be mandatorily completed)		
<b>7. Marital Status</b>			
<b>8. Education</b>			
<b>9. Relationship with Proposer</b>			
<b>10. Industry Type</b>			
<b>11. Organisation Type</b>			
<b>12. Occupation / Job Title</b>			
<b>13. Name of entity / employer</b>			
<b>14. Annual Income (Rs)</b>			

**15. Is the Life to be Insured / Proposer / Nominee / Payor a Politically Exposed Person ?** ☐ Yes ☐ No

<b>16. NOMINEE DETAILS</b>		<b>Nominee 1 (Mandatory)</b>	<b>Nominee 2 (Optional)</b>	<b>Nominee 3 (Optional)</b>
<b>a. Title</b>				
<b>b. Name</b>	First			
	Middle			
	Last			
<b>c. Date of Birth</b>	DD/MM/YYYY		DD/MM/YYYY	DD/MM/YYYY
<b>d. Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	
<b>e. Percentage of Share</b>	_____%		_____%	_____%
<b>f. Relationship with proposer</b>	<input type="checkbox"/> Spouse <input type="checkbox"/> Parents <input type="checkbox"/> Other -----	<input type="checkbox"/> Spouse <input type="checkbox"/> Parents <input type="checkbox"/> Other -----	<input type="checkbox"/> Spouse <input type="checkbox"/> Parents <input type="checkbox"/> Other -----	
<b>g. Appointee Full Name</b> (If nominee is under age 18)				
<b>h. Appointee relationship to Nominee</b>				

<b>17. CURRENT RESIDENTIAL ADDRESS</b>			
House No./Apt. Name			
Society Road/Area/Sector			
Landmark			
Village/Town		City/District	
PinCode	State / U.T.	Country	
Mobile # 1	Mobile # 2	Std Code	Telephone #
<b>Email- ID</b>			

**18. PERMANENT RESIDENTIAL ADDRESS (optional)**

House No./Apt. Name			
Society Road/Area/Sector			
Landmark			
Village/Town	City/District		
Pin Code	State / U.T.	Country	

**19. Preferred Mailing Address** ☐ Current Residential ☐ Permanent Residential

**19a.** I/We agree to receive regular promotional updates / alerts from Max Life from time to time. ☐ Yes ☐ No

**20. Do you wish to hold this Policy electronically under e-Insurance ?** ☐ Yes ☐ No

**a.** e-Insurance Account No. (if available): \_\_\_\_\_ and Insurance Repository name: \_\_\_\_\_

**b.** Preferred Insurance Repository you would like to have your e-Insurance Account ☐ CAMSRep ☐ Karvy ☐ CIRT ☐ NSDL

## B. COVERAGE INFORMATION –Type of Coverage

a. Base Plan		Coverage Term	Coverage Multiple	Premium Payment Term	Annual Target Premium	Modal Premium	GST
b. Riders / Optional Benefits	Premium Back Option	Coverage Term	Coverage Multiple	Premium Payment Term	Annual Target Premium	Modal Premium	GST

**Modal Premium without GST\* and Cess**
**GST\* and applicable Cess**
**Total Premium Paid**

*\*GST shall comprise of CGST, SGST/UTGST or IGST (whichever is applicable) including cesses and levies, if any. All applicable taxes, cesses and levies, as per prevailing laws, shall be borne by you.*

**c. INVESTMENT OPTIONS**

*You can either opt for one of the below mentioned automated strategies or choose to manage your funds on your own through self-managed Portfolio Strategy. Please tick if any of the below Strategy is applicable.*

i. Systematic Transfer Plan <input type="checkbox"/>				iii. Dynamic Fund Allocation Strategy <input type="checkbox"/>			v. Self-Managed Portfolio Strategy <input type="checkbox"/>		
ii. Lifecycle Based Portfolio Strategy <input type="checkbox"/>				iv. Trigger Based Portfolio Strategy <input type="checkbox"/>					
Growth Super	Diversified Equity	High Growth	Sustainable Equity Fund	Pure Growth Fund	NIFTY Smallcap Quality Index Fund	Midcap Momentum Index Fund	Nifty Alpha 50 Fund	Growth Fund	Nifty 500 Momentum 50 Fund
%	%	%	%	%	%	%	%	%	%
Nifty Momentum Quality 50 Fund			Balanced	Secure	Secure Plus*	Conservative	Money Market II		Dynamic bond fund
%			%	%	%	%	%		%

