

APPLICATION FOR ■ FREELook CANCELLATION ■ FREELook ALTERATION
INSTRUCTIONS:

1. The policyholder must countersign in case of cancellation/alteration while filling the form. 2. This application will not be effective until it is officially accepted by Kotak Mahindra Life Insurance Company Ltd. 3. Account no. is MANDATORY for all types of payments. Request you to submit the original cancelled cheque. 4. If cheque is not personalised please provide copy of latest bank statement/passbook. 5. In case of premium payment received by card (debit/ credit), CFI refund shall be done to the said card only. 6. This form must be sent to "The Policy Servicing Department, Kotak Mahindra Life Insurance Company Ltd., 9th Floor, Intellion Square (Building No.4), Infinity Park, Off. W. E. Highway, General AK Vaidya Marg, Malad (E), Mumbai - 400 097. India.

where fund value is payable less applicable charges, NAV applicable shall be the closing NAV of the same business day for requests received before 3.00 PM. For requests received after 3.00 PM on a business day or for requests received on any non-business day, NAV applicable shall be the closing NAV of the next business day. Refer free look clause in Policy Document for more details on freelook amount payable.

Note: In order to abide by the Foreign Account Tax Compliance Act (FATCA), kindly submit a Insurance FATCA Declaration, separately, if the answer to any of these questions is a 'yes': (i) Are you a citizen of any other country apart from India (dual or multiple citizenship); (ii) Are you a resident (for tax purposes) of any other country other than India; (iii) Do you hold a green card of USA or any similar card for any other country?

I/We confirm that I/we shall report any future changes in my/our tax status to Kotak Life Insurance within 30 days of such change. I/We also confirm that until I/we provide a written intimation about any such changes, Kotak Life Insurance may presume that there is no change in my/our tax residency status and consider my/our earlier submitted declarations, if any, as valid. I understand that for any queries about my/our tax residency, I/we have to consult my/our own tax consultant.

I understand that in relation to my freelook alteration request, if applicable, I shall be bound to pay the amount of shortfall, if any. I also understand that I will be entitled to any excess amount, if any, on account of difference in NAV.

1. PARTICULARS OF THE POLICYHOLDER

a) Policy Number Married Womens Property Act Case Yes No

b) Full Name : Title Surname First Name Middle Name

c) Contact Numbers (with STD codes) Mobile

d) Address:

City: State : Pin :

E-mail :

Do your bit for a greener world & Switch to e-communication. Kindly tick if you would like to receive your communication through electronic mode for all your policies.

*** If there is an address change please submit a valid address proof with address change form**

2. DETAILS REGARDING ■ FREELook ALTERATION ■ FREELook CANCELLATION

Policy Issue Date Policy Received date

Reason for cancellation (If the reason is not stated clearly with specific details, then the case will not be accepted for freelook cancellation)

Specific details about the reason should be mentioned and if misselling the details of the same should be clearly mentioned.

3. SETTLEMENT OPTIONS - Only for Freelook Cancellation request (Pay directly to my bank account mentioned here, please attach an Original cancelled cheque for any payment type)

Payment remittance type Cheque Direct credit Credit card** (Only for CFI if payment is made through credit card)

Name of the Policy holder as per bank record

Bank Name Account No

& Address IFSC Code

Account Type Savings NRE* Others (if any) MICR Code

*Credit to NRE account can be given only if premiums are received from NRE account

4. TYPE OF ALTERATION REQUIRED (Only for Freelook Alteration request)

Increase/Decrease in Sum Assured	<input type="checkbox"/> Policy Document	<input type="checkbox"/> Premium Calculation Sheet	<input type="checkbox"/> ECS & Cheque Copy (if Opted)		
Addition/Removal Riders					
Change in Term					
Change in Premium Paying Mode					
Change in Premium	<input type="checkbox"/> Policy Document	<input type="checkbox"/> Premium Calculation Sheet	<input type="checkbox"/> ECS & Cheque Copy (if Opted)	<input type="checkbox"/> Proposal Form	<input type="checkbox"/> Age Proof
Changes in RCD/Backdating					
Change in Plan					
Change in Life Insured					
Change in Step-up Option	<input type="checkbox"/> Client's Declaration	<input type="checkbox"/> NOC from old Agent			
Agent Change (allied with any above request)					

5. DECLARATION BY THE POLICYHOLDER

I hereby agree to accept the payout amount and declare that I understand and agree with all the information and terms and conditions given in this form and in my policy contract.

Place Signature of the Policy holder or Guardian (if life insured is minor) or Assignee (if policy is Assigned)

Date

6. DECLARATION BY THE PERSON FILLING IN THE FORM (For form filled in by a scribe or for forms signed in vernacular languages)

I , residing at having known the proposer for a period of 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 Freelook Cancellation / Freelook Alteration

Date Signature of Scribe

DOCUMENT RECEIVED Request form Original Policy Document

Original Cancelled Cheque

Others (if any)

7. FOR OFFICE USE ONLY (Affix date and time stamp here)

Kotak Mahindra Life Insurance Company Ltd., IRDAI Regn. No. 107, CIN: U66030MH2000PLC128503, Regd. Office: 8th Floor, Plot # C- 12, G- Block, BKC, Bandra (E), Mumbai- 400 051
 For any correspondence kindly contact us at: 9th Floor, Intellion Square (Building No.4), Infinity Park, Off. W. E. Highway, General AK Vaidya Marg, Malad (E), Mumbai - 400 097. India.
 (+9122) 6994 8000 {D} 6725 6166 {F} 1800 209 8800 (toll free) www.kotaklife.com | Write to: kli.in/WECARE/ WhatsApp: 9321003007

CC\PS\CFI-AFI Form\006

ACKNOWLEDGEMENT SLIP

Freelook Cancellation Freelook Alteration Req. ID

We acknowledge the receipt of request for Policy no.:

Branch Name Documents received with this request

Date Time

Name of branch co-ordinator Signature of branch co-ordinator

Kotak Mahindra Life Insurance Company Ltd., IRDAI Regn. No. 107, CIN: U66030MH2000PLC128503, Regd. Office: 8th Floor, Plot # C- 12, G- Block, BKC, Bandra (E), Mumbai- 400 051
 For any correspondence kindly contact us at: 9th Floor, Intellion Square (Building No.4), Infinity Park, Off. W. E. Highway, General AK Vaidya Marg, Malad (E), Mumbai - 400 097. India.
 (+9122) 6994 8000 {D} 6725 6166 {F} 1800 209 8800 (toll free) www.kotaklife.com | Write to: kli.in/WECARE/ WhatsApp: 9321003007

CC\PS\CFI-AFI Form\006