

Application Form for Minor Policy Alterations

INSTRUCTIONS: 1) Please fill the names in BLOCK letters & this form must be filled by the Policy Holder. If the policy is assigned, form must be signed by the assignee. 2) Change in all categories shall not be registered in the Company's records, unless this form is received at the Central Processing Centre, supported by all the necessary documents mentioned hereunder. 3) If any question in the form is left unanswered, the request would not be acted upon by Central Processing Centre 4) The alterations shall be effective on a written communication to you from the Company from the date mentioned in the letter. 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.

PARTICULARS OF THE POLICY HOLDER (Contact details to be filled mandatory)

Policy Holder
 Life Assured
 Nominee
 Appointee
 Assignee

Policy No.
 Client ID
 Office No.

Policy Holders Name
 Mobile

Email:
 Residence

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.

NAME CHANGE / CORRECTION

Policy Holder
 Life Assured
 Nominee
 Appointee
 Assignee

Current Name

Title(Mr./Ms./Mrs.)
 First name
 Middle name
 Surname

New Name

Title(Mr./Ms./Mrs.)
 First name
 Middle name
 Surname

ADDRESS CHANGE / CORRECTION

Policy Holder
 Life Assured
 Nominee
 Appointee
 Assignee

| OLD ADDRESS | | NEW ADDRESS | |
|-------------|----------------------|-------------|----------------------|
| Street | <input type="text"/> | Street | <input type="text"/> |
| Area | <input type="text"/> | Area | <input type="text"/> |
| Landmark | <input type="text"/> | Landmark | <input type="text"/> |
| City | <input type="text"/> | City | <input type="text"/> |
| State | <input type="text"/> | State | <input type="text"/> |
| Pincode | <input type="text"/> | Pincode | <input type="text"/> |
| Country | <input type="text"/> | Country | <input type="text"/> |

PROOF REQUIRED (Please tick against the one submitted)

Passport
 Aadhar
 Bank Statement (Updated up to previous month)
 Ration Card
 Voter ID
 Marriage Certificate

Others i) _____ ii) _____ iii) _____

DECLARATION BY POLICYHOLDER / ASSIGNEE / PERSON FILLING IN THE FORM

I hereby declare that I understand and agree to all the conditions and information given above

Date Place

Signature of policy holder / Assignee
or Right thumb impression

DECLARATION BY THE PERSON FILLING IN THE FORM (For Form filled in by a SCRIBE or for form signed in vernacular language)

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.

Date Place

Signature of policy Scribe

FOR OFFICE USE ONLY

Date Place

Stamp & Signature of Branch Official

ACKNOWLEDGEMENT

We acknowledge the receipt of your request for _____ for policy number _____.

Branch Name and code

Name of Operations Executive

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 Life Assured
 Nominee
 Appointee
 Assignee

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Policy Holders Name
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Email:
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CHANGE IN DATE OF BIRTH

Policy Holder
 Life Insured
 Nominee
 Appointee
 Medicals attached (if any) Yes No

Old Date of Birth
 New Date of Birth

I understand that the change in the Date of Birth of Life Insured will require fresh underwriting and even Medical tests, if any. I also understand that this could lead to a consequent revision in the terms and conditions of the policy, including a change in the Sum Assured and /or premium amounts or even cancellation of the policy from inception.

DUPLICATE POLICY ISSUANCE

Reason for Duplicate Issuance Lost Mutilated

ACM CONSENT FOR OPTION TO BE AVAILED DURING ACM / ANM MODE

Option 1 **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)

Option 2 **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.)

MODE CHANGE

Yearly
 Half Yearly
 Quarterly
 Monthly

Note : ECS monthly mandate mandatory in monthly mode.
 In case ECS or Standing Instruction (SI) premium paying facility is active, please confirm if same is to be continued Yes No
 (If yes, please attach fresh ECS or SI form simultaneously)

PAN CARD

Form 60/61
 PAN Card
 Pan Number

PROOF REQUIRED (Please tick against the one submitted)

Passport
 Driving License
 Pan Card
 School/ College Leaving Certificate/ Mark sheets
 Birth Certificate
 Voters ID (If full Date of Birth is mentioned)

Others i) _____ ii) _____ iii) _____

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Date Place

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Kotak Mahindra Old Mutual Life Insurance Ltd.