

MATURITY FORM

INSTRUCTIONS : 1. The policyholder must sign any cancellation/alteration. 2. If cheque is not personalised please provide copy of latest bank statement/passbook. 3. Account no. is MANDATORY for all type of payments. Request you to submit the original cancelled cheque. 4. This form can be sent to "The Policy Servicing Department, Kotak Mahindra Old Mutual Life Insurance Ltd., Kotak Tower, 7th Floor, Building No.21, Infinity Park, Off Western Express Highway, Goregaon Mulund link Road, Malad (E), Mumbai- 400097.

1. PARTICULARS OF THE POLICYHOLDER

a) Policy Number

b) Full Name : Title Surname First Name Middle Name

c) Contact No : STD Mobile

d) Address* :

City: State : Pin : M A N D A T O R Y

*** If there is an address change please submit a valid address proof with address change form**

Email Address

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

2. DETAILS REGARDING MATURITY

Name of the Plan

For KRIP 2/3 Annuity payout (Choose any of the following option)

Kotak Life LIC of India ICICI Pru Birla Sun Life MetLife SBI Life
 Bajaj Allianz Life Reliance Life Max New York Life Aviva Life TATA Aig Life Bharti AXA Life
 Shriram Life Other Insurers offering annuity plans

3. SETTLEMENT OPTIONS (Pay directly to my bank account mentioned here, please attach original blank cancelled cheque for any payment type)

Payment remittance type Cheque Direct credit

Name of the Policy holder as per Bank record

Bank Name & Address

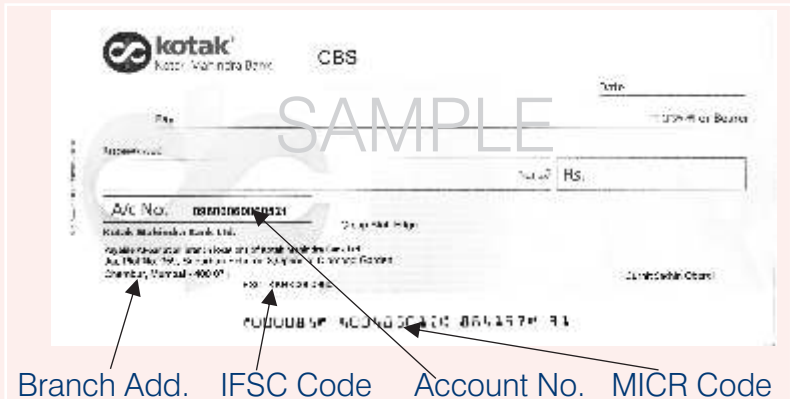
Account Type Savings NRE* Others (if any)

Account No:

IFSC Code

MICR Code

*Credit to NRE account can be given only if premium are received from NRE account



Branch Add. IFSC Code Account No. MICR Code

4. DECLARATION BY THE POLICYHOLDER

I understand and agree to all information and terms and conditions given in my policy contract.

Place

Date

Signature of the Policy holder or Guardian (if life insured is minor) or Assignee (if policy is Assigned)

5. DECLARATION BY THE PERSON FILLING IN THE FORM (For form filled in by a scribe or for forms signed in vernacular languages)

I _____, residing at _____ having known the proposer for a period of _____ do declare that I have explained the nature of the questions contained in this form to the proposer. I have also explained that the answers to the questions form the basis for accepting this request for Maturity.

Date

Signature of Scribe

FOR OFFICE USE ONLY

Branch Name

Mode of receipt

Date of receipt

Time of receipt

Name of branch co-ordinator

Signature of branch co-ordinator

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
<http://insurance.kotak.com/> Insurance is the subject matter of the solicitation. 1.1/12 2009

ACKNOWLEDGEMENT

We acknowledge the receipt of request for Maturity for Policy no.: _____.

Branch Name

Date

Time

Name of branch co-ordinator

Signature of branch co-ordinator

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