Address Change Request Form

Policy Number: | | | | | | | | | | |

Change in Address: ☐ **Home** ☐ **Permanent/ Alternate** ☐ **Work**

New Details for ☐ Policy Owner ☐ Life Insured ☐ Nominee

Address: _____

_____

_____

Landmark _____

City _____ State _____ Pin | | | | | | |

E-mail: _____

Mobile: | | | | | | | | | | * Telephone: | | | | | | - | | | | | | | | *

*Mandatory Fields

Note: In case total Annual Premium exceeds Rs. 10,000, including all the policies, please provide a copy of self-attested supporting address proof for new address.

The Supporting address proofs are as follows: (Please check the appropriate)

- ☐ Passport, Voter's Identity Card, Driving License, Ration Card
- ☐ Telephone/ Mobile Bill (not older than six months)
- ☐ Letter from a recognized 'public authority' or public servant verifying the mailing address.
- ☐ Credit Card or Bank statement, which is not more than 3 months old.
- ☐ Valid lease agreement along with rent receipt, which is not more than 3 months old.

I fully understand the meaning and scope of the policy amendment request form and the questions / amendment requests contained above and are submitting the completed Policy Amendment request form of my own volition.

Name of Policy Holder:
(Mention complete name)

Signature of Policy Holder:
(Should match with policy records)

Date:

Place:

Max New York Life Insurance Co. Ltd.

3rd Floor, Operation Center, 90-A, Udyog Vihar, Sector-18, Gurgaon-122015, Regd office: Max House, 3rd Floor, 1 Dr. Jha Marg, Okhla, New Delhi-110020, India Contact Details: Tollfree Customer Helpline: 1800-180-5577 (from MTNL/BSNL), Other Networks: 2542001 (Dial STD Code 95124<from Delhi>, +0124<from other cities>). e-mail: service.helpdesk@maxnewyorklife.com Visit us at: www.maxnewyorklife.com