kotak® Life Insurance

A JOINT VENTURE WITH OLD MUTUAL

Zindagi se ek kadam aagey

APPLICATION FORM FOR CHANGE OF NAME AND PREMIUM PAYMENT FREQUENCY

1. Please fill the names in BLOCK letters.
2. This form must be filled by the Policy Holder. In case the Policy Holder and Life Insured are different persons,then this form should be signed by both.
3. This form must be sent to "The Policy Servicing Department, Kotak Mahindra Old Mutual Life Insurance Ltd. ,Kotak Tower,5th Floor,Zone-II, Building No.21, Infinity Park, Off Western Express Highway,Goregaon Mulund link Road, Malad (E),Mumbai- 400097.
4. Change in name shall not be reigstered in the Company's records,unless this form is received at the Central Processing Centre,supported by all the necessary documents mentioned hereunder.
5. If any question in the form is left unanswered,the request would not be acted upon by Central Processing Centre,and the form along with other documents will be returned back.
6. The alterations shall be effective on a written communication to you from the Company from the date mentioned in the letter.

PARTICULARS OF THE POLICY HOLDER

Policy Number | Client ID

Name of Policy Holder

Title(Mr./Ms./Mrs.) | Surname | First name | Middle name

1. NAME

a) ☐ Change ☐ Correction

(Please Tick as applicable)

b) ☐ Policy Holder ☐ Life Insured ☐ Nominee ☐ Appointee

Current Name

Title(Mr./Ms./Mrs.) | Surname | First name | Middle name

New Name

Title(Mr./Ms./Mrs.) | Surname | First name | Middle name

Telephone Numbers | Residence | Mobile

Email

Please submit any of the proofs mentioned below

Proof of Name Submitted(Please tick against the one submitted)

- ☐ Passport
- ☐ Driving License
- ☐ School/college records
- ☐ Mariage certificate for women
- ☐ Defense Card
- ☐ Election Identity Card
- ☐ Govt. Service Extracts
- ☐ Bank Certificate
- ☐ Name change notification in official Gazette
- ☐ Pan Card
- ☐ Birth Certificate

* If the proof is in vernacular language, proof needs to be attested by the Operations Executive at our branch

2. PREMIUM PAYMENT FREQUENCY

Change Mode of Payment to ☐ Yearly ☐ Half Yealy ☐ Monthly ☐ Quarterly

* In case Monthly Mode is opted for,ECS is mandatory.Please submit an ECS request simultaneously. ECS can be opted
** In case ECS or Standing Instruction(SI) premium payment facility is active ,please confirm if the same is to be continued ☐ Yes ☐ No
(If Yes,please attach fresh ECS or SI form simultaneously)

DECLARATION BY THE POLICY HOLDER / ASSIGNEE

I hereby declare that I understand and agree to all the conditions / instructions given above.

Date D D M M Y Y | Place | Signature of Policy Holder/Assignee

FOR OFFICE USE

Date D D M M Y Y | Place | Signature of Branch Official

ACKNOWLEDGEMENT

We acknowledge the reciept of your request for _____ for policy number _____

Branch Name and code | Date D D M M Y Y | Signature of branch official

Name of Operations Executive