



Max Life Insurance Co. Ltd.
 Plot No. 90C, Sector 18, Udyog Vihar,
 Gurugram, Haryana - 122015
 Toll free - 1800-200-5577
 e-mail: service.helpdesk@maxlifeinsurance.com

MATURITY CLAIM APPLICATION FORM- M

- This form is to be filled in by the person legally entitled for the policy Maturity Benefits.
- Kindly submit the form at nearest Max Life Insurance office or above mentioned address.
- Kindly write in Capital Letters.

Policy No(s):

□	□	□	□	□	□	□	□	□
□	□	□	□	□	□	□	□	□

Contact No of Policy Holder: Residence (STD code):

□	□	□	□	□	□	□	□	□
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Mobile No:

□	□	□	□	□	□	□	□	□	□
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Documents to be submitted along with this form

- Original Policy Document (s) - Attached with this form Missing/ Lost/ Not available.
- If there is a change in mailing address attach proof
- Cancelled cheque bearing account number and Policyholder name or Copy of Bank Passbook

I. Personal Information about the Policyholder-Mandatory

a) Name of Policyholder:

b) Complete Address:

c) Nationality: Indian Foreign National NRI PIO

State: PinCode:

□	□	□	□	□	□
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II. Bank Details of the Policyholder- Mandatory

a) Bank Name: b) Bank Account No:

c) Type of Account: Saving Current NRE NRO Other

d) Bank Address: State: Pin Code:

□	□	□	□	□	□
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e) IFSC Code: f) PAN Number:

□	□	□	□	□	□	□	□	□	□
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Note- Kindly attach a cancelled cheque bearing account number and Policy Holder name or Copy of Bank Passbook
 Disclaimer: TDS will be applicable as per provisions of section 194DA of income tax act @2% in case valid PAN is provided, however, rate will be charged @20% in case valid PAN is not available with the Company. If you are NRI then please fill up NRI Self Declaration along with this form.

III. No Objection Certificate from Life Insured

I,; hereby confirm the valid discharge of the Maturity proceeds payable towards the above Policy and will not hold Max Life Insurance Liable for any further claim in the future.

Signature of the Life Insured

Signed at: Date:

□	□	□	□	□	□
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 Place:

IV. Declaration and Authorization by Policyholder

- a) I, the above named Policyholder do hereby confirm that the above said information including Bank details are true and correct.
- b) The Maturity benefit paid by the Company in the aforesaid Bank Account shall constitute a valid discharge towards the Company on my behalf.

Signature of the Policyholder:

Signed at: Date:

□	□	□	□	□	□
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 Place:

Signature of Witness

Signed at: Date:

□	□	□	□	□	□
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 Place:

Name: Address:

Phone No. (With STD Code) or Mobile No:

NOTICE: Any person who knowingly files a claim containing false or misleading information, or who conceals information with intent to defraud or mislead the Company or other person, may be guilty of fraud or subject to other criminal and/or civil penalties as the case may be under the applicable law(s) of the State. Ver D/201507/Eng/VI/CM4

