

SECTION A

Policy No

1. Change in Address / Person Update

Please fill in Block Letter Current Address Permanent Address Work Address

Address

City

State Pin Landmark

Mobile* Tel * -

Email PAN No.

Please indicate your preference for preferred mailing address Current Permanent Work

Note: In case total Annual Premium exceeds Rs 10,000, including all the policies, Please provide a copy of self-attested supporting address proof for new address. The supporting address proofs are as follows: (Please check the appropriate)/ Attach PAN Copy in case of PAN updation

- Passport, Voter's Identity Card, Driving License, Ration Card
- Letter from recognized public authority / or public servant verifying the mailing address
- Telephone Bill, Electricity Bill (dated within 6 months)
- Valid lease agreement along with rent receipt (dated within 3 months)
- Credit card or Bank Statement (dated within 3 months)
- Employer Certificate

2. Change in Name

Policyholder Life Insured Company Name

(Title)

(First Name)

(Middle Name)

(Last Name)

Request to submit the following additional documents along with a duly signed policy amendment form

For Individual Name Change:

Affidavit on stamp paper (according to the state value) attested by First class magistrate/Notary and copy of marriage Certificate / marriage card (for name change after marriage) Affidavit on stamp paper (according to the state value) attested by First class magistrate/Notary and proof for name of change

For Company Name Change:

Certify true copy of Memorandum and Articles of association of the Company along with a certified true copy of certificate of incorporation issued by Registrar of Companies

3. Change in Nominee

Is New Nominee a Politically Exposed Person* (Yes / No) Please tick

*Politically Exposed Persons (PEP) are individuals who are or have been entrusted with prominent public functions, for example Heads/ Ministers of Central /State government, Senior politicians, Senior government/ judicial / Military officers, Senior executive of state owned corporations, Important political party officials & immediate family member of above persons (Spouse, Children, Parents, Siblings, In-laws).

| From | To | Relationship | Date of Birth DDMMYY (If Minor: Under Age of 18) |
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Note: If nominee is a minor; below the age of 18 years please name a person (Appointee) to receive policy proceeds in the event of death of life insured, while the nominee is still a minor. Please provide following information for "Appointee"

Name of Appointee: : Relationship to Nominee:

Address: Appointee's Signature:

I fully understand the meaning and scope of the Policy Amendment request form and the questions / amendment requests contained above and submitting the completed Policy Amendment request form of my own volition.

"In case the Policyholder provides incomplete or incorrect information in this form, the company will not be held liable for any delay arising due to such incorrect/incomplete information." Also, the relevant processing will be applicable from the date of complete requirements/documents received by Max Life Insurance

Signature of Policyholder/Assignee _____ Date _____
 (should match with policy records) _____ Place _____

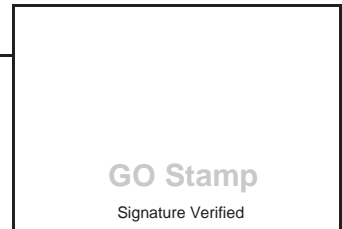
Vernacular Declaration : In case policyholder's signatures is in the form of a thumb impression (left thumb) or in a vernacular language

I hereby declare that I have fully explained the contents of this form to the policyholder and that left thumb expression / signature of the policyholder has been appended after fully understanding the contents of this form

Name & Address of Declarant : _____

Date & Place : _____ Signature : _____

Policy Amendment form/Version 2.2/ Jan 2014



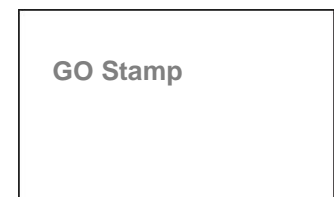
CUSTOMER ACKNOWLEDGEMENT SLIP

Policy Number

Type of request _____

Received by _____ Date & Time of Receipt _____

Employee Code _____ Signature _____



**POLICY AMENDMENT REQUEST FORM
SECTION B**

Policy No

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4. Change in Premium Mode (Tick indicate Mode required) Monthly Quarterly Semi-annual Annual

Term & Conditions

- For a mode change to either Monthly or Quarterly mode, Electronic Payment Mode is applicable i.e, the method of payment should be through ECS or Credit Card standing instruction only.
- Change in mode is subject to the terms and conditions of Policy as may be determined by the company time to time with respect to the particular mode.

