

Application Form for Major Policy Alterations

- 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.
- 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

Policy No.

Policy Owner Name

Telephone Numbers Residence Mobile

Email:

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

Please tick the relevant box for the type of request)

1. REDUCED PAID UP

Please make my policy paid-up, I am aware that the policy benefits would be reduced proportionately to the premiums, I will not be eligible for the rider benefits and I will not be required to make any further premium payments. I agree to all the terms and conditions.

2. RIDER ADDITION

Rider Addition Change of Sum Assured

Please add the following riders / Change the Sum Assured of the riders of my policy.

Rider Name	Sum Assured
a) <input type="text"/>	<input type="text"/>
b) <input type="text"/>	<input type="text"/>

* Addition of rider would be subject to Underwriting and availability of rider as per the product feature.

3. RIDER DELETION

Please delete the following riders from my policy

Rider Name	Sum Assured
a) <input type="text"/>	<input type="text"/>
b) <input type="text"/>	<input type="text"/>

4. INCREASE IN SUM ASSURED / PREMIUM

Please increase the Premium to Rs. OR Please increase the Sum Assured to Rs.

(Increase in Sum Assured would be subject to availability of this option as a product feature, additional medical examination and acceptance of the request by our Underwriting team. In case of increase in Sum Assured, please arrange to submit a new proposal form and a Premium Calculation sheet)

5. DECREASE IN SUM ASSURED/PREMIUM

Please decrease the Premium to Rs. OR Please decrease the Sum Assured to Rs.

DECLARATION BY THE POLICY HOLDER / ASSIGNEE

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

Date Place Signature of Policy Holder/Assignee

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 for Major Alteration.

Date Signature of Scribe

FOR OFFICE USE

Date Place Signature of Branch Official

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-400 098 * <http://insurance.kotak.com/> * Insurance is the subject matter of solicitation

ACKNOWLEDGEMENT

We acknowledge the receipt of your request for _____ for policy no. _____.

Branch Name Date

Name of Branch Co-ordinator Signature of branch co-ordinator

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