

## Consent for Option to be availed during ACM / ANM mode

We would like to inform you that vide circular No. 025/IRDA/Actl/F&U Procedure/LP/July-2007 dated July 26, 2007 issued by the Insurance Development and Regulatory Authority (IRDA), the following two options are available to the Policyholder once the Automatic Non-Forfeiture (ACM/ANM) clause becomes applicable to the Policy:

- Option to continue the policy in ACM/ANM mode till completion of Full policy term. On completion of the policy term, the balance in the fund will be paid out as maturity value. *(Please refer your policy contract for further details on ACM /ANM mode)*
- Option to surrender the policy at the end of the revival period in ACM /ANM mode. The policy will be surrendered at the end of the revival period as per the terms and conditions of the Policy contract and the surrender value as on that date will be paid out to the Policyholder.

Please apply for any one of the above options and submit your Consent in the enclosed format. In case the consent is not received by us by the end of the Revival period, Option 2 will be applicable and the policy will be surrendered at the end of the revival period as per the terms and conditions of the Policy Contract.

Kindly send the copy of the Consent duly signed by the Policyholder indicating your option, before the end of the revival period to enable us to process your request.

Policy No:

To,  
**Kotak Mahindra Old Mutual Life Insurance Ltd.**  
Kotak Tower, 7th Floor, Bldg. No. 21, Infinity Park,  
Opp. Western Highway, Goregaon Mulund Link Road,  
Malad (East), Mumbai - 400 097.

Dear Sir/ Madam,

I have fully understood the contents of the above circular and

- I hereby give my consent to continue the above policy under ACM/ANM mode
- I hereby give my consent to surrender the above policy at the end of the revival period.

Name of the Policyholder: \_\_\_\_\_

Address of the Policyholder: \_\_\_\_\_

Pin Code:

Contact No.:           Mobile No.:

E-mail Address : \_\_\_\_\_

Do your bit for green world & Switch to e-communication. Kindly mark if you would like to receive your communication through electronic mode.

DECLARATION BY THE PERSON FILLING IN THE FORM (For forms filled in by a scribe or for forms signed in vernacular languages)  
I, \_\_\_\_\_ (Full Name of Scribe) have explained to the Proposer, that the answers to the questions form basis of the contract of insurance between the Company and the Proposer and that if any untrue statement is contained therein the Company shall have the right to vary the benefits which may be payable and further if there has been any non-disclosure of material facts the policy may be treated as void and all premiums paid under the policy may be forfeited to the Company

Address of the Scribe:

Signature of the Scribe:

Place :

Date :

Signature/right thumb impression of the policy holder

Signature of the advisor/broker as witness

**Note:** Please sign the above consent and mail at the above address or fax at the following numbers: 022-66200550, 022-66200554. Scanned copy of the consent can be mailed to clientservicedesk@kotak.com.

### **Kotak Mahindra Old Mutual Life Insurance Ltd.**

Regn no.107, Regd Office: 4th floor, Vinay Bhavya Complex, 159-A, C.S.T. Road, Kalina, Santacruz (E), Mumbai – 400 098  
For any correspondence kindly contact us at : Kotak Infinity, 7th Floor, Building No. 21, Infinity Park, Off Western Express Highway,  
Goregaon Mulund Link Road, General A.K. Vaidya Marg, Malad (E), Mumbai – 400 097. (+9122) 6605 7757{D} 66200550 {F}  
<http://insurance.kotak.com> Toll Free No: 1800 209 8800 Insurance is subject matter of solicitation

### **ACKNOWLEDGEMENT**

We acknowledge the receipt of request for ACM/ANM for Policy no.: \_\_\_\_\_.

Branch Name  Documents received with this request

Date  Time

Name of branch co-ordinator  Signature of branch co-ordinator

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