



POLICY AMENDMENT REQUEST FORM

SECTION A

Policy Number

1. Change in Address / Personal Update

Please fill in Block Letter Current Address Permanent Address Work Address

Address

City

State Pin Landmark

Mobile Tel -

Email PAN No.

Please indicate your preference for preferred mailing address Current Permanent Work

Note: In case total Annual Premium exceeds Rs 10,000, including all the policies, please provide a copy of self-attested supporting address proof for new address. The supporting address proofs are as follows:

(Please tick the appropriate option) / Attach PAN Copy in case of PAN updation.

- Passport, Voter's Identity Card, Driving License, Ration Card
- Letter from recognized public authority / or public servant verifying the mailing address
- Telephone Bill, Electricity Bill (dated within 6 months)
- Valid lease agreement along with rent receipt (dated within 3 months)
- Credit card or Bank Statement (dated within 3 months)
- Employer Certificate

2. Change in Name

Policyholder Life Insured Company Name

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.

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

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 :

Policy Amendment form/Version 2.3/ Aug 2014

GO Stamp
Signature Verified

CUSTOMER ACKNOWLEDGEMENT SLIP

Policy Number

Type of request

Received by Date Time of Receipt

Employee Code Signature

GO Stamp
Signature Verified

Max Life Insurance Company: Operation Center, Plot No. 90A, Sector 18, Udyog Vihar, Gurgaon (Haryana) – 122015

POLICY AMENDMENT REQUEST FORM SECTION B

Policy Number _____

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

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Signature of Policyholder/Assignee _____ Place _____ Date

D	D	M	M	Y	Y
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Date

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 Place : _____ Signature : _____

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Signature Verified

CUSTOMER ACKNOWLEDGEMENT SLIP

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 Time of Receipt _____

Employee Code _____ Signature _____

Signature Verified

Max Life Insurance Company: Operation Center, Plot No. 90A, Sector 18, Udyog Vihar, Gurgaon (Haryana) – 122015

**POLICY AMENDMENT REQUEST FORM
SECTION C**

Policy Number

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8. Addition/Change of Rider

A-Addition C - Change

A	C	Rider (Tick to Indicate)	Term	Coverage Amount	Effective Date(DDMMYY)	Current Occupation
<input type="checkbox"/>	<input type="checkbox"/>	Dread disease rider				NA
<input type="checkbox"/>	<input type="checkbox"/>	Personal Accident Benefit				
<input type="checkbox"/>	<input type="checkbox"/>	Payor Rider				NA
<input type="checkbox"/>	<input type="checkbox"/>	Term Rider				NA
<input type="checkbox"/>	<input type="checkbox"/>	Term R & C (5 year)				NA
<input type="checkbox"/>	<input type="checkbox"/>	Waiver of premium (WOP)				
				Premium Amount		Effective Date (DDMMYY).....

Note :
 -Health Declaration form is required for all addition of rider. Life insured may be required to Undergo medical test
 -Completely filled payor questionnaire and duly attested date of birth proof is required for Addition of payor rider
 -Any addition of rider/option is subject to company underwriting the risk or realization of premium whichever is later and the company shall not be liable until such time it has underwritten the risk and issued the rider /option contract to the policyholder

I understand and agree that the change request by me will be accepted by the Company subject to the terms and conditions of the policy contract.

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

Date

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Place _____

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Policy Amendment form/Version 2.3/ Aug 2014

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POLICY AMENDMENT REQUEST FORM SECTION D

Policy Number

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9. Switching of funds			10. Redirection of funds			The request for redirection of funds will be accepted by Max Life subject to terms and conditions of policy contract	
<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%

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Signature of Policyholder/Assignee _____ Place _____ Date

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 Place : _____ Signature : _____

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Employee Code _____ Signature _____

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POLICY AMENDMENT REQUEST FORM SECTION E

Policy Number

11. Surrender of Paid Up Addition (PUA) <input type="checkbox"/> Refund the amount accumulated as PUA of Rs. <input type="checkbox"/> 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. <small>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.</small> 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 Place _____	II. Bank Details of the Policyholder - Mandatory a) Bank Name b) Bank Account No. c) IFSC Code d) Bank Address e) PAN Number <small>Note: Kindly attach a cancelled cheque bearing account number and policyholder name or copy of Bank Passbook</small>
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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	
		II. Bank Details of the Policyholder – Mandatory
Name of the Fund	Amount to be withdrawn/Percentage	a) Bank Name
		b) Bank Account No.
		c) IFSC Code
		d) Bank Address
		e) PAN Number
<small>Note: Kindly attach a cancelled cheque bearing account number and policyholder name or copy of Bank Passbook</small>		

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.

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

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Name & Address of Declarant : _____
 Date Place : _____ Signature : _____

GO Stamp
Signature Verified

CUSTOMER ACKNOWLEDGEMENT SLIP

Policy Number

Type of request _____

Received by _____ Date Time of Receipt _____

Employee Code _____ Signature _____

GO Stamp
Signature Verified

Max Life Insurance Company: Operation Center, Plot No. 90A, Sector 18, Udyog Vihar, Gurgaon (Haryana) – 122015

**POLICY AMENDMENT REQUEST FORM
SECTION F**

Policy Number

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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)

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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

Plan Name

Policy Term Years Premium Paying Term Years

Base Sum Assured.....

Rider Sum Assured.....

Rider Term(No of years) Years

New Plan Details

Plan Name.....

Policy Term Years Premium Paying Term Years

Base Sum Assured.....

Rider Sum Assured.....

Rider 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 vice 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

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Employee Code _____ Signature _____

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Max Life Insurance Company: Operation Center, Plot No. 90A, Sector 18, Udyog Vihar, Gurgaon (Haryana) – 122015

POLICY AMENDMENT REQUEST FORM SECTION G

Policy Number

<p>18. Surrender of OPPB</p> <p><input type="checkbox"/> Refund the amount accumulated against OPPB of Rs.</p> <p><input type="checkbox"/> Adjust accumulated OPPB amount of Rs.</p> <p>towards Renewal Premium for Policy no.</p> <p>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.</p> <p>*OPPB- Option in Participating Progressive Bonus</p> <p><small>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.</small></p> <p>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.</p> <p>Signature of the Life Insured _____ Date Place _____</p>	<p>II. Bank Details of the Policyholder - Mandatory</p> <p>a) Bank Name.</p> <p>b) Bank Account No.</p> <p>c) IFSC Code.</p> <p>d) Bank Address.</p> <p>e) PAN Number </p> <p><small>Note: Kindly attach a cancelled cheque bearing account number and policyholder name or copy of Bank Passbook</small></p>
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19. Policy Reconsideration

Please tick the appropriate option:

<input type="checkbox"/> Change in Family details	<input type="checkbox"/> Change in height and weight	<input type="checkbox"/> Disclosure of Smoking status
<input type="checkbox"/> Change in occupation	<input type="checkbox"/> Change of work country	<input type="checkbox"/> Disclosure of other Insurance details
<input type="checkbox"/> Disclosure of disease	<input type="checkbox"/> Change of Income details	<input type="checkbox"/> Disclosure of Drinking habits
<input type="checkbox"/> Photo update	<input type="checkbox"/> 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

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