*\*Secure Plus fund is not applicable with Self-Managed Portfolio Strategy*

**d.** Would you like to opt for Smart Withdrawal Option? ☐ Yes ☐ No

**e.** When would you like your Smart Withdrawal Payouts to begin from? Please specify the policy year here. \_\_\_\_\_

**f.** Please state your required frequency of Smart Withdrawal Payouts ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly

**g.** Please state the % of Fund Value that you would require in an year \_\_\_\_\_ %

**2. NEFT BANK A/C DETAILS OF PROPOSER**

*All Payouts will be credited to this account through Electronic mode of payment. (This will be applicable at select cities as per facilities / arrangements of Max Life Insurance).*

Bank Account Number:-	Account Holder's Name:-
MICR Code :-	IFSC Code:-
Bank Name & Branch:	
Type of Bank Account <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others _____	

**3. PERMANENT ACCOUNT NUMBER (PAN)**
☐ Form 60 (for proposer) ☐ Form 6 (for Insured)

*TDS may be applicable, in accordance with Income Tax Act 1961, as amended from time to time.*

**4. MODE OF PAYMENT** ☐ Annual ☐ Half Yearly ☐ Monthly ☐ Quarterly ☐ One Time

**5. RENEWAL PREMIUM BY** ☐ Cash ☐ Cheque/DD ☐ Direct Debit ☐ Credit Card ☐ List Billing

**6. SOURCE OF FUNDS** ☐ Salary ☐ Professional ☐ Self Employed from Home ☐ Self-employed ☐ Housewife ☐ Retired ☐ Student ☐ Others

**7. IS PAYOR DIFFERENT FROM THE PROPOSER?** ☐ Yes ☐ No

Name:-	Gender:-	DOB:-	dd/mm/yyyy	PAN:-
Address:-			Income:-	
Relationship to Proposer :-		Banking since :-		

**BANK ACCOUNT DETAILS OF THE PAYOR**

Bank Account Number:-	Bank Name & Branch:-
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**8. Are you a Max Life Agent Advisor or an employee of a Max group company/ Corporate Agents?** ☐ Yes ☐ No

<b>9. PREMIUM PAYMENT DETAILS</b>		<b>Amount in words :-</b>	
<b>Payd Rs :</b>	<b>Payment by</b>	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Credit Card
<b>Cheque / Draft No / Instrument No. :-</b>		<b>Date :-</b>	
<b>Bank Name and Branch:-</b>			

C. INFORMATION OF LIFE TO BE INSURED			Proposer		Insured	
			Yes	No	Yes	No
1. Do you have any life or Critical Illness insurance policy issued, pending approval from any other insurance companies or has your application for Life/Health/Critical Illness insurance or its reinstatement ever been offered at modified terms, rejected or postponed ?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Issued or Pending	LIFE : TOTAL Sum Assured:-	CI / DD: TOTAL Sum Assured:-			
<input type="checkbox"/>	Offered at modified terms, rejected or postponed					
2. In the next 12 months you intend to travel or reside abroad other than on holiday of more than 4 weeks?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you participate or do you intend to participate in any hazardous activities as part of your Occupation/ Sports/ Hobby? Details:-			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been convicted or are you under investigation for any criminal charges? Details:-			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. FOR FEMALE LIFE TO BE INSURED</b>						
Spouse Detail: Occupation:		Income:	Insurance Amount:	Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If 'Yes' how many months? <input type="checkbox"/> < 6 months <input type="checkbox"/> > 6 months. Do you have any complications related to pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No. If 'Yes' give details _____						
<b>6. FOR MINOR LIFE TO BE INSURED (Age &lt;18 yrs.)</b>						
Parent's Annual Income :- _____ Parent's-Total Insurance Cover :- _____ Sibling's :- Total Insurance Cover :- _____						

