

Application Form for Minor Policy Alterations - Policy Level Changes

INSTRUCTIONS: 1) Please fill the names in BLOCK letters & this form must be filled by the Policy Holder. If the policy is assigned, form must be signed by the assignee. 2) Change in all categories shall not be registered in the Company's records, unless this form is received at the Central Processing Centre, supported by all the necessary documents mentioned hereunder. 3) If any question in the form is left unanswered, the request would not be acted upon by Central Processing Centre 4) The alterations shall be effective on a written communication to you from us from the date mentioned in such communication. 5) This form must be sent to "The Policy Servicing Department, Kotak Mahindra Life Insurance Company Ltd., ; j 'Hqqt. 'kgnkq'Us wctg'Dwlf lpi 'P q06+'khpks' 'Rctm'QH0Y OG0J ki j y c{.

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.

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.		Client ID	
Policy Holders Name			
Telephone Numbers	Residence	Mobile	
Email: _____			

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.

DUPLICATE POLICY ISSUANCE

Reason for Duplicate Issuance Lost Mutilated

CONTINUATION OPTION AFTER LOCK IN PERIOD FOR POLICIES WITH DISCONTINUANCE FEATURE

Option 1 **Option to continue the policy in Discontinuance ACM mode.**
(ACM policy can be revived within two years from premium due date failing which the policy will be surrendered at the end of the revival period as per the terms and conditions of the policy contract and the surrender value as on that date will be paid out to the policy holder)

Option 2 **Option to continue the policy in Discontinuance RPU mode.**
(By selecting reduced paid-up, Sum Assured shall be reduced, policy can not be revived and on completion of the policy term, available fund value, if any, will be paid out as maturity value)

* Applicable only to UL policies issues after Feb'2013 (K64 & onwards)

ACM CONSENT FOR OPTION TO BE AVAILED DURING ACM / ANM MODE

Option 1 **Option to continue the policy in ACM/ANM mode till completion of Full policy term**
(On completion of the policy term, the balance in the fund will be paid out as maturity value)

Option 2 **Option to surrender the policy at the end of the revival period in ACM /ANM mode.**
(The policy will be surrendered at the end of the revival period as per the terms and conditions of the Policy contract and the surrender value as on that date Will be paid out to the Policyholder.)

MODE CHANGE

Yearly Half Yearly Quarterly Monthly

Note : 1. In case ECS* or Standing Instruction (SI) premium paying facility is active and there is a revision in your premium, please confirm if same is to be continued

Yes No (If yes, please attach fresh ECS or SI form simultaneously)

2. ECS or Standing Instruction is mandatory in monthly mode

* Fresh ECS form is not required in case there is a decrease in premium due to change Premium Mode.

DISCONTINUANCE CONTINUATION – To avail complete 2 years of revival period from discontinuance date*

Please consider this as my consent to avail complete 2 years revival period from policy Discontinuance date. I am aware that in case of non-revival of the policy during this period I shall be receiving the Discontinuance policy proceeds only upon expiry of the 2 year revival period.

* DISCONTINUANCE CONTINUATION option to be exercised only for policies which go into Discontinuance mode after the first 3 policy years.

PROOF REQUIRED (Please tick against the one submitted)

Passport Aadhar Bank Statement (Updated up to previous month) Voter ID
 Others i) _____ ii) _____ iii) _____

DECLARATION BY POLICYHOLDER / ASSIGNEE / PERSON FILLING IN THE FORM

I hereby declare that all the information given above is true. I also understand and agree that any alteration made as per my request herein above shall be governed by the terms and conditions of the policy document.

Date Place

Signature of policy holder / Assignee
or Right thumb impression

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 _____ being related to the applicant as _____ do declare that I have explained the nature of the questions contained in this form to the applicant. I have also explained that the answers to the questions form the basis for accepting this request. I also confirm that the applicant has signed/affixed his/her right thumb impression in my presence.

Date Place

Signature of policy Scribe

FOR OFFICE USE ONLY

Date Place

Stamp & Signature of Branch Official

CC\PS\Form\ Minor Policy Alteration PL\009

ACKNOWLEDGEMENT

We acknowledge the receipt of your request for _____ for policy number _____.

Branch Name and code _____
 Name of Operations Executive _____