

APPLICATION FOR FREELook CANCELLATION

INSTRUCTIONS:

1. The policyholder must Countersign in case of cancellation/alteration while filling the form.
2. This application will not be effective until it is officially accepted by Kotak Mahindra Old Mutual Life Insurance Ltd.
3. Account no. is MANDATORY for all type of payments. Request you to submit the original cancelled cheque.
4. If cheque is not personalised please provide copy of latest bank statement/passbook.
5. This form must be sent to "The Policy Servicing Department, Kotak Mahindra Old Mutual Life Insurance Ltd., Kotak Tower, 7th Floor, Building No.21, Infinity Park, Off Western Express Highway, Goregaon Mulund link Road, Malad (E), Mumbai- 400097.

1. PARTICULARS OF THE POLICYHOLDER

a) Policy Number MWP Case Yes No

b) Full Name : Title Surname First Name Middle Name

c) Contact Numbers (with Std codes) Mobile

d) Address:

City: State : Pin : MA ND AT OR Y

E-mail :

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

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

2. DETAILS REGARDING POLICY CANCELLATION

Policy Issue Date Policy Received date

Reason for Cancellation (If the reason is not stated clearly with specific details, then the case will not be accepted for freelook cancellation)

(Specific details about the reason (terms and condition) should be mentioned) and if misselling the details of the same should be clearly mentioned.

3. SETTLEMENT OPTIONS (Pay directly to my bank account mentioned here, please attach an Original cancelled cheque for any payment type)

Payment remittance type Cheque Direct credit Account Type Savings NRE* Others (if any)

Name of the Policy holder as per Bank record

Account No:

IFSC Code

MICR Code

Bank Name & Address

*Credit to NRE account can be given only if premium is received from NRE account

4. DECLARATION BY THE POLICYHOLDER

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 freelook cancellation.

Date

Signature of Scribe

6. FOR OFFICIAL USE ONLY

Policy PS Connect ID

Name of the Policy Holder

Name as per Life Asia

Name as per Bank Details

Branch Name

Date Time

Company's Stamp and Signature

DOCUMENT RECEIVED Freelook cancellation form Original Policy Document Original Cancel Cheque Others (if any)

Kotak Mahindra Old Mutual Life Insurance Ltd. Regn. No. : 107, Regd. Office: 4th Floor, Vinay Bhavya Complex, 159-A, C.S.T. Road, Kalina, Santacruz (E), Mumbai-400 098
<http://insurance.kotak.com/> Insurance is the subject matter of the solicitation.

1.1/052011

ACKNOWLEDGEMENT

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

Branch Name Documents received with this request

Date Time

Name of branch co-ordinator

Signature of branch co-ordinator