D. MEDICAL INFORMATION					Proposer		Insured	
					Yes	No	Yes	No
1. <b>FAMILY HISTORY</b> - Has any two (2) or more of your family members (Parents & Siblings) ever been diagnosed with Diabetes or Hypertension or Kidney Failure or Cancer or Heart Attack or any Hereditary Disorder before the age of 60 ?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<b>Proposer</b>				<b>Life to be Insured</b>			
<b>Height</b>	<b>cms.</b>	<b>feet</b>	<b>inch</b>	<b>cms</b>	<b>feet</b>	<b>inch</b>		
<b>Weight</b>	<b>Kgs.</b>			<b>Kgs.</b>				
<b>ABHA Number</b>								
3. <b>HAVE YOU EVER BEEN INVESTIGATED, TREATED OR DIAGNOSED WITH ANY OF THE FOLLOWING CONDITIONS. If YES, PLEASE PROVIDE DETAILS</b>					<b>Proposer</b>		<b>Insured</b>	
					Yes	No	Yes	No
i) Diabetes /High blood sugar levels					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii) Hypertension/ High Blood Pressure, High Cholesterol or Thyroid disorder					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii) Heart or vascular disorder including chest pain, stroke, heart attack or Angioplasty, CABG or any other heart surgery.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv) Breathing or lung disorders including asthma, emphysema, tuberculosis.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v) Liver or digestive system related disorder including jaundice ,gall bladder, pancreas or Hepatitis B/C					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vi) Any abnormal growth like tumour, lump, cancer or blood disorder, including anemia or thalassaemia or Sexually transmitted disease (STD) including HIV or AIDS					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vii) Any kind of Kidney or bladder disorder, including kidney failure, renal stone, nephritis or prostrate disorder.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
viii) Any neurological or mental health problem like paralysis, multiple sclerosis, Parkinson's, epilepsy, depression or anxiety.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ix) Muscular-skeletal or joint disorders, including any kind of arthritis, gout, osteoporosis.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x) Are you having history of any hospitalization, treatment or investigation?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xi) Have you advised now or in last 5 yrs tests like X-Ray/CT scan/MRI/ Ultrasonography/ ECG/Blood test or any other investigatory or diagnostic tests, or any type of surgery.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. <b>TOBACCO / ALCOHOL/ DRUGS CONSUMPTION:</b> Do you consume any of the following?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Tobacco ( Smoking /Chewing) currently or even occasionally in last 1 year ?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you smoking more than 20 cigarettes/ day or chew more than 10 sachet/day of tobacco ?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii) Are you drinking any kind of liquor more than 3 days a week ?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been advised to quit alcohol ?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii) Are you taking drugs like cannabis/Marijuana/Ecstasy/Heroin/LSD/Amphetamines or any other illegal drugs?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. DECLARATION AND AUTHORISATION	
VERNACULAR /ILLITERATE DECLARATION	
I hereby declare that I have fully explained the contents of this proposal to the proposer/Life to be Insured in _____ language, as understood by him/her and that the left thumb impression/signature of the proposer/Life to be Insured has been appended/affixed after fully understanding the contents thereof. I have truthfully recorded the answers given by the Proposer/Life to be Insured.	
I have understood the content of the proposal form as explained to me in _____ language by the declarant, Mr./Ms. _____, filling in the proposal form and after the same, I am affixing my signature/thumb-impression.	
<b>Name of the Declarant:</b>	<b>Address of the Declarant:</b>
I certify that I have understood the content of the proposal form as explained to me in _____ language by the declarant, Mr./Ms. _____, filling in the proposal form and after the same, I am affixing my signature/thumb-impression.	
<b>Signature / OTP Confirmation Date / Thumb Impression / Electronic Signature of Declarant</b>	<b>Signature / OTP Confirmation Date / Thumb Impression / Electronic Signature of Proposer</b>
DISABILITY DECLARATION	

I hereby declare that I have been fully explained the contents of this proposal form, policy documents, terms and conditions.

