

## ADJUSTMENT OF PREMIUM FROM LUMP SUM INJECTION / TOP UP

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

 To,  
**Kotak Life Insurance**

Dear Sir/Madam,

I have a lumpsum injection/top up account with Kotak Life Insurance. I would like to pay premium from my lumpsum injection/top up account. If there is any shortfall then the same will be paid by me through cash/cheque.

Kindly adjust the premium from my lumpsum injection/top up account. The details of my policy are as mentioned below:

|                              |  |
|------------------------------|--|
| <b>Policy Number</b>         |  |
| <b>Name of Policy Holder</b> |  |
| <b>Premium Due Date</b>      |  |
| <b>Premium Amount*</b>       |  |
| <b>Name of Plan</b>          |  |

Contact No.: \_\_\_\_\_ Email: \_\_\_\_\_

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

| <b>Fund Name</b> | <b>Amount / Percentage (%) to be withdrawn</b> |
|------------------|--|
|                  |  |
|                  |  |
|                  |  |
|                  |  |
|                  |  |

Signature of Policyholder/Assignee

Signature of Scribe

**Note:** In case the policy is assigned, please ensure that this form is signed by the Assignee.

Name of Scribe: \_\_\_\_\_  
 Relationship with owner: \_\_\_\_\_  
 Contact Details of Scribe: \_\_\_\_\_

### FOR BRANCH OFFICE USE ONLY

|                        |  |                        |  |
|------------------------|--|------------------------|--|
| <b>Branch Name</b>     |  | <b>Mode of Receipt</b> |  |
| <b>Time of Receipt</b> |  | <b>Date of Receipt</b> |  |
|                        |  |                        |  |

Name &amp; Signature of Coordinator

Kindly Note:

- Please fax adjustment of premium from lumpsum injection/top up form on 022-66200554. If faxed on any other number then Kotak Life Insurance will not be responsible for delay in processing.
- Requests received before 3 pm on a working day will be processed on the same day. Requests received after 3 pm or on a nonworking day will be processed on the next working day.

**\*If Policy is in Lapse/ACM/ANM mode revival charges will be deducted accordingly.**

### Kotak Mahindra Old Mutual Life Insurance Ltd.

 Regn. No. 107, CIN: U66030MH2000PLC128503, **Regd. Office: Kotak Mahindra Old Mutual Life Insurance Ltd.,**  
 4th Floor, Vinay Bhavya Complex, 159-A, C.S.T. Road, Kalina, Santacruz (E), Mumbai-400098

**For any correspondence kindly contact us at:** Kotak Mahindra Old Mutual Life Insurance, Kotak Infinity, 7<sup>th</sup> Floor, Zone IV, 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 7777 {D} 66200550 {F} <http://insurance.kotak.com/> Insurance is the subject matter of the solicitation.

### ACKNOWLEDGMENT

Branch Name : \_\_\_\_\_ Branch Code : \_\_\_\_\_

Name of Branch Co Ordinator : \_\_\_\_\_ Date of receipt of form at Branch : \_\_\_\_\_

Call ID : \_\_\_\_\_ Time of receipt of form at Branch : \_\_\_\_\_