MAX NEW YORK LIFE
LIFE INSURANCE

**Freelook Cancellation form** Policy Number

**Cancellation of policy**

- Policyholder's name*:
- Address of Policyholder
- Contact Number
- Email ID

I hereby submit that I am the holder of an insurance policy no…….I understand that as per the terms and conditions of the policy document, Freelook option can be availed by me with in 15 days from the date of receipt of the policy contract and Max New York Life Company Ltd. 'MNYL' reserves the right to reject the freelook request if the terms and conditions are not fulfilled. I request you to please process the cancellation of my policy under the Freelook option, after adjusting the applicable charges.
I understand that cancellation of the Policy results in termination of the insurance contract and all rights/ titles and interest under the Policy shall stands terminated.

- Postal Address* (where the cheque would be dispatched), **incase address is different from the policy**, **address proof is mandatory**

***DISCLAIMER:*** *MNYL shall not be held responsible for delay or non – receipt of the cheque in case the postal address is incomplete/incorrect in company's records.*

Policy Holder Signature _____Date _____ Place _____

I Mr./ Mrs/ Miss _____ s/o, d/o, w/o of_____aged _____, resident of _____do hereby declare and affirm that the details provided in this Form are correct and accurate. I do hereby agree to receive the premium refund under the policy terms and conditions, after deduction of applicable charges. Further, I confirm that the information provided by me herein is true and correct. I confirm and stand indemnity towards MNYL for any incorrect or wrongful refund obtained by me.

**Vernacular Declaration ((To be filled if Customer has signed in language other than English / Affixed Thumb Impression)**
I hereby declare that I have explained the contents of Freelook cancellation form/request letter to the Policyholder Mr/Mrs/Ms

_____in_____Language and that the policy holder has affixed the thumb impression(s)/signed in language other than English in my presence after fully understanding the contents thereof.

Name of the Declarant _____
Signature of the Declarant _____
Address: _____
Date:_____
Employee ID (if vernacular is provided by MNYL employee) _____

Desired Mode of payment: Cheque ☐ Direst transfer to My Account (not applicable for NRE a/c) ☐

Please provide details If" Direct Transfer to my Account " Selected (Kindly Fill in BLOCK LETTERS only)

Bank Name _____

Bank Address _____

Bank Account Holder's Name _____

Bank Account Number

MICR Code ☐☐☐☐☐☐☐☐☐ (You can get this code from your cheque book)

11 Digit IFSC Code ☐☐☐☐☐☐☐☐☐☐☐ (You can get this code from your cheque book)

Type of bank ☐ Savings A/c ☐ Current A/c ☐ Cash Credit ☐ Other

☐ I have attached a cancelled blank cheque or its photocopy (Incase cancelled blank cheque does not bear account holder's name please provide photocopy of bank statement / passbook or else bank attestation is required)

*DISCLAIMER: MNYL shall not be held responsible In case of non credit to your bank account with/ without assigning any reasons thereof or if the transaction is delayed or not effected at all for reasons of incomplete/incorrect information, . Further, MNYL reserves the right to use any alternative payout option including demand draft/ payable at par cheque inspite of you opting for Direct Credit option. Credit will be effected based solely on the Policy Holder/beneficiary account number information provided by the Policy Holder/ beneficiary and the Policy Holder/beneficiary name particulars will not be used thereof.*

* Mandatory Information

**For Office Use Only (All fields are mandatory to be filled)**

Retention by CSE _____

_____

_____

Reasons for Cancellation

☐ Product differs from what was requested or disclosed. ☐ Tampering, Corrections, forgery of proposal or related papers

☐ Financial problem ☐ No Requirement ☐ Policy Pack not received ☐ Obligation Sale

☐ Policy Pack Delayed

Name of Receiver: _____

Employee Code : _____

Phone Number: _____

GO Code: _____

- Request received Date: _____ Time_____ (to be filled Manually)
- Signature verified: ☐ Yes ☐ No
- Policy Pack Received: ☐ Yes ☐ No

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**Max New York Life Insurance Co. Ltd**
3rd Floor, Operation Center, 90-A, Udyog Vihar, Sector-18, Gurgaon-122015, Regd office: Max House, 3rd Floor, 1 Dr. Jha Marg, Okhla, New Delhi-110020, India
Contact Details: Tollfree Customer Helpline:1800-180-5577 (from MTNL/BSNL),Other Networks: 2542001 (Dial STD Code 95124<from Delhi>, +0124<from other cities>).
Tollfree Claims Helpline: 1800-103-5678 (from MTNL/BSNL) Fax: 4239683 (Dial STD Code 95124<from Delhi>, +0124<from other cities>)
e-mail: service.helpdesk@maxnewyorklife.com Visit us at: www.maxnewyorklife.com

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**CUSTOMER ACKNOWLEDGEMENT SLIP**

Policy Number ☐☐☐☐☐☐☐☐☐

Type of request _____

Received by _____ Date & Time of receipt _____

Employee Code _____ Signature _____

GO Stamp