

**POLICY AMENDMENT REQUEST FORM**



**SECTION A**

Policy No

**1. Change in Address** Please Write in **Block Letters**  Home  Work  Alternate/Permanent

Address \_\_\_\_\_  
 City \_\_\_\_\_ Pin       Mobile\*            Tel\*     -

E mail \_\_\_\_\_ Please indicate your preference for preferred mailing address  Home  Work  Alternate/permanent

**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  Letter from a recognized 'public authority' or public servant verifying the mailing address  
 **Telephone Bill, Electricity bill (not older than six months)**  **Affidavit** Issued by a Gazetted officer. Gazetted officer should be of Central State Government  
 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.

**2. Change in Name:**  Policy Holder  Life Insured  Company name

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**(Title) (First Name) (Middle Name) (Last Name)**  
 Request to submit a duly signed policy amendment form along with the following additional documents

**For Company Name Change:**

- Copy of articles of association along with a copy of registration from registrar of companies

**For Individual Name Change:**

- Affidavit on stamp paper (according to the state value) attested by First class magistrate/Notary and copy of marriage Certificate/marriage card (for name change after marriage)
- Affidavit on stamp paper (according to the state value) attested by First class magistrate/Notary and proof for name of change (for name change due to other reasons)

**3. Change in Nominee:** Is New Nominee a Politically Exposed Person\* (Yes / No) Please tick

\* **Politically Exposed Persons (PEP)** are individuals who are or have been entrusted with prominent public functions, for example Heads/ Ministers of Central /State government, Senior politicians, Senior government/ judicial / military officers, Senior executive of state owned corporations, Important political party officials & immediate family member of above persons (Spouse, Children, Parents, Siblings, In-laws).

From	To	Relationship	DOB (if minor; under age of 18)

**Note:** If nominee is a minor; below the age of 18 years please name a person (Appointee) to receive policy proceeds in the event of death of life insured, while the nominee is still a minor. Please provide following information for "Appointee"

Name of Appointee: \_\_\_\_\_ Relationship to Nominee: \_\_\_\_\_  
 Address: \_\_\_\_\_ Appointee's Signature: \_\_\_\_\_

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

Signature of Policy Holder/Assignee (should match with policy records) \_\_\_\_\_ Date & Place: \_\_\_\_\_

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

MNYL PA 25032011 Version 1.8

3rd Floor, Operation Center, 90-A, Udyog Vihar, Sector-18, Gurgaon-122015, Regd office: Max House, 3<sup>rd</sup> 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

**CUSTOMER ACKNOWLEDGEMENT SLIP**

Policy Number

Type of request \_\_\_\_\_  
 Received by \_\_\_\_\_ Date & Time of receipt \_\_\_\_\_  
 Employee Code \_\_\_\_\_ Signature \_\_\_\_\_





# POLICY AMENDMENT REQUEST FORM



## SECTION C

Policy No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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**9. Switching of funds:** (I authorize Max New York Life to invest all existing renewal premiums in the proportions mentioned below)

Switch From (Name of the fund*)	Switch To (Name of the fund*)	Percentage OR Amount

**Note:**

- The minimum fund value of the policy should be Rs. 5,000.00
- Post exercising of free switches, a fee will be charged which will be higher of 0.5% of the amount of switch or Rs. 500. Please refer to your policy contract for the number of free switches.
- If the request is received before the cut-of time of 3:00 pm at the General office, same day unit value will be applicable.
- Please note that switching of funds changes only your existing fund holding. if you wish to change the fund allocation of future premiums, please fill the 'Application for Premium Re-Direction form'.
- The change will be effective once all the due premiums are paid in full.

**10. Redirection of funds:** (I authorize Max New York Life to invest all future renewal premiums in the proportions mentioned below)

Name of the fund*	Percentage	Note:
		-When more than one funds are selected, at least 20% of each new investment will be invested in each selected fund. - Post exercising of free redirection, a fee of an amount of Rs. 1000 will be charged. Please refer to your policy contract for the number of free redirections. -The change will be effective once all the due premiums are paid in full.

\*Name of fund – please choose from the below available fund options.

a) Secure fund    b) Conservative fund    c) Growth Super fund    d) Dynamic Opportunity fund  
 e) Balanced fund    f) Growth fund    g) High Growth fund    h) Money Market fund  
 i) Guaranteed fund

**11. Partial Surrender:** **Declaration:** Kindly withdraw the amount by partially surrendering the units in my policy. I understand that I must withdraw at least Rs. 10,000.00 worth of units (across all funds) based on the prevailing unit value at the time of this withdrawal.

Name of the fund	Amount to be withdrawn/Percentage	Note:
		-Withdrawal can only happen after the completion of three/five policy years ( as per your policy contract). If you withdraw before 5 years, please check the availability of your tax exemption under section 80C -In case of level death benefit option, sum assured may reduce on partial surrender. -If the request is received before the cut-off time of 3:00 pm at the General office, same day unit value will be applicable -The change will be effective once all the due premiums are paid in full - Please fill NEFT form along with this for transfer of funds directly to your account

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

Signature of Policy Holder/Assignee (should match with policy records)	Date & Place:
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### Max New York Life Insurance Co. Ltd

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### CUSTOMER ACKNOWLEDGEMENT SLIP

Policy Number

Type of request \_\_\_\_\_

Received by \_\_\_\_\_ Date & Time of receipt \_\_\_\_\_

Employee Code \_\_\_\_\_ Signature \_\_\_\_\_

