

CONTRIBUTION ALLOCATION REQUEST FORM



CONDITIONS TO BE READ BEFORE FILLING THE FORM

- This contribution allocation request shall be subject to all the terms and conditions laid down in the policy contract in this regard.
- In respect of contribution received up to 3.00 p.m. by the insurer along with a local cheque or a demand draft payable at par at the place where the premium is received, the closing NAV of the day on which premium is received shall be applicable.
- In respect of contribution received after 3.00 p.m. by the insurer along with a local cheque or a demand draft payable at par at the place where the premium is received, the closing NAV of the next business day shall be applicable.
- This application will not be effective until, it is officially accepted by the company.

Policy number _____	UIN _____
Scheme name _____	
Date _____ / _____ / _____	

Fund #	SFIN	% Allocation
Group Floating Rate Fund	ULGF-005-07/12/04-FLTRFND-107	
Group Gilt Fund	ULGF-002-27/06/03-GLTFND-107	
Group Bond Fund	ULGF-004-15/04/04-BNDFND-107	
Group Balanced Fund	ULGF-003-27/06/03-BALFND-107	
Group Dynamic Floor Fund	ULGF-015-07/01/10-DYFLRFND-107	
Group Secure Capital Fund	ULGF-016-12/04/11-SECCAPFND-107	
Group Money Market Fund	ULGF-001-27/06/03-MNMKFND-107	
Group Short Term Bond Fund	ULGF-018-18/12/13-SHTRMBND-107	
Kotak Group Prudent Fund	ULGF-019-04/07/17-KGPFND-107	
Kotak Group Equity Fund	ULGF02009/05/22KGREQUFUND107	
Kotak Group Nifty 50 Index Fund	ULGF027110226KGN107	
Total		

Allocation percentages are subject to provisions of relevant Regulations/ Directions/ Guidelines issued by Insurance Regulatory and Development Authority (IRDAI) in this behalf from time to time.

Note: "Total funding under this fund is done based on the requirement of AS-15. The fund is responsible for discharging the liabilities there under. The contributions made to Kotak Life Insurance during the current year is out of the fund which is set aside for this purpose."

I apply to allocate percentage to the fund held in my account under this scheme as indicated above. I hereby declare that I understand and agree to all the conditions and information given above.

Date _____

(Signature of the trustees along with trust seal)

FOR OFFICE USE

Name of the CRM _____	Date and time of receipt _____
Branch name (Location) _____	Mode of receipt _____
Entered by _____	Verified by _____
Authorised by _____	Date and time _____

For any further queries please get in touch with your relationship manager or KLI group operation at kli.groupoperations@kotak.com



Kotak Mahindra Life Insurance Company Ltd.

CIN: U66030MH2000PLC 128503 | IRDAI Reg. No.: 107

Registered Office:

6th Floor, Plot #C-12, G-Block, BKC, Bandra (E), Mumbai - 400051

Corporate Office

9th Floor, Intellion Square (Bldg Np. 4), Infinity IT Park, Gen. AK Vaidya Marg, Malad (E), Mumbai - 400097

Tel: +91 22 6994 8000

<https://www.kotaklife.com>

 *Hum hain... hamesha*