

Application Form for Minor Policy Alterations

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 the Company from the date mentioned in the letter. 5) 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 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.

PARTICULARS OF THE POLICY HOLDER (Contact details to be filled mandatory)

Policy Holder
 Life Assured
 Nominee
 Appointee
 Assignee

Policy No.
 Client ID
 Office No.

Policy Holders Name
 Mobile

Email:
 Residence

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

NAME CHANGE / CORRECTION

Policy Holder
 Life Assured
 Nominee
 Appointee
 Assignee

Current Name

Title(Mr./Ms./Mrs.)
 First name
 Middle name
 Surname

New Name

Title(Mr./Ms./Mrs.)
 First name
 Middle name
 Surname

ADDRESS CHANGE / CORRECTION

Policy Holder
 Life Assured
 Nominee
 Appointee
 Assignee

OLD ADDRESS		NEW ADDRESS	
Street	<input type="text"/>	Street	<input type="text"/>
Area	<input type="text"/>	Area	<input type="text"/>
Landmark	<input type="text"/>	Landmark	<input type="text"/>
City	<input type="text"/>	City	<input type="text"/>
State	<input type="text"/>	State	<input type="text"/>
Pincode	<input type="text"/>	Pincode	<input type="text"/>
Country	<input type="text"/>	Country	<input type="text"/>

PROOF REQUIRED (Please tick against the one submitted)

Passport
 Aadhar
 Bank Statement (Updated up to previous month)
 Ration Card
 Voter ID
 Marriage Certificate

Others i) _____ ii) _____ iii) _____

DECLARATION BY POLICYHOLDER / ASSIGNEE / PERSON FILLING IN THE FORM

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

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 _____ 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.

Date
 Place

Signature of policy Scribe

FOR OFFICE USE ONLY

Date
 Place

Stamp & Signature of Branch Official

CC\PS\Form Minor Alteration CL\005

ACKNOWLEDGEMENT

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

Branch Name and code

Name of Operations Executive

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\Form Minor Alteration CL\005

Application Form for Minor Policy Alterations

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 the Company from the date mentioned in the letter. 5) 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 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.

PARTICULARS OF THE POLICY HOLDER (Contact details to be filled mandatory)

Policy Holder
 Life Assured
 Nominee
 Appointee
 Assignee

Policy No.
 Client ID
 Office No.

Policy Holders Name
 Mobile

Email:
 Residence

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

CHANGE IN DATE OF BIRTH

Policy Holder
 Life Insured
 Nominee
 Appointee
 Medicals attached (if any) Yes No

Old Date of Birth
 New Date of Birth

I understand that the change in the Date of Birth of Life Insured will require fresh underwriting and even Medical tests, if any. I also understand that this could lead to a consequent revision in the terms and conditions of the policy, including a change in the Sum Assured and/or premium amounts or even cancellation of the policy from inception.

DUPLICATE POLICY ISSUANCE

Reason for Duplicate Issuance Lost Mutilated

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 : ECS monthly mandate mandatory in monthly mode.

In case ECS or Standing Instruction (SI) premium paying facility is active, please confirm if same is to be continued Yes No

(If yes, please attach fresh ECS or SI form simultaneously)

PAN CARD

Form 60/61
 PAN Card
 Pan Number

PROOF REQUIRED (Please tick against the one submitted)

Passport
 Aadhar
 Bank Statement (Updated up to previous month)
 Ration Card
 Voter ID
 Marriage Certificate

Others i) _____ ii) _____ iii) _____

DECLARATION BY POLICYHOLDER / ASSIGNEE / PERSON FILLING IN THE FORM

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

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 _____ 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.

Date Place

Signature of policy Scribe

FOR OFFICE USE ONLY

Date Place

Stamp & Signature of Branch Official

CC\PS\Form Minor Alteration CL\005

ACKNOWLEDGEMENT

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

Branch Name and code

Name of Operations Executive I

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\Form Minor Alteration CL\005