5. Change in Premium Payment Method (Tick to indicate Method required) Cash Cheque Direct Debit (Completely filled ECS mandate required) Credit Card (Completely filled CC mandate required)

*Remittances of premium by cash should not exceed Rs.50,000

6. Change in Bonus Option (Tick to indicate the Bonus option required) Cash PUA Premium offset

7. Change in Non Forfeiture option (Tick to indicate the NFO required) Reduced Paid Up Extended Term Insurance

8. Addition/Change of Rider A-Addition C - Change

Note :
 -Health Declaration form is required for all addition of rider. Life insured may be required to Undergo medical test
 -Completely filled payor questionnaire and duly attested date of birth proof is required for Addition of payor rider
 -Any addition of rider/option is subject to company underwriting the risk or realization of premium whichever is later and the company shall not be liable until such time it has underwritten the risk and issued the rider /option contract to the policy holder

| A | C | Rider (Tick to Indicate) | Term | Coverage Amount | Effective Date(DDMMYY) | Current Occupation |
|--------------------------|--------------------------|---------------------------------------------------|------|-----------------|------------------------|------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Dread disease rider | | | | NA |
| <input type="checkbox"/> | <input type="checkbox"/> | Personal Accident Benefit | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Payor Rider | | | | NA |
| <input type="checkbox"/> | <input type="checkbox"/> | Term Rider | | | | NA |
| <input type="checkbox"/> | <input type="checkbox"/> | Term R & C (5 year) | | | | NA |
| <input type="checkbox"/> | <input type="checkbox"/> | Waiver of premium (WOP) | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Option to Participate in Progressive Bonus (OPPB) | | Premium Amount | | Effective Date (DDMMYY)..... |

I understand and agree that the change request by me will be accepted by the Company subject to the terms and conditions of the policy contract.
 "In case the Policyholder provides incomplete or incorrect information in this form, the company will not be held liable for any delay arising due to such incorrect/incomplete information."

Signature of Policyholder/Assignee _____ Date _____
 (should match with policy records) _____ Place _____

Vernacular Declaration : In case policyholder's signatures is in the form of a thumb impression (left thumb) or in a vernacular language

I hereby declare that I have fully explained the contents of this form to the policyholder and that left thumb expression / signature of the policyholder has been appended after fully understanding the contents of this form

Name & Address of Declarant : _____

 Date & Place : _____ Signature : _____

GO Stamp
Signature verified

Policy Amendment form/Version 2.2/Jan 2014

CUSTOMER ACKNOWLEDGEMENT SLIP

Policy Number

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Type of request _____

Received by _____ Date & Time of Receipt _____

Employee Code _____ Signature _____

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POLICY AMENDMENT REQUEST FORM

SECTION C

Policy No

| 9. Switching of funds | | | 10. Redirection of funds | | |
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| <input type="checkbox"/> Fund Switch (% or Amount) I authorize Max Life insurance to invest all existing premium in proportion mentioned below | | | <input type="checkbox"/> Redirection of Funds % I authorize Max Life insurance to invest all future premium in proportion mentioned below | | |
| Name of Fund (depends upon availability of funds in Plan) | From (% or Amnt) | To (% or Amnt) | Name of Fund (depends upon availability of funds in Plan) | From (% or Amnt) | To (% or Amnt) |
| Secure Fund | | | Secure Fund | | |
| Growth Fund | | | Growth Fund | | |
| Growth Super Fund | | | Growth Super Fund | | |
| Balance Fund | | | Balance Fund | | |
| Conservative Fund | | | Conservative Fund | | |
| Dynamic Opportunity Fund | | | Dynamic Opportunity Fund | | |
| Secure Plus Fund | | | Secure Plus Fund | | |

The request for redirection of funds will be accepted by Max Life subject to terms and conditions of policy contract

Total of Fund investment percentage should be 100%

11. Partial Surrender

Note: - The Company will accept the request for partial withdrawal subject to the terms and conditions of the policy contract.

| Name of the Fund | Amount to be withdrawn/Percentage | II. Bank Details of the Policyholder - Mandatory |
|------------------|-----------------------------------|--------------------------------------------------|
| | | a) Bank Account No |
| | | b) IFSC Code |
| | | c) Bank Name |
| | | d) Bank Address |

Note: Kindly attach a cancelled cheque bearing account number and policy holder name or copy of Bank Passbook

I fully understand the meaning and scope of the Policy Amendment request form and the questions / amendment requests contained above and submitting the completed Policy Amendment request form of my own volition.
 "In case the Policyholder provides incomplete or incorrect information in this form, the company will not be held liable for any delay arising due to such incorrect/incomplete information." Also, the relevant NAV and processing will be applicable from the date of complete requirements /documents received by Max Life Insurance

