



Education:

Illiterate Primary School High School Graduate
Post Graduate Professional

Marital Status: Single Married Widow(er) Divorced

Nationality: Indian Foreign National

Residential status:

Resident Non Resident PIO Country of residence _____

Occupation: _____ Job Title: _____

Name of Company: _____

Nature of Business/Industry type: _____

Exact nature of duties _____ Annual Income _____ per annum _____

Source of funds: _____

PAN No./Declaration in lieu of PAN:

Is new Owner/Payee 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 and close associate of PEPs)]

Mandatory questions to be answered by new policyholder

Do you have a Max Life Insurance Policy or have you ever applied for one? Yes No

If yes, give policy/proposal number

I authorise Max Life Insurance to send all communications by e-mail. Yes No

Bank A/C Details:

a) Bank Account No.:

b) Bank & Branch Name: _____

c) IFSC Code:

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

I am the first class legal heir (Only in case of death of the policyholder). Yes No



<p>I hereby transfer the ownership of the policy to the new policyholder as mentioned above.</p> <p>_____</p> <p>Signature of the previous Policyholder/Authorised Signatory (in case of company or bank along with seal)</p> <p>Date: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/></p> <p>Place _____</p>	<p>I hereby agree to be the owner of the policy and agree to abide by all the terms and conditions of the policy including the declarations of the proposal form. I understand that the company may use the information or share the information as disclosed above, for the purpose for which the same is disclosed. I acknowledge the receipt of the original policy bond from the existing policyholder.</p> <p>I hereby authorise Max Life to process my pay-outs to my Aadhaar linked Bank Account and to use the same to validate/update my KYC details. I accept to receive all future communication from Max Life Insurance vide E-mail ID only (strike if you want to continue with hard copy).</p> <p>_____</p> <p>Signature of the new Owner/Authorised Signatory (in case of company or bank along with seal)</p> <p>Date: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/></p> <p>Place _____</p>
<p>Witness details: <input style="width: 100%;" type="text"/></p> <p>Witness Sign (1): <input style="width: 100%;" type="text"/></p> <p>Name: _____</p> <p>_____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p>	<p>Witness Sign (2): <input style="width: 100%;" type="text"/></p> <p>Name: _____</p> <p>_____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p>



Documents attached with request


- Self-Attested copy of Official Valid Document (Aadhaar, Voter ID, Driving License or Passport) for KYC
- Self-Attested copy of Pan or FORM 60 irrespective of client level premium amount
- Death Certificate of Policy Owner
- For Change of Ownership to TRUST/Partnership Concern or Financial Institution based on WILL, copy of WILL along with KYC documentations.
- Original Signed and Notarized Legal Heir certificate or Surety letter or Both as per Sum Assured/Product Feature (Applicable only on death of Policy Holder)
- Succession Certificate as per Sum Assured/Product Feature (Applicable only on death of Policy Holder)
- Self-attested copy of Income Proof for client level premium => Rs 1 Lac





“I/ we understand that, I/we have disclosed my/our personal information (which may include Aadhaar related information) with Max Life for the purpose of providing insurance and related services and I/we hereby consent and authorise Max Life to use, store and/or share the same with government/regulatory/statutory bodies, Insurance repositories, reinsurers/hospitals or diagnostic centers/other Insurance companies for the purposes of underwriting assessment, claim investigation/ settlement, KYC and policy servicing purposes, as per applicable law.”

YOU ARE THE DIFFERENCE

 Our virtual assistant
Chat with MILI on our website
 Call us at 1860 120 5577

 WhatsApp
Send 'Hi' to 74283 96005

 Login to manage your policy
maxlifeinsurance.com/customer-service

 Write to us at
maxlifeinsurance.com/contact-us

Follow us    

Important: DO NOT believe in calls, SMS, E-mail offering discounts. For NEFT Payments, please transfer only to "HSBC Bank A/C No. 1165 <Followed by 9 digit Policy No.> IFS Code: HSBC0110002". Max Life does not collect Premium in any other account. **Max Life Insurance Co. Ltd.:** Plot No. 90C, Sector 18, Udyog Vihar, Gurugram, Haryana - 122015. **Regd. Office:** 419, Bhai Mohan Singh Nagar, Railmajra, Tehsil Balachaur, District Nawanshahr, Punjab - 144 533. **Fax:** 0124-4159397, **CIN:** U74899PB2000PLC045626 | Customer Helpline Number: 1860 120 5577

IRDAI Registration No. 104

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