<b>Name of the Declarant:</b>	<b>Address of the Declarant:</b>
<b>Relationship with the prospect:</b>	<b>Contact details of the Declarant:</b>
I certify that I have understood the content of the proposal form, policy documents, terms and conditions and the eIA as explained to me and confirm the above by affixing/appending my signature/thumb-impression/ OTP.	
<b>Signature / OTP Confirmation Date / Thumb Impression / Electronic Signature of Declarant</b>	<b>Signature / OTP Confirmation Date / Thumb Impression / Electronic Signature of Proposer</b>

**DECLARATION BY PROPOSER**

I/We hereby declare that I/We fully understand the meaning and scope of the Proposal form and the questions contained above and I am submitting the completed proposal form of my/our own volition, and confirm that I/We have not been induced by anyone to make the Proposal. I/We have been explained the nature of questions and the importance of disclosing all material information.

I/We further declare that all the statements and declarations herein shall be the basis of a contract between me/us and the Company and that I/We have made complete, true and accurate disclosure of all the facts and circumstances and have not withheld any information that may be relevant to enable the Company to make an informed decision about the acceptability of the Proposal. I agree that in case of any fraud or misstatement, action will be initiated as per Section 45 of Insurance Act, 1938, as amended from time to time. I/We undertake to notify the Company, forthwith in writing, of any change in any of the statements made in the Proposal subsequent to the signing of this proposal and before acceptance of risk and issuance of the Policy by the Company. The first and subsequent year premium will be paid out of legally acquired source of income. I will provide information as and when required by the Company, acting on its own or under any order or instruction received from Statutory Authorities, as regards to the sources of funds or utilizations or withdrawals. I agree that the Company may provide any information related to me in respect of this proposal; as available to the Company at any time, to any Statutory Authority in relation to the any laws including the laws governing prevention of money laundering, applicable in the country. **To enable the Company to assess the risk under my/our proposal or for any other purpose in relation to the policy, I/we, my/our heirs, administrators or executors or assignees hereby authorize my past or present employer(s)/business association/medical practitioners /other agencies or governmental and/or any regulatory bodies, insurance repositories, CERSAI/ UIDAI, reinsurers / hospitals or diagnostic centres or TPAs/ other insurance companies/ service providers/ National Health Authority (NHA) through ABHA to disclose and make available to the Company such details/records including financial or medical records, as may be requested by the Company.** I understand that I have disclosed my personal information with Max life and I hereby provide consent to Max Life to share, store my information with its authorized service providers for servicing this policy/proposal such as issuance, underwriting renewal and claims process with respect to this policy as per the regulation applicable from time to time. I/We submit the mandate to credit My / Our account towards all payments against the above policy and agree and understand that payouts would be processed through electronic mode of payment and will be affected at select cities as per facilities/ arrangements of Max Life Insurance. I/We authorize Max Life to send all communications by letter, E-mail, SMS. I/ We authorize Max Life to send all communication by electronic means.

I do hereby certify that above stated information regarding the nationality and tax residential status is correct in all respects and may be used for all purposes, including reporting to statutory authorities & compliances, and understand that it is my responsibility to report the changes, if any, to Max Life within 2 weeks of occurrence of such change.

<b>Signature / OTP Confirmation Date / Thumb Impression / Electronic Signature of Proposer</b>	
<b>Place:-</b>	<b>Date:- (dd/mm/yyyy)</b>

**DECLARATION BY PRINCIPAL OFFICER/AGENT ADVISOR/SPECIFIED PERSON**

I \_\_\_\_\_ do declare and confirm that I have met and explained the Product features, benefits, premium paying term, nature of the questions contained in this Proposal form and other relevant terms and conditions to the Proposer and the Life Insured. I have also explained that the answers to the questions forms the basis of the contract of the Insurance between the Company and the Proposer / Life Insured, and if any untrue statement is contained therein and / or any information that may be relevant to enable the Company make an informed decision, the Company shall have the right to vary the benefits which may be payable and / or treat the policy voidable at the option of the Company subject to section 45 of the Insurance Act, 1938 as amended from time to time. I confirm that to the best of my knowledge the Life Insured does not suffer from any physical or mental abnormality or handicap or has / had been hospitalised, undergone any surgery or treatment, or he /she is involved in activities including any hazardous avocation or occupation or any other information material for underwriting this proposal form, unless expressly stated in this Proposal. I also declare and represent to the Company that I am in full compliance with the regulatory requirements applicable to agent / corporate agent / specified person / broker prescribed by the Insurance Act 1938, as amended from time to time and any other regulation, circular, instruction issued by IRDAI from time to time. I confirm that I have verified the identity, current / permanent residential address of the Proposer/ Life Insured, the nature of his/her business and his / her financial status basis the Max Life AML moral hazard checklist.

