

**kotak**OM Kotak Mahindra
Life Insurance
Jeene ki azaadi**OM Kotak Mahindra Life Insurance Company Limited**Reg. No.107. Regd Office: 6th floor, Peninsula Chambers,
Peninsula Corporate Park, Ganpatrao Kadam Marg, Lower Parel, Mumbai 400 013**APPLICATION FOR FUNDS SWITCH / ALLOCATION OF FUTURE PREMIUM****CONDITIONS TO BE READ BEFORE FILLING THE FORM**

1. Allocation of future premium would be effective from next premium due date.
2. Currently, the minimum amount that can be switched out of a fund is Rs.5000 or the total value of units in that fund.
3. Switching will be done by liquidating the required number of units of one Fund at the prevailing Selling Price and converting the money so realized into units of the desired Funds at the prevailing Buying Price.
4. If this application form is received by 3.30 p.m on a working day, switch shall be affected at the market price (buying and selling) declared on the same day.
5. If the application form is received after 3.30 p.m. on a working day, switch shall be affected at the market price (buying and selling) declared on the next working day.
6. This application will not be effective until it is officially accepted by OM Kotak Mahindra Life Insurance Company Ltd.

NAME OF THE PRODUCT **KOTAK SAFE INVESTMENT PLAN**

NAME OF THE POLICY HOLDER

POLICY NUMBER

DATE : D D M M Y Y Y Y

A) ALLOCATION OF FUTURE PREMIUMApplicable: Yes No

I apply for all future premiums to be invested in Proportion as follows:

NAME OF FUND	PREMIUM REALLOCATION
GILT FUND	%
MONEY MARKET FUND	%
BALANCED FUND	%
GROWTH FUND	%
TOTAL	100%

B) FUNDS SWITCHApplicable: Yes No

I apply to switch the value of units held under this policy as indicated below:

FROM		TO	
NAME OF THE FUND	% OF HOLDINGS	NAME OF THE FUND	% OF FUNDS
GILT FUND		GILT FUND	
MONEY MARKET FUND		MONEY MARKET FUND	
BALANCED FUND		BALANCED FUND	
GROWTH FUND		GROWTH FUND	
TOTAL		100%	

I hereby declare that I understand and agree to all the conditions & information given above.

Signature of the policy holder.

Date

D D M M Y Y Y Y**FOR BRANCH OFFICE USE ONLY**

Branch Name

Mode of receipt

Time of Receipt

Date of Receipt

D D M M Y Y Y YName of Branch
Co-ordinatorSignature of
Co-ordinator**FOR POLICY SERVICING USE ONLY**

Time of Receipt

Mode of receipt

Name of the
Supervisor

Date of Receipt

D D M M Y Y Y Y

Signature of Supervisor