kotak® Life Insurance

Consent for Option to be availed during ACM mode

We would like to inform you that vide circular No. 025/IRDA/Actl/F&U Procedure/LP/July-2007 dated July 26, 2007 issued by the Insurance Development and Regulatory Authority (IRDA), the following two options are available to the Policyholder once the Automatic Non-Forfeiture (ACM) clause becomes applicable to the Policy:

1. Option to continue the policy in ACM mode till completion of Full policy term. On completion of the policy term, the balance in the fund will be paid out as maturity value. *(Please refer your policy contract for further details on ACM mode)*

2. Option to surrender the policy at the end of the revival period in ACM mode. The policy will be surrendered at the end of the revival period as per the terms and conditions of the Policy contract and the surrender value as on that date will be paid out to the Policyholder. Please refer to your Policy document to ascertain the Revival period available on your policy.

Please apply for any one of the above options and submit your Consent in the enclosed format. In case the consent is not received by us by the end of the Revival period, Option 2 will be applicable and the policy will be surrendered at the end of the revival period as per the terms and conditions of the Policy Contract.

Kindly send the copy of the Consent duly signed by the Policyholder indicating your option, before the end of the revival period to enable us to process your request.

Policy No: | | | | | | | | |

To,
Kotak Mahindra Old Mutual Life Insurance
Policy Servicing Department, 8th Floor, Godrej Coliseum,
Behind Everard Nagar, Sion East,
Mumbai - 400022

Dear Sir/ Madam,

I have fully understood the contents of the above circular and

– I hereby give my consent to continue the above policy under ACM mode ☐

– I hereby give my consent to surrender the above policy at the end of the revival period. ☐

Name of the Policyholder: _____

Address of the Policyholder: _____

_____

_____ Pin Code : | | | | | | |

Contact No.: | | | | | | | | | | | | Mobile No.: | | | | | | | | | | | |

E-mail Address : _____

Signature of Policyholder **Date:** _____

Note: Please sign the above consent and mail at the above address or fax at the following numbers: 022-66200550, 022-66200554. Scanned copy of the consent can be mailed to clientservicedesk@kotak.com.