Is this a Replacement Sale? If yes, I have adequately explained the consequences of re placement sale to the customer. <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Relationship of Principal Officer/Agent Advisor/Specified Person with the Proposer/Life Insured</b>	
<b>Name of Principal Officer/Agent Advisor/Specified Person</b>	
<b>Principal Officer/Agent Advisor/Specified Person Code</b>	
<b>Phone No. with STD Code</b>	
<b>Date:-</b>	<b>Place:-</b>
<b>Signature / OTP Confirmation Date / Thumb Impression / Electronic Signature of Principal Officer/Agent Advisor/Specified Person</b>	<b>Signature / OTP Confirmation Date / Thumb Impression / Electronic Signature of Sales Manager</b>

We Confirm that we have made joint efforts in soliciting the prospect and will be jointly responsible for performing the service related to the policy. We further confirm that the objective of sharing the commission is not for qualifying for any contest and/or reward & recognition programs of the company.  
(Applicable only if more than one Agent Advisors share the commission.)

Name(s) of Principal Officer/AA/Spec Person	Principal Officer/AA/Spec Person Code	Principal Officer/AA/Spec Person's Signature / OTP Confirmation Date	% Share

**Important Notes:**

(1) Any payment/s including initial payment accompanying this proposal, cash or by bearer instrument must be made at any of the Company's General Office only. (2) Crossed cheque or bank drafts must be made in favour of MAX LIFE INSURANCE COMPANY LIMITED ACCOUNT (Proposal No. as above) may be handed over to the Agent Advisor. (3) **The Proposal form will be considered received only after the receipt of all the material information and documents (Refer the list of Documents stated below).** Receipt of the Completed Proposal and initial payment does not create any obligations upon the Company to underwrite the risk. The Company shall not be liable until it has underwritten the risk and issued the Policy. If the Policy is sent by post it shall be deemed to have been delivered to and received by you in the ordinary course within 3 (three) days of posting. We draw your attention to Section-39, 45 and 41 of the Insurance Act, 1938, as amended from time to time and Regulation 18 of Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers) Regulations, 2024, which reads as follows-

**Regulation 18(1)** No proposal shall be accepted unless nomination is obtained as per section 39 of the Act.

**Section 39:** In case nomination facility is availed, section 39 of the Insurance Act, 1938 as amended from time to time shall apply.

**Section 45:** No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of issuance of policy, from the date of the Commencement of Risk or Revival of the policy or the date of the rider to the policy, whichever is later. However, Insurer may question the Policy at any time within three years from the date of issuance of policy, from the date of Commencement of Risk or Revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud, in which case insurer shall inform Proposer/Life Insured/legal representatives in writing specifying the grounds and materials on which such decision is based. For other details please refer to Section 45 of the Insurance Act, 1938 as amended from time to time.

**Section 41:** (1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.

(2) **In the event of any conflict or discrepancy between any translated version and the English language version of this form, the English language version shall prevail.**

#### NOMINEE 1 DETAILS:

<b>COMMUNICATION ADDRESS</b>			
House No./Apt. Name			
Society Road/Area/Sector			
Landmark			
Village/Town	City/District		
Pin Code	State / U.T.	Country	
Mobile # 1			
E-mail ID			
<b>PERMANENT RESIDENTIAL ADDRESS</b>			
House No./Apt. Name			
Society Road/ Area/ Sector			
Landmark			
Village/Town	City/District		
Pin Code	State / U.T.	Country	
<b>NEFT BANK A/C DETAILS</b>	<i>All Payouts will be credited to this account through Electronic mode of payment. (This will be applicable at select cities as per facilities / arrangements of Max Life Insurance).</i>		
Bank Account Number:-	Account Holder's Name:-		
MICR Code :-	IFSC Code:-		
Bank Name & Branch:			
Type of Bank Account	<input type="checkbox"/> Saving	<input type="checkbox"/> Current	<input type="checkbox"/> Others_____ Banking Since: dd/mm/yyyy

