



### Address Change Request Form

Policy Number:

**Change in Address:**  Home  Permanent/Alternate  Work

New Details for  Policy Owner  Life Insured  Nominee

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Landmark \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Pin |\_|\_|\_|\_|\_|

E- mail: \_\_\_\_\_

Mobile: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\* Telephone: |\_|\_|\_|\_| - |\_|\_|\_|\_|\_|\_|\_|\_|\_|\* \* Mandatory Fields

**Note:** In case total Annual Premium exceeds Rs. 10,000, including all the policies, please provide a copy of self-attested supporting address proof for new address.

**The Supporting address proofs are as follows: (Please check the appropriate)**

- Passport, Voter's Identity Card, Driving License, Ration Card
- Telephone/ Mobile Bill (not older than six months)
- Letter from a recognized 'public authority' or public servant verifying the mailing address.
- Credit Card or Bank statement, which is not more than 3 months old.
- Valid lease agreement along with rent receipt, which is not more than 3 months old.

I fully understand the meaning and scope of the policy amendment request form and the questions / amendment requests contained above and are submitting the completed Policy Amendment request form of my own volition.

**Name of Policy Holder:**  
(Mention complete name)

**Signature of Policy Holder:**  
(Should match with policy records)

Date:

Place:

MNYL PAA 25062009 Version 1.1

**Max New York Life Insurance Co. Ltd.**