Signature of Policyholder/Assignee _____ Date _____
 (should match with policy records) _____ Place _____
Vernacular Declaration : In case policyholder's signatures is in the form of a thumb impression (left thumb) or in a vernacular language
 I hereby declare that I have fully explained the contents of this form to the policyholder and that left thumb expression / signature of the policyholder has been appended after fully understanding the contents of this form
 Name & Address of Declarant : _____
 Date & Place : _____ Signature : _____

GO Stamp
Signature Verified

Policy Amendment form/Version 2.2/Jan 2014

CUSTOMER ACKNOWLEDGEMENT SLIP

Policy Number
 Type of request _____
 Received by _____ Date & Time of Receipt _____
 Employee Code _____ Signature _____

GO Stamp

POLICY AMENDMENT REQUEST FORM

SECTION D

Policy no

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| <p>12. Surrender of Paid Up Addition (PUA)</p> <p><input type="checkbox"/> Refund the amount accumulated as PUA of Rs.</p> <p><input type="checkbox"/> Adjust accumulated PUA amount of Rs.</p> <p style="padding-left: 20px;">towards Renewal premium for Policy no.</p> <p>Note: Policy should be active at the time of submitting the PUA Surrender request. In case policy is inactive, please get the policy reinstated before submission of PUA request.</p> | <p>II. Bank Details of the Policyholder - Mandatory</p> <p>a) Bank Account No</p> <p>b) IFSC Code.....</p> <p>c) Bank Name.....</p> <p>d) Bank Address.....</p> <p><small>Note: Kindly attach a cancelled cheque bearing account number and policyholder name or copy of Bank Passbook</small></p> |
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13. Deactivation of STP/DFA De-activation of STP Deactivation of DFA **(Note: Allowed on Policy Anniversary Only)**

* STP (Systematic Investment Plan)/ DFA (Dynamic Fund Allocation)

14. Change in Plan/ Policy Term Plan Change Change in Policy Term

| Existing /Old Plan details | New Plan Details |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Plan Name | Plan Name..... |
| Policy Term <input type="checkbox"/> Years Premium Paying Term <input type="checkbox"/> Years | Policy Term <input type="checkbox"/> Years Premium Paying <input type="checkbox"/> Years |
| Base Sum Assured..... | Base Sum Assured..... |
| Rider Sum Assured..... | Rider Sum Assured..... |
| Rider Term(No of years) <input type="checkbox"/> Years | Rider Term <input type="checkbox"/> Years |

Note: New proposal form & Illustration is mandatory (duly signed by Policy holder) in case Plan is getting changed from Traditional to ULIP / one ULIP to another ULIP or vice versa

15. Change in Sum Assured Increase in Sum Assured Decrease in Sum Assured

I hereby deposit Rs. against Premium in lieu of Increase in Sum Assured.

Note: Change in Sum assured/ Death benefit can be made subject to Policy Term and Conditions.

16. Change in Signature

I, hereby declare that below mentioned specimen signature provided on day of 20..... and the same witnessed hereunder duly attested by Bank authority. I further state that henceforth, the signature as appended below should be considered for all future requests.

| | | |
|-----------------------|--------------------------------------------|-------------------------------------|
| <u>Old Signatures</u> | <u>New Signature with Bank Attestation</u> | <u>Bank Seal (Bank Attestation)</u> |
| | | |

Note: Please attach acceptable Photo Identity Proof, specimen signature form and affidavit on Rs.100/- stamp paper stating "Change of Signature"

I fully understand the meaning and scope of the Policy Amendment request form and the questions / amendment requests contained above and submitting the completed Policy Amendment request form of my own volition.

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Signature of Policyholder/Assignee _____ Date _____

(should match with policy records) _____ Place _____

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I hereby declare that I have fully explained the contents of this form to the policyholder and that left thumb expression / signature of the policyholder has been appended after fully understanding the contents of this form

Name & Address of Declarant : _____

Date & Place : _____ Signature : _____

GO Stamp

Signature verified

Policy Amendment form/Version 2.2/Jan 2014

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| <p align="center">CUSTOMER ACKNOWLEDGEMENT SLIP</p> <p>Policy Number <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr></table></p> <p>Type of request _____</p> <p>Received by _____ Date & Time of Receipt _____</p> <p>Employee Code _____ Signature _____</p> | | | | | | | | | | | | | | | | | | | | | <div style="border: 1px solid black; width: 100%; height: 100%; text-align: center; padding: 20px;"> <p>GO Stamp</p> </div> |
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Max Life Insurance: Operation Center, Plot no, 90A, Sector 18, Udyog Vihar, Gurgaon (Haryana) – 122015

