



POLICY Number

Grid for Policy Number

Amend Combo Policies
If No, Policies will change to Single

YES NO buttons

POLICY AMENDMENT REQUEST FORM

SECTION A

(PLEASE FILL THE FORM IN CAPITAL LETTERS)

1. Change in Address / Personal Update

Current Address Permanent Address Work Address

Address grid

Landmark:

City: PIN Code:

State: PAN:

Mobile No.: Tel. No.:

E-mail ID:

(Kindly share a valid E-mail ID to receive progress update and closure confirmation on your request)

Please indicate your preference for preferred mailing address: Current Permanent Work

Note: Any of the Officially Valid Proof (Aadhaar, Voter ID, Driving License, Passport or NAREGA Job Card) having preferred mailing address to be attached irrespective of annualized premium.

- Aadhaar card / letter issued by UIDAI or National Population Register (NPR) containing details of name, address and Aadhaar number
Passport
Voters ID card issued by Election Commission of India
Job card issued by NREGA duly signed by an officer of the State Government
Driving License

2. Change in Name

Policyholder Life Insured Company Name Assignee

Title

First Name

Middle Name

Last Name

Request to submit the following additional documents along with a duly signed Policy Amendment Form

For Individual Name Change:

Affidavit on stamp paper (according to the state value) attested by First Class Magistrate / Notary and copy of marriage Certificate / marriage card (for name change after marriage) Affidavit on stamp paper (according to the state value) attested by First Class Magistrate / Notary and proof for name change.

For Company Name Change:

Certified true copy of Memorandum and Articles of association of the Company along with a certified true copy of certificate of incorporation issued by Registrar of Companies.



**SECTION A**

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 through E-mail ID only (strike if you want to continue with hard copy).

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Signature of Policyholder / Assignee: \_\_\_\_\_ (should match with policy records)

Date:         Place: \_\_\_\_\_

**Note:** In case, policy is issued under Married Women Property Act (MWPA, Section 5), please share the consent from Wife / Trustee / Legal heir.

**Vernacular Declaration:** In case 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:         Place: \_\_\_\_\_

Signature: \_\_\_\_\_



**POLICYHOLDER ACKNOWLEDGEMENT SLIP**

Policy Number:

Received by: \_\_\_\_\_

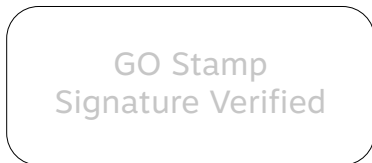
Time of Receipt: \_\_\_\_\_

Type of request: \_\_\_\_\_

Date:

Employee Code: \_\_\_\_\_

Signature: \_\_\_\_\_







**SECTION B**

**6. Change in Bonus Option** (Tick to indicate the Bonus option required)

Cash / cheque  Premium offset  Paid-up addition (PUA)

**7. Change in Non-Forfeiture option** (Tick to indicate the NFO required)

Reduced Paid-up  Extended Term Insurance

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Policy Number:

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Date:

Employee Code: \_\_\_\_\_

Signature: \_\_\_\_\_







**SECTION C**

“I / we understand that, I / we have disclosed my / our personal information (which may include Aadhaar related information) with Max Life for the purpose of providing insurance and related services and I / we hereby consent and authorise Max Life to use for the purposes of underwriting assessment, claim investigation / settlement, KYC and policy servicing purposes, as per applicable law.”

Signature of Policyholder / Assignee: \_\_\_\_\_ (should match with policy records)

Date:         Place: \_\_\_\_\_

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Date:         Place: \_\_\_\_\_

Signature: \_\_\_\_\_



**POLICYHOLDER ACKNOWLEDGEMENT SLIP**

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Time of Receipt: \_\_\_\_\_

Type of request: \_\_\_\_\_

Date:

Employee Code: \_\_\_\_\_

Signature: \_\_\_\_\_







**SECTION D**

Signature of Policyholder / Assignee: \_\_\_\_\_ (should match with policy records)

Date:

Place: \_\_\_\_\_

**Note:** In case, policy is issued under Married Women Property Act (MWPA, Section 5), please share the consent from Wife / Trustee / Legal heir.

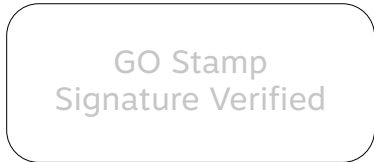
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Name & Address of Declarant: \_\_\_\_\_

Date:

Place: \_\_\_\_\_

Signature: \_\_\_\_\_



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Policy Number:

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Type of request: \_\_\_\_\_

Date:

Employee Code: \_\_\_\_\_

Signature: \_\_\_\_\_





## SECTION D

11. (i) Surrender of Paid Up Addition (PUA)	(ii) Bank Details of the Policyholder - Mandatory
<input type="checkbox"/> Refund the amount accumulated as PUA of ₹ _____	MICR Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Adjust accumulated PUA amount of ₹ _____	
<input type="checkbox"/> 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.	Type of Bank Account: Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> Bank Name _____ Bank Account No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> IFS Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Bank Address _____ _____ PAN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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 in accordance to Section 194DA of Income Tax Act prevailing at the time of payment. If you are an NRI, please fill up the NRI declaration, available at the end of this form and TDS will be governed in accordance to Section 195.	

