



POLICY AMENDMENT REQUEST FORM

SECTION B

Policy Number Aadhaar No. Mobile No. Email id

You will receive updates on your request via email only, hence please provide your id above.

3. Change in Nominee**Is new nominee a politically exposed Person* (Yes / No) Please tick**

*Politically Exposed Persons (PEP) are individuals who are or have been entrusted with prominent public functions, for example Heads/ Ministers of Central /State government, Senior politicians, Senior government/ Judicial / Military officers, Senior executive of state owned corporations, Important political party officials & immediate family member of above persons (Spouse, Children, Parents, Siblings, In-laws).

| From | To | Relationship | Date of Birth DDMMYY (If Minor: Under Age of 18) |
|------|----|--------------|--|
| | | | |
| | | | |
| | | | |

Note: If nominee is a minor; below the age of 18 years please name a person (Appointee) to receive policy proceeds in the event of death of life insured, while the nominee is still a minor. Please provide following information for "Appointee"

Name of Appointee: : ----- Relationship to Nominee: -----

Address: _____ Appointee's Signature: -----

4. Change in Premium Mode(Tick the preferred Mode) Monthly Quarterly Semi-annual Annual**Term & Conditions**

/ For a mode change to either Monthly or Quarterly mode, Electronic Payment Mode is applicable i.e, the method of payment should be through ECS or Credit Card standing instruction only.

/ Change in mode is subject to the terms and conditions of Policy as may be determined by the company time to time with respect to the particular mode.

5. Change in Premium Payment Method

(Tick to indicate Method required)

 Cash Cheque Direct Debit (Completely filled
ECS mandate required)
 Credit Card (Completely filled CC mandate required)

*Remittances of premium by cash should not exceed Rs.50,000

6. Change in Bonus Option

(Tick to indicate the Bonus option required)

 Cash PUA Premium offset**7. Change in Non Forfeiture option**

(Tick to indicate the NFO required)

 Reduced Paid Up Extended Term Insurance

I fully understand the meaning and scope of the Policy Amendment request form and the questions / amendment requests contained above and submitting the completed Policy Amendment request form of my own volition.

I hereby authorise Max Life to process my payouts to my Aadhaar linked bank account and to use the same to validate/update my KYC details. I accept to receive all future communication from Max Life Insurance vide email ID only (strike if you want to continue by hard copies).

"In case the Policyholder provides incomplete or incorrect information in this form, the company will not be held liable for any delay arising due to such incorrect/incomplete information."

Also, the relevant processing will be applicable from the date of complete requirements/documents received by Max Life Insurance

Signature of Policyholder/Assignee
(should match with policy records) _____ Place. _____ Date

| | | | | | |
|---|---|---|---|---|---|
| D | D | M | M | Y | Y |
|---|---|---|---|---|---|

GO Stamp
Signature Verified

Vernacular Declaration : Incase policyholder's signatures is in the form of a thumb impression (left thumb) or in a vernacular language I hereby declare that I have fully explained the contents of this form to the policyholder and that left thumb impression / signature of the policyholder has been appended after fully understanding the contents of this form

Name & Address of Declarant : _____

Date

| | | | | | |
|---|---|---|---|---|---|
| D | D | M | M | Y | Y |
|---|---|---|---|---|---|

 Place : _____ Signature : _____

CUSTOMER ACKNOWLEDGEMENT SLIP

Policy Number

Type of request _____

Received by _____ Date

| | | | | | |
|---|---|---|---|---|---|
| D | D | M | M | Y | Y |
|---|---|---|---|---|---|

 Time of Receipt _____

Signature Verified

Employee Code _____ Signature _____



POLICY AMENDMENT REQUEST FORM

SECTION D

Policy Number Aadhaar No. Mobile No. Email id

You will receive updates on your request via email only, hence please provide your id above.

| 9. Switching of funds | | 10. Redirection of funds | | | |
|--|------------------|--------------------------|---|------------------|----------------|
| <input type="checkbox"/> Fund Switch (% or Amount) I authorize Max Life insurance to invest all existing premium in proportion as mentioned below | | | <input type="checkbox"/> Redirection of Funds (%) I authorize Max Life insurance to invest all future premium in proportion as mentioned below | | |
| Name of Fund (depends upon availability of funds in Plan) | From (% or Amnt) | To (% or Amnt) | Name of Fund (depends upon availability of funds in Plan) | From (% or Amnt) | To (% or Amnt) |
| Secure Fund | | | Secure Fund | | |
| Growth Fund | | | Growth Fund | | |
| Growth Super Fund | | | Growth Super Fund | | |
| Balance Fund | | | Balance Fund | | |
| Conservative Fund | | | Conservative Fund | | |
| Dynamic Opportunity Fund | | | Dynamic Opportunity Fund | | |
| Secure Plus Fund | | | Secure Plus Fund | | |
| Others (if specify)..... | | | Others (if specify) | | |

Total of Fund investment percentage should be 100%

The request for redirection of funds will be accepted by Max Life subject to terms and conditions of policy contract

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Signature of Policyholder/Assignee
(should match with policy records) _____ Place _____ Date

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Name & Address of Declarant : _____

GO Stamp

Signature Verified

Date Place : _____ Signature : _____

Policy Number

CUSTOMER ACKNOWLEDGEMENT SLIP

GO Stamp

Signature Verified

Type of request _____

Received by _____ Date Time of Receipt _____

Employee Code _____ Signature _____



POLICY AMENDMENT REQUEST FORM
SECTION E

Policy Number Aadhaar No. Mobile No. Email id

You will receive updates on your request via email only, hence please provide your id above.

