

## Kotak Mahindra Old Mutual Life Insurance Limited

Regn. No. 107, Regd. Office: 6th floor, Peninsula Chambers, Peninsula Corporate Park, Ganpatrao Kadam Marg, Lower Parel, Mumbai - 400 013.

### REQUEST FOR CHANGE IN POLICY TERMS

From:

PARTICULARS OF THE POLICY HOLDER																								
Mr./Ms/Title					Surname					First name					Middle name									
Client ID of Policy Holder																								
Policy Number																								
Policy Date																								

Dear Sir / Madam,

I wish to inform you that I would like a change in the terms of my aforesaid Policy in respect of:

CHANGE IN ADDRESS REQUESTED FOR (KINDLY TICK A BOX)																								
Change in frequency of premium payments.																								
Reduction of term.																								
Reduction of sum insured.																								
Removal of riders.																								

Hence, I request you to kindly do the needful and make the changes in my Original Policy terms.

**Please print in block letters using black or blue ink.**

Permanent Address															<input type="checkbox"/> Office					<input type="checkbox"/> Residence				
										City/Village														
State:															PIN									

Mailing Address (if different from the above)															<input type="checkbox"/> Office					<input type="checkbox"/> Residence				
										City/Village														
State:															PIN									

I am enclosing, herewith, my original Policy \_\_\_\_\_ for necessary changes to be made therein.

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**Declaration:**

I understand that the changes in the Policy Terms shall take place only on the anniversary of the policy and only after the completion of one year from the date of policy date.

I also undertake to pay for any premiums, if due, and meet the minimum premium requirements of the Company.

Yours sincerely

Signature

<Title><First Name><Last Name><Middle Name>

Date:

Place : \_\_\_\_\_.

**(for Office use only)**

Remarks [if any]:


**Date completed:**

**Checked By:** \_\_\_\_\_

**Operations Executive [CPC]**

**Signature**

**Date:** \_\_\_\_\_

**Checked By:** \_\_\_\_\_

**Manager [Policy Servicing]**

**Signature**

**Date:** \_\_\_\_\_