

APPLICATION FOR ■ FREELook CANCELLATION ■ FREELook ALTERATION
INSTRUCTIONS:

1. The policyholder must countersign in case of cancellation/alteration while filling the form.
2. This application will not be effective until it is officially accepted by Kotak Mahindra Old Mutual Life Insurance Ltd.
3. Account no. is MANDATORY for all types of payments. Request you to submit the original cancelled cheque.
4. If cheque is not personalised please provide copy of latest bank statement/passbook.
5. This form must 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 Married Womens Property Act Case Yes No

b) Full Name : Title Surname First Name Middle Name

c) Contact Numbers (with STD codes) Mobile

d) Address:

City: State : Pin : MA ND AT OR Y

E-mail :

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

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

2. DETAILS REGARDING ■ FREELook ALTERATION ■ FREELook CANCELLATION

Policy Issue Date Policy Received date

Reason for cancellation (If the reason is not stated clearly with specific details, then the case will not be accepted for freelook cancellation)

Specific details about the reason should be mentioned and if misselling the details of the same should be clearly mentioned.

3. SETTLEMENT OPTIONS - Only for Freelook Cancellation request (Pay directly to my bank account mentioned here, please attach an Original cancelled cheque for any payment type)

Payment remittance type Cheque Direct credit Credit card** (Only for CFI if payment is made through credit card)

Name of the Policy holder as per bank record

Bank Name & Address Account No

Account Type Savings NRE* Others (if any) IFSC Code

MICR Code

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

4. TYPE OF ALTERATION REQUIRED (Only for Freelook Alteration request)

Increase/Decrease in Sum Assured	<input type="checkbox"/> Policy Document	<input type="checkbox"/> Premium Calculation Sheet	<input type="checkbox"/> ECS & Cheque Copy (if Opted)		
Addition/Removal Riders					
Change in Term					
Change in Premium Paying Mode					
Change in Premium	<input type="checkbox"/> Policy Document	<input type="checkbox"/> Premium Calculation Sheet	<input type="checkbox"/> ECS & Cheque Copy (if Opted)	<input type="checkbox"/> Proposal Form	<input type="checkbox"/> Age Proof
Changes in RCD/Backdating					
Change in Plan					
Change in Life Insured	<input type="checkbox"/> Client's Declaration	<input type="checkbox"/> NOC from old Agent			
Change in Step-up Option					
Agent Change (allied with any above request)					

5. DECLARATION BY THE POLICYHOLDER

I hereby agree to accept the payout amount and declare that I understand and agree with all the information and terms and conditions given in this form and in my policy contract.

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

Date

6. 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 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 Freelook Cancellation / Freelook Alteration

Date Signature of Scribe

DOCUMENT RECEIVED Request form Original Policy Document

Original Cancelled Cheque

Others (if any)

7. FOR OFFICE USE ONLY (Affix date and time stamp here)

Kotak Mahindra Old Mutual Life Insurance Ltd. Regn. No.107, CIN: U66030MH2000PLC128503, 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. 1.7/052008

ACKNOWLEDGEMENT SLIP

Freelook Cancellation Freelook Alteration Req. ID

We acknowledge the receipt of request for Policy no.:

Branch Name Documents received with this request

Date Time

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

Kotak Mahindra Old Mutual Life Insurance Ltd. Regn. No.107, CIN: U66030MH2000PLC128503, Regd. Office: 4th Floor, Vinay Bhavya Complex, 159-A, C.S.T. Road, Kalina, Santacruz (E), Mumbai-400 098

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