11. Surrender of Paid Up Addition (PUA)

- Refund the amount accumulated as PUA of Rs.....
 Adjust accumulated PUA amount of Rs.....

towards Renewal premium for Policy no.....

Note: Policy should be active at the time of submitting the PUA Surrender request. In case policy is inactive, please get the policy reinstated before submission of PUA request.

Disclaimer: TDS will be applicable as per provisions of section 194DA of income tax act @2% in case valid PAN is provided, however, rate will be charged @ 20% in case valid PAN is not available with the Company. If you are an NRI, please fill up NRI Grid available **at the end of this form**.

No Objection Certificate from Life Insured (applicable only if Life Insured has turned major)

I, _____; hereby confirm the valid discharge of the requested payout towards the above Policy and will not hold Max Life Insurance liable for any further claim in future.

Signature of the Life Insured _____ Date D D M M Y Y Place _____**II. Bank Details of the Policyholder - Mandatory**

- a) Bank Name.....
b) Bank Account No.....
c) IFSC Code.....
d) Bank Address.....
e) PAN Number

Note: Kindly attach a cancelled cheque bearing account number and policyholder name or copy of Bank Passbook

12. Deactivation of STP/DFA

De-activation of STP Deactivation of DFA (Note: Allowed on Policy Anniversary Only)
* STP (Systematic Investment Plan)/ DFA (Dynamic Fund Allocation)

13. Partial Surrender

Note: - The Company will accept the request for partial surrender subject to the terms and conditions of the Policy Contract

| Name of the Fund | Amount to be withdrawn/Percentage | II. Bank Details of the Policyholder – Mandatory |
|------------------|-----------------------------------|--|
| | | a) Bank Name..... |
| | | b) Bank Account No..... |
| | | c) IFSC Code..... |
| | | d) Bank Address..... |
| | | e) PAN Number <input type="text"/> |

Note: Kindly attach a cancelled cheque bearing account number and policyholder name or copy of Bank Passbook

Disclaimer: TDS will be applicable as per provisions of section 194DA of income tax act @2% in case valid PAN is provided, however, rate will be charged @ 20% in case valid PAN is not available with the Company. If you are an NRI, please fill up NRI Grid available **at the end of this form**.

No Objection Certificate from Life Insured (applicable only if Life Insured has turned major)

I, _____; hereby confirm the valid discharge of the requested payout towards the above Policy and will not hold Max Life Insurance liable for any further claim in future.

Signature of the Life Insured _____ Date D D M M Y Y Place _____

I fully understand the meaning and scope of the Policy Amendment request form and the questions / amendment requests contained above and submitting the completed Policy Amendment request form of my own volition.

I hereby authorise Max Life to process my payouts to my Aadhaar linked bank account and to use the same to validate/update my KYC details. I accept to receive all future communication from Max Life Insurance vide email ID only (strike if you want to continue by hard copies).

"In case the Policyholder provides incomplete or incorrect information in this form, the company will not be held liable for any delay arising due to such incorrect/incomplete information."

Signature of Policyholder/Assignee
(should match with policy records) _____

Date D D M M Y Y

Place _____

Vernacular Declaration : Incase policyholder's signatures is in the form of a thumb impression (left thumb) or in a vernacular language

I hereby declare that I have fully explained the contents of this form to the policyholder and that left thumb impression / signature of the policyholder has been appended after fully understanding the contents of this form

Name & Address of Declarant : _____

Signature Verified

Date _____ Place : _____ Signature : _____

Policy Number

Type of request _____

GO Stamp

Received by _____ Date _____ Time of Receipt _____

Signature Verified

Employee Code _____ Signature _____



POLICY AMENDMENT REQUEST FORM

SECTION F

Policy Number Aadhaar No. Mobile No. Email id

You will receive updates on your request via email only, hence please provide your id above.

14. Change in Signature

I hereby declare that below mentioned specimen signature provided on day of 20..... and the same witnessed hereunder duly attested by Bank authority. I further state that henceforth, the signature as appended below should be considered for all future requests.

