

MATURITY CLAIM APPLICATION FORM – FORM M

- This form is to be filled in by the person legally entitled for the policy Maturity Benefits.
- Kindly submit the form at nearest Max Life Insurance office or above mentioned address.
- **Kindly write in Capital Letters.**

Policy No(s):	Contact No of Policy Holder: Residence (STD code).....
.....
	Mobile No.

Documents to be submitted along with this form

- **Original Policy Document (s)** - Attached with this form Missing/ Lost/ Not available.
- **If there is a change in mailing address- kindly attach address proof.**
- **Cancelled cheque bearing account number and Policy Holder name or Copy of Bank Passbook**

I. Personal Information about the Policy Holder – Mandatory

a) Name of Policy Holder

b) Complete Address.....

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.....STATEPin Code.....

II. Bank Details of the Policy Holder- Mandatory

a) Bank Account No.....b)Type of Account Saving Current Other

c) IFSC Code.....d) Bank Name

e) Bank Address STATEPin Code.....

Note- Kindly attach a cancelled cheque bearing account number and Policy Holder name or Copy of Bank Passbook

III. Declaration and Authorization

I, the above named Policy Holder do hereby confirm that the above said information including Bank details are true and correct. The Maturity benefit paid by the Company in the aforesaid Bank Account shall constitute a valid discharge towards the Company on my behalf.

Signature of the Policy Holder.....

Signed at **(Place) Date**.....

Signature of Witness

Signature.....Date.....Place.....

Name..... Address.....

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Phone No. (With STD Code) or Mobile No.....

NOTICE:
 Any person who knowingly files a claim containing false or misleading information, or who conceals information with intent to defraud or mislead the Company or other person, may be guilty of fraud or subject to other criminal and/or civil penalties as the case may be under the applicable law(s) of the State.