

**Stop Payment and Reissue /  
Only Stop Payment Request**

(This format is to be used for Life and Health policies.)

*For office use only*

Branch Name: \_\_\_\_\_

Receipt by: \_\_\_\_\_

Interaction ID: \_\_\_\_\_

Date &amp; Time: \_\_\_\_\_

Current Day NAV Next Day NAV 

Employee Code: \_\_\_\_\_

Signature: \_\_\_\_\_



Sar utha ke jiyo!

Name of the Policyholder: \_\_\_\_\_ (FirstName) \_\_\_\_\_ (MiddleName) \_\_\_\_\_ (LastName)

Policy No.: \_\_\_\_\_ E-Insurance Account No.:  (for demat customers only.) **Stop Payment and Reissue** **Only Stop Payment**

I am requesting a "stop payment" be placed for cheque no. \_\_\_\_\_ dated \_\_\_\_\_ for an amount of INR \_\_\_\_\_ and it be reissued to me for the following reason (s):

- Cheque date expired (The stale cheque to be enclosed)
- Lost in transit
- Change in name\* (The stale cheque to be enclosed and please provide the old and new names)
- Others (Please specify) \_\_\_\_\_

\*Old Name: \_\_\_\_\_ New Name : \_\_\_\_\_

Submit valid ID proof (if not submitted earlier)

Please credit the amount to my bank account as per NEFT mandate submitted along with this form.

I understand:

1. The original cheque cannot be cashed or deposited once this request is submitted
2. The request once submitted cannot be withdrawn.

I have not received any payment for above mentioned payment and in case excess payment is done, I authorize HDFC Life to reverse the transactions or recover the amount from me.

**Tax Declaration for the current financial year**

1. Are you a tax resident of any country other than India as per the Income-tax Act, 1961? Yes\*\*
- 
- No\*
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\*To be ticked if you are a tax resident in India under the Income-tax Act, 1961.

\*\*If you are a non-resident in India as per the Income Tax Act, 1961, you are mandatorily required to submit Tax Residency Certificate (TRC) with Form 10F to avail treaty benefits, otherwise tax will be deducted at source at a higher rate from policy payouts. As per section 195 of the Income-tax Act, 1961, tax will be deducted at source from any payout to a non-resident at the rate applicable therein and subject to the conditions specified therein. Tax laws are subject to change.

2. Is your total taxable income for the current financial year (April 1 to March 31):

- a) Less than or equal to INR 50 lakhs?
- b) Greater than INR 50 lakhs but less than or equal to INR 1 crore?
- c) Greater than INR 1 crore?

3. Self-attested documents submitted :

 TRC  FORM 10 F**NOTE**

Taxes will be deducted at source, if applicable, from the payments made under a life insurance policy in accordance with the provisions of the Income-tax Act, 1961. Tax laws are subject to change from time to time.

With reference to recent regulatory requirements, 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/ HDFC Life branch. Ignore if submitted.

In the event of a free lookin cancellation of an annuity plan purchased from proceeds of a pension policy issued by HDFC Life, only 'Change of Annuity' option can be availed. The corpus cannot be withdrawn as a lump sum amount.

**Customer Acknowledgement Copy  Stop Payment and Reissue / Only Stop Payment**

Policy No.: \_\_\_\_\_ Interaction ID No.: \_\_\_\_\_ Policyholder name : \_\_\_\_\_

Documents accepted:  NEFT  Any other documents, please specify \_\_\_\_\_

Customer Relations Officer: \_\_\_\_\_ Date: DD/MM/YYYY Time: \_\_\_\_\_

Branch Stamp

For queries or more information, call us on **022-68446530** (STD charges apply). Available Mon-Sat from 10 am to 7 pm. DO NOT prefix any country code e.g. +91 or 00. | Email – [service@hdfclife.com](mailto:service@hdfclife.com) | [nriservice@hdfclife.com](mailto:nriservice@hdfclife.com) (For NRI customers only) Visit – [www.hdfclife.com](http://www.hdfclife.com)

**Declaration**

1. I/We hereby declare that the details and particulars given above are true and correct. If the transaction is delayed or failed for reason of incomplete or incorrect information provided by me/us as 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 herein above.
2. 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

Place: \_\_\_\_\_

SIGN HERE
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Signature/Thumb Impression  
of Policyholder