Old Signatures**New Signature with Bank Attestation****Bank Seal (Bank Attestation)**

Note: Please attach acceptable Photo Identity Proof, specimen signature form and affidavit on Rs.100/- stamp paper stating "Change of Signature"

15. Change in Plan/ Policy Term Plan Change Change in Policy Term

Existing /Old Plan details

New Plan Details

Plan Name

Plan Name.....

Policy Term Years Premium Paying Term YearsPolicy Term Years Premium Paying Term Years

Base Sum Assured.....

Base Sum Assured.....

Rider Sum Assured.....

Rider Sum Assured.....

Rider Term(No of years) YearsRider Term Years

Note: New proposal form & Illustration is mandatory (duly signed by Policyholder) in case Plan is getting changed from Traditional to ULIP / one ULIP to another ULIP or vise a versa

16. Change in Sum Assured Increase in Sum Assured Decrease in Sum Assured

I hereby deposit Rs.....against Premium in lieu of Increase in Sum Assured.

Note: Change in Sum assured/ Death benefit can be made subject to Policy Terms and Conditions.

17. NEFT Update

I Mr/Ms..... hereby
request you to update my bank a/c details as per the details
given herewith against Policy no
for disbursement and transfer of Contractual payouts through NEFT.

II. Bank Details of the Policyholder - Mandatory

a) Bank Name.....

b) Bank Account No.....

c) IFSC Code.....

d) Bank Address.....

Note: Kindly attach a cancelled cheque bearing account number and policyholder name or copy of Bank Passbook

I fully understand the meaning and scope of the Policy Amendment request form and the questions / amendment requests contained above and submitting the completed Policy Amendment request form of my own volition.

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Signature of Policyholder/Assignee
(should match with policy records) _____ Place_____ Date **Vernacular Declaration :** Incase policyholder's signatures is in the form of a thumb impression (left thumb) or in a vernacular language
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Name & Address of Declarant : _____

Date Place : _____ Signature : _____

GO Stamp

Signature Verified

Policy Number **CUSTOMER ACKNOWLEDGEMENT SLIP**

Type of request _____

GO Stamp

Signature Verified

Received by _____ Date Time of Receipt _____

Employee Code _____ Signature _____



POLICY AMENDMENT REQUEST FORM

SECTION G

Policy Number Aadhaar No. Mobile No. Email id

You will receive updates on your request via email only, hence please provide your id above.

18. Surrender of OPPB Refund the amount accumulated against OPPB of Rs..... Adjust accumulated OPPB amount of Rs.....

towards Renewal Premium for Policy no.....

Note: Policy should be active at the time of submitting the OPPB Surrender request. In case policy is inactive, please get the policy reinstated before submission of the OPPB request.

*OPPB- Option in Participating Progressive Bonus

Disclaimer: TDS will be applicable as per provisions of section 194DA of income tax act @2% in case valid PAN is provided, however, rate will be charged @ 20% in case valid PAN is not available with the Company. If you are an NRI, please fill up NRI Grid available **at the end of this form**.

No Objection Certificate from Life Insured (applicable only if Life Insured has turned major)

I, _____; hereby confirm the valid discharge of the requested payout towards the above Policy and will not hold Max Life Insurance liable for any further claim in future.

Signature of the Life Insured

Date D M Y Y

Place _____

19. Policy Reconsideration

Please tick the appropriate option:

 Change in Family details Change in height and weight Disclosure of Smoking status Change in occupation Change of work country Disclosure of other Insurance details Disclosure of disease Change of Income details Disclosure of Drinking habits Photo update Others

Details / revised update for option selected.....

.....

Note: - Policy should be active for reconsideration and any amendment or modifications are subject to underwriting decision as per Policy term & conditions.

- Please attach all relevant and supporting documents

I fully understand the meaning and scope of the Policy Amendment request form and the questions / amendment requests contained above and submitting the completed Policy Amendment Request form of my own volition.

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Place _____

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Name & Address of Declarant : _____

Date D M Y Y

Place : _____

Signature : _____

GO Stamp

Signature Verified

CUSTOMER ACKNOWLEDGEMENT SLIPPolicy Number

GO Stamp

Type of request _____

Signature Verified

Received by _____ Date D M Y Y Time of Receipt _____

Employee Code _____ Signature _____



NRI Declaration Form

Please fill below table for residency declaration:

| | Yes/No |
|--|--------|
| a If Non Resident (NR) as per Indian Income Tax Act 1961 | |
| b If Yes | |
| (i) Country of Residence | |
| (ii) Do you have PAN (If Yes, please provide) | |
| (iii) If Tax Residency Certificate (Certificate issued by Govt of respective) | |
| (iv) Signed form 10F (format attached) | |
| (v) Permanent Establishment declaration (format attached) | |

Note:

1. TDS would be applicable as per prevailing rate basis country of residence, submission of above details and compliance under provision of Section 10 (10D)/Section 10 (10A) of the Income Tax Act, 1961.
2. In case of non availability of PAN, no TDS certificate will be issued.

Place: _____
Date: _____

(Signature of Policyholder)