kotak® Life Insurance

A JOINT VENTURE WITH OLD MUTUAL

Faidey ka Insurance

APPLICATION FOR FUNDS SWITCH- SECOND INNINGS PLANS

CONDITIONS TO BE READ BEFORE FILLING THE FORM

1.This form needs to be filled by the policyholder himself/herself in BLOCK LETTERS in black or blue ink. 2. Please tick a box ☑ Main Account and/or Top-up Account where appropriate. 3. Currently the minimum amount that can be switched out of a fund is Rs.5000 or thetotal value of units in that fund. 4. If this application form Is received by 3.00 p.m. on a working day, switch shall be affected at the applicable price declared on the day. 5. If the application form is received after 3.00 p.m. on a working day, switch shall be affected at the applicable price declared on the next working day. 6. This application will not be effective until it is officially accepted by Kotak Mahindra Old Mutual Life Insurance Limited. 7. The switch will not affect your future premium allocation.

Name of the plan Date D D M M Y Y Y Y

Policy Number

Title Surname First name Middlename

Contact Number Mobile

REQUEST FUNDS SWITCH & ALLOCATION OF FUTURE PREMIUM (PREMIUM RE-DIRECTION)

Note: 1)Use this form only to switch your fund to the **New Funds** option, this form is valid only for period **15st Jan. 2010. to 15th Mar. 2010.**

For ☐ **KOTAK SECOND INNINGS PLAN (K19)**

☐ **FUNDS SWITCH** ☐ MAIN ACCOUNT ☐ TOP-UP ACCOUNT

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

% of Holding	From	% of Fund	To
	Pension Bond Fund		Pension Classic Opportunities
	Pension Opportunities Fund		Pension Frontline Equity Fund
	Pension Floor Fund		Pension Floor Fund II
	Total	100%	Total

☐ **ALLOCATION OF FUTURE PREMIUM (PREMIUM RE-DIRECTION)**

I apply for all future premium to be invested in proportion as follows:

% of Holding	**To**		
	Pension Bond Fund		**Pension Classic Opportunities**
	Pension Opportunities Fund		**Pension Frontline Equity Fund**
	Pension Floor Fund		**Pension Floor Fund II**
	Total	100%	Total

I hereby declare that Understand and agree to all the conditions and information given above. I further agree and understand that Fund Switch consequent to my request for the same herein shall be governed by the provisions and terms and conditions of the policy contract referred to herein.

Signature of Policy Holder

Date of Receipt D D M M Y Y Y Y

Note: In case the policy is assigned, please ensure that this form is signed by the Assignee

Kindly Note: Please fax Fund Switch/Future premium re-direction form on 022-66200554. If faxed on any other number then we will not be responsible fordelay in processing

FOR BRANCH OFFICE USE ONLY

Branch Name Mode of Receipt

Time of Receipt Date of Receipt D D M M Y Y Y Y

Name of Branch Co-ordinator

Heat Call ID

Kotak Mahindra Old Mutual Life Insurance Ltd. Regn. No.: 107, Office: 9th floor, Godrej Coliseum, Behind Everard Nagar, Sion (E), Mumbai - 400 022.

Insurance is subject matter or the solicitation.

1.8/042009

ACKNOWLEDGEMENT

We acknowledge the receipt of Fund Switch request for Policy No.: _____

Branch Name

Date D D M M Y Y Y Y Time H H M M

Name of Branch Co-ordinator

Kotak Mahindra Old Mutual Life Insurance Ltd. Regn. No.: 107, Office: 9th floor, Godrej Coliseum, Behind Everard Nagar, Sion (E), Mumbai - 400 022.

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