STANDING INSTRUCTIONS FOR PAYMENT

THROUGH CREDIT CARD

Instruction for Payment of ☐ Initial Premium ☐ Renewal Premium ☐ Both

Declaration:

- I, hereby agree to make payments of premiums to, and authorize **Max New York Life Insurance Company Limited** ("the Company") to debit the given Credit Card account with the amount of the premium towards initial/renewal or both and continue debiting in case of renewal premium or both for the duration of the insurance plan and policy, subject to the terms and conditions of the policy.
- I understand and agree that the risk under the insurance plan and policy will be assumed by the Company only after my credit card account is debited with the amount of the premium and not earlier. I understand and agree that non receipt in case of the first premium payable under the policy shall result in the policy becoming void, whereas in respect of subsequent premiums shall result in lapsation of the Policy, such lapsation being governed by the terms and conditions of the policy.
- I hereby agree and confirm that the credit card issuing bank is not acting as an agent of the company or myself in accepting the debit to the credit card account with the premium amounts, or otherwise dealing with the premium amount(s) payable under the policy, in any manner.
- I understand and agree that in the event my credit card account expires, or is not renewed by me for any reason, I shall comply with the Company's direction in ensuring that any premium amount payable by me is paid to Company through any of the modes of payment prevailing and made available by the Company at that point of time.
- I hereby agree and confirm that all the information mentioned below is true to the best of my knowledge.

Name of the Proposer/Policy Holder:

Contact No:

Email id: _____

Please update my contact details provided above in your company records. ☐

Policy No/Proposal No: 1) 2) 3) 4)

Card Issuing Bank:

Credit Card No:

Card Expiry Date:

(MMYY)

In the event of the above mentioned expiry date changing, a fresh form for authorization of payment through Credit Card will have to be submitted at any of the Max New York Life Insurance Company **Limited** offices.

Name of Credit Card Owner: _____

Relationship of Credit Card Owner with Life Assured: ☐ **Spouse** ☐ **Parent /Child** ☐ **Others** _____ (*Please Specify*)

√ **Signature of Credit Card holder:** √ **Signature of Policy Holder.** Date: ____/____/_____

Note: (1) Please enclose a self-attested photocopy of the front side of your credit card. The same is required for auditing purpose only.