SECTION E

Policy no

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| <p>17. Surrender of OPPB</p> <p><input type="checkbox"/> Refund the amount accumulated against OPPB of Rs.....</p> <p><input type="checkbox"/> Adjust accumulated OPPB amount of Rs.....</p> <p style="margin-left: 20px;">towards Renewal premium for Policy no.....</p> <p>Note: Policy should be active at the time of submitting the OPPB Surrender request. In case policy is inactive, please get the policy reinstated before submission of the OPPB request.</p> <p>*OPP- Option in Participating Progressive Bonus</p> | <p>II. Bank Details of the Policyholder - Mandatory</p> <p>a) Bank Account No</p> <p>b) IFSC Code.....</p> <p>c) Bank Name.....</p> <p>d) Bank Address.....</p> <p>Note: Kindly attach a cancelled cheque bearing account number and policy holder name or copy of Bank Passbook</p> |
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| <p>18. NEFT Update</p> <p>I Mr/Ms....., hereby request you to update my bank a/c details as per the details given herewith against Policy no for disbursement and transfer of Contractual payouts through NEFT.</p> | <p>II. Bank Details of the Policyholder - Mandatory</p> <p>a) Bank Account No</p> <p>b) IFSC Code.....</p> <p>c) Bank Name.....</p> <p>d) Bank Address.....</p> <p>Note: Kindly attach a cancelled cheque bearing account number and policy holder name or copy of Bank Passbook</p> |
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| <p>19. Policy Reconsideration</p> | <p>Please tick to indicate appropriate consideration</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Change in Family details</td> <td><input type="checkbox"/> Change in height and weight</td> <td><input type="checkbox"/> Disclosure of Smoking status</td> </tr> <tr> <td><input type="checkbox"/> Change in occupation</td> <td><input type="checkbox"/> Change of work country</td> <td><input type="checkbox"/> Disclosure of other Insurance details</td> </tr> <tr> <td><input type="checkbox"/> Disclosure of disease</td> <td><input type="checkbox"/> Change of Income details</td> <td><input type="checkbox"/> Disclosure of Drinking habits</td> </tr> <tr> <td><input type="checkbox"/> Photo update</td> <td><input type="checkbox"/> Others</td> <td></td> </tr> </table> <p>Details / revised update for (Ticked) Reconsideration Type.....</p> <p>.....</p> | <input type="checkbox"/> Change in Family details | <input type="checkbox"/> Change in height and weight | <input type="checkbox"/> Disclosure of Smoking status | <input type="checkbox"/> Change in occupation | <input type="checkbox"/> Change of work country | <input type="checkbox"/> Disclosure of other Insurance details | <input type="checkbox"/> Disclosure of disease | <input type="checkbox"/> Change of Income details | <input type="checkbox"/> Disclosure of Drinking habits | <input type="checkbox"/> Photo update | <input type="checkbox"/> Others | |
| <input type="checkbox"/> Change in Family details | <input type="checkbox"/> Change in height and weight | <input type="checkbox"/> Disclosure of Smoking status | | | | | | | | | | | |
| <input type="checkbox"/> Change in occupation | <input type="checkbox"/> Change of work country | <input type="checkbox"/> Disclosure of other Insurance details | | | | | | | | | | | |
| <input type="checkbox"/> Disclosure of disease | <input type="checkbox"/> Change of Income details | <input type="checkbox"/> Disclosure of Drinking habits | | | | | | | | | | | |
| <input type="checkbox"/> Photo update | <input type="checkbox"/> Others | | | | | | | | | | | | |

Note:

- Policy should be active for Reconsideration and any amendment or modifications are subject to underwriting decision as per Policy term & conditions.
- Please attach all relevant and supporting documents

I fully understand the meaning and scope of the Policy Amendment request form and the questions / amendment requests contained above and submitting the completed Policy Amendment Request form of my own volition.

"In case the Policyholder provides incomplete or incorrect information in this form, the company will not be held liable for any delay arising due to such incorrect/incomplete information."

Signature of Policyholder/Assignee _____ Date _____
(should match with policy records) _____ Place _____

GO Stamp

Signature verified

Vernacular Declaration : In case policyholder signatures is in the form of a thumb impression (left thumb) or in a vernacular language hereby declare that I have fully explained the contents of this form to the policyholder and that left thumb expression / signature of the policyholder has been appended after fully understanding the contents of this form

Name & Address of Declarant : _____

Date & Place : _____ Signature : _____

GO Stamp

Policy Amendment form/Version 2.2/Jan 2014

CUSTOMER ACKNOWLEDGEMENT SLIP

Policy Number

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Type of request _____

Received by _____ Date & Time of Receipt _____

Employee Code _____ Signature _____