12. Deactivation of STP / DFA		
Deactivation of STP <input type="checkbox"/>	Deactivation of DFA <input type="checkbox"/>	*STP (Systematic Transfer Plan) / DFA (Dynamic Fund Allocation) (Note: Both are allowed on policy anniversary only)

13. Partial Surrender/Smart Withdrawal Option		
Note: - The Company will accept the request for partial surrender/Smart Withdrawal Option subject to the terms and conditions of the Policy Contract.		
Name of the fund	Amount to be withdrawn/Percentage	<b>II. Bank Details of the Policyholder - Mandatory</b>
		MICR Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Type of Bank Account: Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> Bank Name _____
		Bank Account No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Smart Withdrawal Option		IFS Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Smart Withdrawal Payout Date: DD MM YYYY (please specify policy year here)		Bank Address _____ _____
Frequency of Smart Withdrawal Payouts: Annual/Semi Annual/Quarterly/Monthly % of fund value that would be required in a year _____%		PAN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Note: Kindly attach a cancelled cheque bearing account number and Policyholder name or copy of Bank Passbook
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Date:

Place: \_\_\_\_\_

Signature: \_\_\_\_\_



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Type of request: \_\_\_\_\_

Date:

Employee Code: \_\_\_\_\_

Signature: \_\_\_\_\_







**SECTION F**

**17. Change in Sum Assured**

Increase in Sum Assured <input type="checkbox"/>	Decrease in Sum Assured <input type="checkbox"/>	Revised Sum assured <input type="checkbox"/>
Increase in Sum assured under Volunteer Top Up <input type="checkbox"/>	Volunteer Top Sum Assured <input type="checkbox"/>	Life Stage Benefit option-Increase Sum Assured <input type="checkbox"/>

I hereby deposit ₹ \_\_\_\_\_ 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.

**18. NEFT Update**

**II. Bank Details of the Policyholder - Mandatory**

I Mr. / Ms. _____, hereby request you to update my bank a/c details as per the details given here with against Policy No. _____ for disbursement and transfer of Contractual pay-outs through NEFT.	MICR Code <input type="text"/>
	Type of Bank Account: Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/>
	Bank Name _____
	Bank Account No. <input type="text"/>
	IFS Code <input type="text"/>
	Bank Address _____
PAN <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 in accordance to Section 194DA of Income Tax Act prevailing at the time of payment. If you are an NRI, please fill up the NRI declaration, available at the end of this form and TDS will be governed in accordance to Section 195.

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Date:

Place: \_\_\_\_\_

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**POLICYHOLDER ACKNOWLEDGEMENT SLIP**

Policy Number:

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Type of request: \_\_\_\_\_

Date:

Employee Code: \_\_\_\_\_

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**SECTION G**

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Date:         Place: \_\_\_\_\_

Signature: \_\_\_\_\_



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Type of request: \_\_\_\_\_

Date:

Employee Code: \_\_\_\_\_

Signature: \_\_\_\_\_







### SECTION G

Please fill below table for residency declaration:

SETTLEMENT			
Settlement payout mode			
Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Semi-Annual <input type="checkbox"/>	Annual <input type="checkbox"/>
Settlement Term (in years)			
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

- 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(IOD) / Section 10(10A) of the Income Tax Act, 1961.
  - 2) In case of non-availability of PAN, no TDS certificate will be issued.

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Signature of Policyholder: \_\_\_\_\_

Date:         Place: \_\_\_\_\_

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## SECTION H

	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 Card (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) Payment method through electronic payment mode (NEFT) only. (Cancel cheque required)
- 2) Minimum term for the Settlement option is 1 year & maximum is 5 years.
- 3) First payout will start from the policy maturity date as per the opted payout and settlement term.

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### YOU ARE THE DIFFERENCE™

 **Our virtual assistant**  
Chat with MILI  
on our website

 **WhatsApp**  
Send 'Hi' to  
+91 74283 96005

 **Login to manage your policy**  
[maxlifeinsurance.com/customer-service](http://maxlifeinsurance.com/customer-service)

 **Write to us at**  
[maxlifeinsurance.com/contact-us](http://maxlifeinsurance.com/contact-us)

 Call us at 1860 120 5577

Follow us    

Important: DO NOT believe in calls, SMS, E-mail offering discounts. For NEFT Payments, please transfer only to "HSBC Bank A/C No. 1165-Followed by 9 digit Policy No.> IFS Code: HSB0110002". Max Life does not collect Premium in any other account. **Max Life Insurance Co. Ltd.:** Plot No. 90C, Sector 18, Udyog Vihar, Gurugram, Haryana - 122015. **Regd. Office:** 419, Bhai Mohan Singh Nagar, Railmajra, Tehsil Balachaur, District Nawanshahr, Punjab - 144 533. **Fax:** 0124-4159397, **CIN:** U74899PB2000PLC045626 | CUSTOMER HELPLINE NUMBER: 1860 120 5577

IRDAI Regn. No. 104

**BEWARE OF SPURIOUS / FRAUD PHONE CALLS!**

- IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums
- Public receiving such phone calls are requested to lodge a police complaint