SIGN HERE
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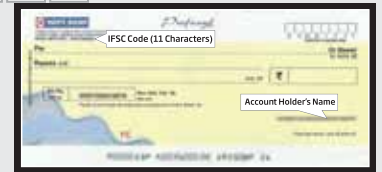
Signature/Thumb Impression  
of Assignee

Signature Verified Stamp

**NEFT Mandate**
 IF NEFT is already submitted, please do not fill in below details

 Please fill in the details on the NEFT Mandate portion in this form for direct transfer of payouts into your bank account through the NEFT facility.
**In case of Unit Linked Young Star or Children's plan, if the Beneficiary is major, please provide Beneficiary account details.**Bank Account No.: Account Holder Name: \_\_\_\_\_ PAN No.: 

Bank Name &amp; Branch: \_\_\_\_\_

Account Type:  Savings  Current  NRE  NROIFSC Code^:  ^11 digit alphanumeric code appearing on your cheque leaf**NOTE:**

- A latest cancelled cheque with the account no. and IFSC should be submitted along with the above NEFT details. If the cheque is not personalised, a latest bank statement or copy of passbook (where account number and IFSC is printed) needs to be submitted with the mandate.
- This mandate, upon processing, will override any of the previously tagged NEFT Mandates for all policies, held by the client with HDFC Life.
- In case of NEFT failure or any further requirements pending on the mandate, payout will be kept on hold till a fresh NEFT mandate is received. Intimation regarding the same will be sent to you.
- Refund to NRE account (Full or Proportionate) will be subject to ratio of premium(s) paid through NRE Account. Please submit a Bank Statement or Bank Confirmation letter as an evidence for premium(s) paid through NRE account.
- In case of proportionate payout, please provide two NEFT mandates i.e. for NRE account and non-NRE account

**Declaration:**

I undertake to refund any amount that is credited to my account either in excess or which is not due to me, at any time, for any reason and to this effect, I confirm that the particulars given here are true, correct and complete in all aspects. I understand and agree that the submission of this form does not mean that the request will be processed. I understand that any payout under the policy shall be strictly in accordance with the policy terms and conditions. Also, any payment shall be subject to realisation of the last renewal premium payment. Further, I understand that the Company shall not be held responsible for any non-receipt of payment on account of wrong/incorrect/incomplete information given by me in this form. If a transaction is delayed or has not come into effect at all, due to incomplete or incorrect information, I shall not hold the Company responsible in any manner whatsoever.

**Aadhaar based KYC Consent**

I voluntarily consent for Aadhaar based KYC, Aadhaar authentication or offline verification to be done through HDFC Life either now or anytime in future. I am aware that my Aadhaar number, Virtual ID, e-Aadhaar, XML, Masked Aadhaar, face authentication details and/or biometric information, Aadhaar demographic data including my name, address, gender, date of birth and photograph shall be shared by UIDAI with HDFC Life for KYC purposes/ due diligence. I confirm that I was provided an option for submitting other acceptable KYC Documents besides Aadhaar. **I confirm that this consent is valid for KYC purposes/ due diligence done for issuance/ servicing of insurance policy/policies, claim related purposes or for any other regulatory/ statutory related requirements.**

Date: DD/MM/YYYY

Place: \_\_\_\_\_

SIGN HERE
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Signature /Thumb Impression of the  
Account Holder**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: \_\_\_\_\_

Address: \_\_\_\_\_

Date: DD/MM/YYYY

Place: \_\_\_\_\_

SIGN HERE
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Signature of Third Party

HDFC 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.

For queries or more information, **022-68446530** (STD 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](mailto:service@hdfclife.com) | [nriservice@hdfclife.com](mailto:nriservice@hdfclife.com) (For NRI customers only) Visit – [www.hdfclife.com](http://www.hdfclife.com)

View Premium Calendar, Pay Premium Online,  
Track fluctuations in the fund value, Print your  
Annual Premium Statement & lots more!  
Visit [www.hdfclife.com](http://www.hdfclife.com) and register for  
My Account today!

Call **022-68446530**

(Call Charges apply)

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Do not prefix any country code e.g. +91 or 00.

Email - [service@hdfclife.com](mailto:service@hdfclife.com)[nriservice@hdfclife.com](mailto:nriservice@hdfclife.com) (For NRI customers only)

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