#### APPOINTEE 1 DETAILS:

<b>COMMUNICATION ADDRESS</b>			
House No./Apt. Name			
Society Road/Area/Sector			
Landmark			
Village/Town	City/District		
Pin Code	State / U.T.	Country	
Mobile # 1			
E-mail ID			
<b>PERMANENT RESIDENTIAL ADDRESS</b>			
House No./Apt. Name			
Society Road/ Area/ Sector			
Landmark			
Village/Town	City/District		
Pin Code	State / U.T.	Country	
<b>NEFT BANK A/C DETAILS</b>	<i>All Payouts will be credited to this account through Electronic mode of payment. (This will be applicable at select cities as per facilities / arrangements of Max Life Insurance).</i>		
Bank Account Number:-	Account Holder's Name:-		
MICR Code:-	IFSC Code:-		
Bank Name & Branch:			
Type of Bank Account	<input type="checkbox"/> Saving	<input type="checkbox"/> Current	<input type="checkbox"/> Others_____ Banking Since: dd/mm/yyyy

<b>NOMINEE 2 DETAILS:</b>		
<b>COMMUNICATION ADDRESS</b>		
House No./Apt. Name		
Society Road/Area/Sector		
Landmark		
Village/Town	City/District	
Pin Code	State / U.T.	Country
Mobile # 1		
E-mail ID		
<b>PERMANENT RESIDENTIAL ADDRESS</b>		
House No./Apt. Name		
Society Road/ Area/ Sector		
Landmark		
Village/Town	City/District	
Pin Code	State / U.T.	Country
<b>NEFT BANK A/C DETAILS</b>	All Payouts will be credited to this account through Electronic mode of payment. (This will be applicable at select cities as per facilities / arrangements of Max Life Insurance).	
Bank Account Number:-	Account Holder's Name:-	
MICR Code :-	IFSC Code:-	
Bank Name & Branch:		
Type of Bank Account	Saving <input type="checkbox"/> Current <input type="checkbox"/> Others <input type="checkbox"/>	Banking Since: dd/mm/yyyy
<b>APPOINTEE 2 DETAILS:</b>		
<b>COMMUNICATION ADDRESS</b>		
House No./Apt. Name		
Society Road/Area/Sector		
Landmark		
Village/Town	City/District	
Pin Code	State / U.T.	Country
Mobile # 1		
E-mail ID		
<b>PERMANENT RESIDENTIAL ADDRESS</b>		
House No./Apt. Name		
Society Road/ Area/ Sector		
Landmark		
Village/Town	City/District	
Pin Code	State / U.T.	Country
<b>NEFT BANK A/C DETAILS</b>	All Payouts will be credited to this account through Electronic mode of payment. (This will be applicable at select cities as per facilities / arrangements of Max Life Insurance).	
Bank Account Number:-	Account Holder's Name:-	
MICR Code:-	IFSC Code:-	
Bank Name & Branch:		
Type of Bank Account	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others <input type="checkbox"/>	Banking Since: dd/mm/yyyy
<b>NOMINEE 3 DETAILS:</b>		
<b>COMMUNICATION ADDRESS</b>		
House No./Apt. Name		
Society Road/Area/Sector		
Landmark		
Village/Town	City/District	
Pin Code	State / U.T.	Country
Mobile # 1		
E-mail ID		
<b>PERMANENT RESIDENTIAL ADDRESS</b>		
House No./Apt. Name		
Society Road/ Area/ Sector		
Landmark		
Village/Town	City/District	
Pin Code	State / U.T.	Country
<b>NEFT BANK A/C DETAILS</b>	All Payouts will be credited to this account through Electronic mode of payment. (This will be applicable at select cities as per facilities / arrangements of Max Life Insurance).	
Bank Account Number:-	Account Holder's Name:-	
MICR Code :-	IFSC Code:-	
Bank Name & Branch:		
Type of Bank Account	Saving <input type="checkbox"/> Current <input type="checkbox"/> Others <input type="checkbox"/>	Banking Since: dd/mm/yyyy

