kotak life

Hum hain... hamesha

Application Form for Major Policy Alterations

1. Please fill the names in BLOCK letters.
2. This form must be filled by the Policy Holder. If the policy is assigned, form must be signed by the assignee.
3. 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.

Note: In order to abide by the Foreign Account Tax Compliance Act (FATCA), kindly submit an 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.

PARTICULARS OF THE POLICY HOLDER

Policy No.

Policy Owner Name SURNAME FIRST NAME MIDDLE NAME

Telephone Numbers Residence Mobile

Email: _____

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

Please tick the relevant box ☑ for the type of request)

☐ 1. REDUCED PAID UP

Please make my policy paid-up, I am aware that the policy benefits would be reduced proportionately to the premiums, I will not be eligible for the rider benefits and I will not be required to make any further premium payments. I agree to all the terms and conditions.

☐ 2. PAYMENT OPTIONS (Pay directly to my bank account mentioned here, please attach an Original cancelled cheque for any payment type)

Payment remittance type ☐ Cheque ☐ Direct credit

Name of the Policy holder as per Bank record

Bank Name & Address

Account No:

IFSC Code

MICR Code

Account Type ☐ Savings ☐ NRE* ☐ Others (if any)

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

☐ 3. RIDER DELETION

Please delete the following riders from my policy

	Rider Name	Sum Assured
a)		
b)		

☐ 4. INCREASE IN SUM ASSURED / PREMIUM

Please increase the Premium to Rs. **OR** **Please increase the Sum Assured to Rs.**

(Increase in Sum Assured would be subject to availability of this option as a product feature, additional medical examination and acceptance of the request by our Underwriting team. In case of increase in Sum Assured, please arrange to submit a new proposal form and a Premium Calculation sheet)

☐ 5. DECREASE IN SUM ASSURED/PREMIUM

Please decrease the Premium to Rs. **OR** **Please decrease the Sum Assured to Rs.**

DECLARATION BY THE POLICY HOLDER / ASSIGNEE

I hereby declare that I understand and agree to all the conditions and information given above.

Date D D M M Y Y Y Y Place

Signature of Policy Holder/Assignee

DECLARATION BY THE PERSON FILLING IN THE FORM (For Form filled in by a SCRIBE or for form signed in vernacular language)

I _____, residing at _____ having known the proposer for a period of _____ do 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 Major Alteration.

Date D D M M Y Y Y Y

Signature of Scribe

FOR OFFICE USE

Date D D M M Y Y Y Y Place

Signature of Branch Official

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

ACKNOWLEDGEMENT

We acknowledge the receipt of your request for _____ for policy no._____.

Branch Name

Date D D M M Y Y Y Y

Name of Branch Co-ordinator

Signature of branch co-ordinator

Kotak Mahindra Life Insurance Company Ltd.

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