

Policy Service Request form 1

(Name/Address/Nominee/Appointee/Date of Birth change)

For office use only:
Branch:
Received at branch on:
Received by:
Interaction ID:



(* Indicates Required Fields)

Policy Number*:

E-Insurance Account No.:

Name of the Policyholder*:

Permanent Account No. (PAN):

 Change in registered contact details and Email ID

Email ID:

Alternate Email ID:

Office No.:

Mobile No.:

Residence:

Alternate No.:

Contact details will be updated for all future communications. The above mentioned contact number will be considered as consent to communicate with him / her on the contact details provided herein.

 Name Change
 Policyholder

 Life Assured

 Nominee/Beneficiary

 Appointee

Name to be changed to*:

If you are a married woman with a change in surname, please submit a copy of your marriage certificate. For any other request involving significant changes in the name, please submit a 'Gazette Copy'.

 Address Change
 Permanent Address
 Communication Address
 Policyholder

 Life Assured

 Nominee/Beneficiary

 Appointee

Address*: House/Flat No.:

Street/Area:

City/District*:

State*:

Pin Code*:

Note: a. This change is applicable to all policies held under your client ID. b. If the nominee's/beneficiary's address is different from the address of the Life Assured, then please use a separate form.

 Addition of Nominee/Beneficiary
 Change of Nominee/Beneficiary

Nominee/Beneficiary Name*:

Nominee/Beneficiary Name*:

Date of Birth*:

Date of Birth*:

Relationship with the Life Assured*:

Relationship with the Life Assured*:

Percentage of Entitlement*:

Percentage of Entitlement*:

Note: 1. Beneficiary should be a blood relative. 2. Change in beneficiary is not allowed for specific products in the Children's plan and Young Star plan categories. It will be allowed for demise or divorce cases only. 3. If the nominee/beneficiary is a minor, please fill in the appointee section below. 4. If the Nominee is other than blood relative, then Moral Hazard Questionnaire is required. 5. In case of more than 02 Nominees, please fill in a separate form. 6. Nominee's address to be same as life assured.

 Addition of Appointee
 Change of Appointee

Appointee Name*:

Date of Birth*:

Relationship with the nominee/beneficiary*:

Address:

Declaration of Appointee: I hereby accept my appointment as an appointee to receive the proceeds under the policy on behalf of the beneficiary/nominee who is a minor.

SIGN HERE

Date*: DD/MM/YYYY

Place*:

Appointee Signature*:

 Change in Date of Birth of Nominee/Beneficiary/Appointee/ Proposed Policyholder

Change in DOB required for:

 Nominee/Beneficiary

 Appointee

 Proposed Policyholder

New DOB:

Declaration of the Policyholder:

I have understood the meaning and scope of this change request form and take complete responsibility for the change submitted by me herein.

SIGN HERE

Date: DD/MM/YYYY

Place: _____

SIGN HERE

Signature of Policyholder 1/ Assignee

Signature of Policyholder 2 (In case of Joint Life)

Declaration made by third party where the Policyholder has affixed his/ her thumb impression/ has signed in vernacular:

The Policyholder has affixed his/her thumb impression/has signed in vernacular/has not filled the application. I hereby declare that the content of this application form has been explained to the Policyholder in _____ language and have truthfully recorded the answers provided to me. I further declare that the Policyholder has signed/affixed his/her thumb impression in my presence.

Name: _____ Date: DD/MM/YYYY Place: _____

Address: _____ Signature: _____

HDFC Standard Life Insurance Company Limited ("HDFC Life"). CIN: L65110MH2000PLC128245. IRDAI Registration No. 101.
Regd. Off: 13th Floor, Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.

Customer Acknowledgement Copy (Policy Service Request form 1)

Policy No.:

PS Request: _____ Interaction ID No.:

Branch Stamp