

Date: _____

To,

KOTAK LIFE INSURANCE

 Subject: **Adjustment of Premium from Lumpsum Injection / Top Up**

Dear Sir/Madam,

I have a Lumpsum Injection/Top Up Account with Kotak Life Insurance. I would like to pay my premium from my Lumpsum Injection/Top Up Account. If there is any shortfall then the same will be paid by me via cash/cheque.

Kindly adjust my premium from my Lumpsum Injection/Top Up Account. The details about my policy are mentioned below:

Policy Number	
Name of Policy Holder	
Premium Due Date	
Premium Amount*	
Name of Plan	

Contact No.: _____

Email: _____

 Do your bit for green world & Switch to e-communication. Kindly mark if you would like to receive your communication through electronic mode.

Fund Name	Amount / Percentage (%) to be withdrawn

Thanking you,

(Signature)

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

FOR BRANCH OFFICE USE ONLY			
Branch Name		Mode of Receipt	
Time of Receipt		Date of Receipt	

Name & Signature of Coordinator

Kindly Note:

1. Please fax Adjustment of premium from LSI/Top Up form on 022-66200554. If faxed on any other number then we will not be responsible for delay in processing.
2. Requests received before 3 pm will be processed on the same day and requests received after 3 pm / nonworking day will be processed on the next working day.

***If Policy is in Lapse/ACM/ANM mode revival charges will be deducted accordingly.**

Kotak Mahindra Old Mutual Life Insurance Ltd.

 Regn. No. 107, Regd. Office: **Kotak Mahindra Old Mutual Life Insurance Ltd.**, 4th Floor, Vinay Bhavya Complex, 159-A, C.S.T. Road, Kalina, Santacruz (E), Mumbai-400098

For any correspondence kindly contact us at: Kotak Mahindra Old Mutual Life Insurance, Kotak Infiniti, 7th Floor, Zone IV, Building No. 21, Infiniti Park, Off Western Express Highway, Goregaon Mulund Link Road | General A K Vaidya Marg | Malad (E), Mumbai – 400 097 | (+9122) 6605 7757 {D} 66200550 {F}

<http://insurance.kotak.com/>

Insurance is the subject matter of the solicitation.

ACKNOWLEDGMENT

Branch Name : _____ Branch Code : _____

Name of Branch Co Ordinator : _____ Date of Receipt of Form at Branch : _____

Call ID : _____ Time of Receipt of Form at Branch : _____