

Policy Servicing Request Form - 1

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

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

(* Indicates Required Fields)

 Policy Number*:
 E-Insurance Account No.:

Name of the Policyholder*:

Permanent Account No. (PAN):

 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
 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 you 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 **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.
 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 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.

Date*:

Place*:

SIGN HERE

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

Appointee Signature*:

Change in DOB required for: Nominee/Beneficiary Appointee Proposed Policyholder New DOB: **Customer Acknowledgement Copy (Policy Service Request form 1)**Policy No.:

Branch Stamp

PS Request: _____ Interaction ID No.: _____

Call 1860-267-9999 (local charges apply). DO NOT prefix any country code e.g. +91 or 00. Available Mon-Sat from 10 am to 7 pm

Email – service@hdfclife.com | nrIService@hdfclife.com (For NRI customers only) Visit – www.hdfclife.com

Declaration by the Policy holder / Assignee

1. I/We hereby declare that the particulars given above are correct. If the transaction is delayed or not effected at all for reason of incomplete or incorrect information provided by me/us above, I/We would not hold HDFC Life Insurance Company Limited or any of its associates/employees/agents responsible. Further, I/We agree to indemnify or keep indemnifying HDFC Life against any loss, claim, damage or expenses arising out of any incomplete or incorrect information provided by me/ us above.
2. I have understood the meaning and the scope of this form and take complete responsibility for the changes submitted by me here in.
3. I/We further undertake to refund any excess amount whether demanded by HDFC Life or not, which has been credited in excess to my/our account at any time due to any reason.

Date: DD/MM/YYYY

SIGN HERE

Place: _____

Signature of Policy holder 1/ Assignee

Date: DD/MM/YYYY

SIGN HERE

Place: _____

Signature of Policy holder 2
(In case of Joint Life Assured)

Third Party Declaration

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

Name: _____

SIGN HERE

Address: _____

Date: DD/MM/YYYY Place: _____

Signature of Third Person

NOTE:

- With reference to recent regulatory changes, please submit PAN or Form 60 (if you do not have a PAN) with HDFC Life with immediate effect. Please update via My Account/service@hdfclife.com/18602679999/HDFC Life branch. Ignore if submitted.

HDFC Life Insurance Company Limited (HDFC Life). CIN: L65110MH2000PLC128245. IRDAI Registration No. 101.

Regd. Off: Lodha Excelus, 13th Floor, Apollo Mills Compound, N. M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.

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