

MATURITY CLAIM APPLICATION FORM – M

- This form is to be filled in by the person legally entitled for the policy Maturity Benefits.
- Kindly submit the form at nearest Max Life Insurance office or above mentioned address.
- Kindly write in Capital Letters.**

Policy No(s): <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Contact No of Policy Holder: Residence (STD code): <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"/> Mobile 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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Documents to be submitted along with this form

- Original Policy Document (s) -** Attached with this form Missing/ Lost/ Not available.
- If there is a change in mailing address- kindly attach address proof**
- Cancelled cheque bearing account number and Policyholder name or Copy of Bank Passbook**

I. Personal Information about the Policyholder–Mandatory

a) Name of Policyholder

b) Complete Address

STATE Pin Code

II. Bank Details of the Policyholder- Mandatory

a) Bank Name b) Bank Account No

c) Type of Account Saving Current Other

d) Bank Address STATE Pin Code

e) IFSC Code f) PAN Number

Note- Kindly attach a cancelled cheque bearing account number and Policy Holder name or Copy of Bank Passbook
Disclaimer: TDS will be applicable as per provisions of section 194DA of income tax act @2% in case valid PAN is provided, however, rate will be charged @ 20% in case valid PAN is not available with the Company. If you are NRI then please fill up NRI declaration along with this form"

III. No Objection Certificate from Life Insured

I, _____; hereby confirm the valid discharge of the Maturity proceeds payable towards the above Policy and will not hold Max Life Insurance Liable for any further claim in the future.

Signature of the Life Insured

Signed at: _____ Date / / Place.....

IV. Declaration and Authorization by Policyholder

a) I, the above named Policyholder do hereby confirm that the above said information including Bank details are true and correct.

b) The Maturity benefit paid by the Company in the aforesaid Bank Account shall constitute a valid discharge towards the Company on my behalf.

Signature of the Policyholder

Signed at: _____ Date / / Place.....

Signature of Witness

Signature..... Date / / Place.....

Name..... Address.....

Phone No. (With STD Code) or Mobile No

NOTICE:Any person who knowingly files a claim containing false or misleading information, or who conceals information with intent to defraud or mislead the Company or other person, may be guilty of fraud or subject to other criminal and/or civil penalties as the case may be under the applicable law(s) of the State.

NRI Declaration Form

Please fill below table for residency declaration:

Particulars	Yes/No
A) If Non Resident (NR) as per Indian Income Tax Act 1961	
B) If Yes	
I) Country of residence	
II) If PAN is available (Please provide)	
III) If Tax Residency Certificate (Certificate issued by Govt. of respective country)	
IV) Signed form 10F (format attached)	
V) Permanent Establishment declaration (format attached)	

NOTE:

1. TDS would be applicable as per prevailing rate basis country of residency submission of above and compliance under provision of Section 10 (10D)/Section 10(10A) of the Income Tax Act,1961.
2. In case of non availability of PAN, no TDS certificate will be issued.

Place.....
Date.....

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(Signature of Policyholder)