REQUEST FOR REINVESTMENT

This form shall be used for the sole purpose of transfer of policy benefit proceeds (i.e, maturity benefit, survival benefit, surrender and part withdrawal) towards issuance of a new policy.

Policy Number

Name of Policyholder Mr./Ms./Mrs. | First Name | Surname

Contact Nos. STD | Residence | STD | Office | Ext. | ISD | Mobile

E-Mail ID

☐ 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.

TRANSFER OF FUNDS DETAILS

	A. Policy No (From where the funds will be transferred)	B. Proposal (To where the funds will be transferred)	Amount (Rs.) if part proceeds please specify amount
Entire proceeds			NA
Part proceeds			

Bank details for remittance of balance proceeds directly crediting into bank account. (in case opting for transfer of part proceeds)

Payment remittence type ☐ Cheque ☐ Direct Debit

Name of the Policy holder as per Bank Record

Bank Name & Address

Account Type ☐ Savings ☐ NRE* ☐ Others (if any) **Account No.**

IFSC Code **MICR Code**

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

Please note:

- Sufficient funds should be available in the Policy from where the funds need to be transferred.
- Policyholder (assignee, in case of assigned policy) for the source policy should be the same for proposal in which the fund is being transferred.
- TDS, if applicable, shall be deducted as per the prevailing tax laws from the policy benefit proceeds. Once deducted, TDS shall not be refunded or adjusted under any circumstances. Therefore you are advised to submit a valid self-attested PAN card copy to avoid TDS deduction at higher rate.

Disclaimer:

I hereby declare that I have read and understood the contents of this form. I have thereafter applied to the Company for carrying out the transaction indicated by me.
I understand and agree that in carrying out the above transaction as applied by me, the Company shall be deemed to have carried it out entirely as per my instructions and shall incur no liability whatsoever in that regard.

I also understand and agree that this transaction does not in any way mean that the Company has accepted the risk under the said proposal or that the Policy stands issued by the Company.

Signature of Policy holder*
*in case of assigned policy

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 D D M M Y Y Y Y Place

Signature of policy Scribe

FOR OFFICE USE ONLY

Date D D M M Y Y Y Y Place

Stamp & Signature of Branch Official

ACKNOWLEDGEMENT

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

Branch Name and code

Name of Operations Executive

Date D D M M Y Y Y Y

Kotak Mahindra Life Insurance Company Ltd.
(Formerly known as Kotak Mahindra Old Mutual Life Insurance Ltd.)
IRDAI Regn. No. 107, CIN: U66030MH2000PLC128503, Regd. Office: 2nd Floor, Plot # C- 12, G- Block, BKC, Bandra (E), Mumbai- 400 051.
http://insurance.kotak.com/