APPOINTEE 3 DETAILS:		
<b>COMMUNICATION ADDRESS</b>		
House No./Apt. Name		
Society Road/Area/Sector		
Landmark		
Village/Town	City/District	
Pin Code	State / U.T.	Country
Mobile # 1		
E-mail ID		
<b>PERMANENT RESIDENTIAL ADDRESS</b>		
House No./Apt. Name		
Society Road/ Area/ Sector		
Landmark		
Village/Town	City/District	
Pin Code	State / U.T.	Country
<b>NEFT BANK A/C DETAILS</b>	All Payouts will be credited to this account through Electronic mode of payment. (This will be applicable at select cities as per facilities / arrangements of Max Life Insurance).	
Bank Account Number:-	Account Holder's Name:-	
MICR Code:-	IFSC Code:-	
Bank Name & Branch:		
Type of Bank Account	Banking Since: dd/mm/yyyy	
<input type="checkbox"/> Saving	<input type="checkbox"/> Current	<input type="checkbox"/> Others _____

#### List of Material Documents:

##### Proposer/Payor/ Joint Life/ Life to be Insured (as applicable)

**Income Documents:** (Latest 2/1 Years ITR along with computation of Income **OR** Latest Form 16 **OR** Latest 3 Month Bank Statement (showing salary credit) **And** Latest 3 month Salary Slip **OR** 6 Months Bank Statement (showing salary credits)

**Signed benefit illustrations and Customer Information Sheet**

**Address/ID Proof along with latest photograph:** Aadhaar Card **OR** Voter ID Card **OR** Passport **OR** Driving License **OR** NREGA Job Card

**DOB Proof:**

**PAN card/ Form 60**

**Verified pre-issuance verification conducted by company**

**ECS mandate form**

**Banking details along with proof (cancelled cheque / bank statement/ passbook)**

**FTIN for Non-Resident of India**

**NRI Questionnaire for Non-Resident of India**

**NRE Account Details for Non-Resident of India (If GST waiver required)**

**International Address Proof for Non-Resident of India**

**Copy of Passport with latest entry and exit stamp for Non-Resident of India**

**Customer signed self declaration for Non-Resident of India (If GST waiver required)**

**Medical Documents:** Last 6 months medical reports/ Medical Test (will be conducted as per board approved underwriting guidelines)

**Physical Verification**

**Juvenile Life:** Vaccination Records, School Going Proof, NOC from parents (if Proposer is Grandparent)

**Proposer is company (as applicable)**

**Business Insurance KYC form along proof**

**Income Documents:** (Latest 2/1 Years ITR along with computation of Income **OR** Latest Form 16 **OR** Latest 3 Month Bank Statement (showing salary credit) **And** Latest 3 months Salary Slip **OR** 6 Months Bank Statement (showing salary credits)

**HUF-** a. HUF PAN Card,

**Keyman-** a. Board Resolution, b. Article of Association, c. Memorandum of Association, d. Certificate of Incorporation, e. Confirmation from Insured over the key to the operation of the business

**Employer Employee-** a. Board Resolution, b. Article of Association, c. Memorandum of Association, d. Certificate of Incorporation,

**Partnership** – a. Partnership Deep, b. Certificate of Incorporation, c. NOC if cover is not being taken on all partners

**Nominee (for objective as MWPA)**

**MWPA Addendum Form along with proof**

#### Abbreviations:

E/E = Employer-Employee

MWPA = Married Women Property Act

HUF = Hindu Undivided Family

CEIP = Corporate Employee Insurance Program

PIO = Person of Indian Origin

NRI = Non-Resident Indian

GST = Goods and Service Tax

TDS = Tax Deducted at Source