

MATURITY FORM

A JOINT VENTURE WITH  **OLD MUTUAL** | plc

1. PARTICULARS OF THE POLICYHOLDER

a) Policy Number

b) Full Name : Title Surname First Name Middle Name

c) Contact No : STD Mobile

d) Address:

City: State : Pin : MA ND AT OR Y

*** If there is an address change please submit a valid address proof. with address change form**

2. DETAILS REGARDING MATURITY

Name of the Plan

For KRIP 2/3 Annuity payout (Choose any of the following option)

LIC of India ICICI Pru Birla Sun Life MetLife SBI Life Bajaj Allianz Life

Reliance Life Max New York Life Aviva Life TATA Aig Life Bharti AXA Life Shriram Life

3. SETTLEMENT OPTIONS (Pay directly to my bank account mentioned here, please attach a blank cancelled cheque)

Name of the Policy holder as per Bank record

* Bank Name & Address

* Account Type

* Account No:

* IFSC Code

* MICR Code



Branch Add. IFSC Code Account No. MICR Code

4. DECLARATION BY THE POLICYHOLDER

I understand and agree to all information and terms and conditions given in my policy contract.

Place

Date

Signature of the Policy holder or Guardian (if life insured is minor) or Assignee (if policy is Assigned)

5. DECLARATION BY THE PERSON FILLING IN THE FORM (For form filled in by a scribe or for forms signed in vernacular languages)

I _____, residing at _____ having known the proposer for a period of _____ do declare that I have explained the nature of the questions contained in this form to the proposer. I have also explained that the answers to the questions form the basis for accepting this request for Maturity.

Date

Signature of the Life Advisor

Signature of Scribe

FOR OFFICE USE ONLY

Branch Name

Mode of receipt

Time of receipt

Date of receipt

Name of branch co-ordinator

Signature of branch co-ordinator

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

Insurance is the subject matter of the solicitation.

1.1/12 2009

ACKNOWLEDGEMENT

We acknowledge the receipt of request for Maturity for Policy no.: _____.

Branch Name

Date

Time

Name of branch co-ordinator

Signature of branch co-ordinator

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