

Unit Linkd Partial Withdrawal Form**For Office Use Only**

Branch: _____
 Receipt Date & Time: _____
 Received by: _____
 Interaction ID: _____

Current Day NAV ☐
 Next Day NAV ☐
 Existing KYC ☐
 Fresh KYC ☐
 Employee Code: _____
 Signature: _____

Branch Stamp

**Do you really need to withdraw funds from your life insurance policy?**

We would like you to take a well-informed decision with regard to the partial withdrawal from your life insurance policy. Help us by sharing the reason for partial withdrawal. Please select from any options given below:

Policy sourced by: ☐ HDFC Life Financial Consultant ☐ Bank Employee/Broker ☐ HDFC Life Employee

Name: _____ & Contact No. _____ of the above mentioned person, if available.

Reason for Partial Withdrawal:

- ☐ Child's education ☐ Wedding/family function ☐ Buy another product from HDFC Life ☐ Buy gold/silver ☐ Buy a vehicle
☐ Invest in real estate ☐ Re-invest in other financial instruments ☐ Others (Please specify): _____

Please ask yourself the following question before filling up the form.

Are you ready to reduce your cover on Life or old age pension?

- As per a survey, life expectancy of an average Indian is 68 years*.
- This means that there is a need to have sufficient funds at the time of retirement to ensure a self-dependent future.
- If you have partially withdraw from your funds or reduced the premium, you are requested to stay insured by paying your policy premium. In case you fail to do so, your policy status will change and it may result in your policy getting paid up/cancelled and all benefits/risk cover may accordingly cease to exist. please refer to your policy documents for details.

*Source: World Bank
<https://data.worldbank.org/indicator/SP.DYN.LEOO.IN>



Are you compromising on your long term goals or your family's financial security?

- Higher education, wedding, contingency planning are some events that need you to stay insured for a longer period. You will be able to meet your long term expenses better only if you remain insured till the end of the policy term and allow your corpus to keep growing.
- Remember, wealth accumulation happens only through saving more, saving regularly and allowing optimum growth of your funds.

The above information is generic in nature and is circulated in the general interest of the policyholders. Please refer the policy document for the applicable terms and conditions before taking any decision.

Name of the Policyholder: _____ (First Name) _____ (Middle Name) _____ (Last Name)

Policy No.: _____ E-Insurance Account No.: _____

PAN (Permanent Account Number): _____ (In case of UL Young Star and Children's plans, if the beneficiary is a major, then provide the beneficiary details as TDS will be accordingly deducted for the beneficiary).

Email ID* _____

Contact * No. : (Off) _____ / (Res) _____ / (Mob) _____ (Mobile number is preferable)

*We will use the contact details provided by you here for all future communications and treat this as consent to communicate with you on the same.

** Amount to be withdrawn from the policy: INR _____

** Partial Withdrawal charges and taxes & levies (if relevant on this charge) are applicable as per policy provision. TDS shall be deducted as applicable.

- This Partial Withdrawal request received for Surrender Reversal is within 30 days from the surrender date ☐ Yes ☐ No#

*KYC documents will be mandatory if the option 'No' is selected. This question will be filled by the Customer Relations official only.

Self-Attested Photo ID and Address Proof of the Beneficiary or Appointee##submitted: ☐ Yes ☐ No ☐ NA

Customer Acknowledgement Copy (UL Partial Withdrawal Form)

Policy No. : _____ Interaction ID No. : _____ Policyholder name: _____

Documents accepted (specify): _____

Customer Relations Officer: _____ Date: _____ Time: _____

Branch Stamp

Note : If you have partially withdrawn from your funds or reduced the premium, please stay insured by paying your premiums regularly, failing which, the policy can be paid-up/cancelled. A policy can be cancelled if the fund value falls below its minimum threshold limit. Please refer to your policy document for details.

For queries or more information, call us on **022-68446530** (Call 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 | nriservice@hdfclife.com (For NRI customers only) Visit - www.hdfclife.com

As per IRDAI guidelines, cut-off timings for NAV application and redemption of units stands revised to 3 PM IST with effect from June 1, 2007. This implies that if the application for partial withdrawal along with all required documents are received by 3 PM IST on a working weekday (Mon-Fri) by HDFC Life, the same day's unit value will be applicable. However, if the application for partial withdrawal along with all the required documents are received post 3 PM IST on a working weekday (Mon-Fri) by HDFC Life, then the next working day's value will be applicable. When the applicable day is not a valuation day, NAV of the next immediate valuation day will be considered. Any fluctuations in NAV as a result of Partial Withdrawal will be borne by policyholder. The same is subject to changes as and when amended by IRDAI. In case a prior unit allocation is pending, your current request will be processed on the successive working day.

As per section 194DA of the Income-tax Act^{###}, 1961, tax will be deducted at source from the payments made to residents of any sum under a life insurance policy including the sum allocated by way of bonus, other than the amount exempt u/s 10(10D) of the Income-tax Act^{###}, 1961, at the rate as applicable subject to the conditions and limits specified therein. It is important to note that, as per Income-tax Act^{###}, 1961, the rate of deduction of tax at source of 1% is applicable only in instances, where valid PAN has been communicated to the deductor before the payment is made under a life insurance policy. In those instances where valid PAN has not been communicated to the deductor before the payment is made under a life insurance policy, the rate of tax deductible is 20%.

###Tax laws are subject to change.

I/We confirm having read and understood all the policy provisions before making this application and its consequences.

Policyholder/ Assignee Name: _____

Date: DD/MM/YYYY

Place: _____

SIGN HERE

Signature of Policyholder/Assignee

SIGN HERE

Signature of Joint Life Assured
(In case of Joint Life Assured)

In case of Unit Linked Young Star or Children's plans, if beneficiary is major, then please provide beneficiary's account details.

Bank Account No.:

Account Holder Name: _____

Bank Name & Branch: _____

Account Type: ☐ Savings ☐ Current ☐ NRO ☐ NRE

*All premium(s) paid from NRE Account: ☐ ** Proportionate premium(s) paid from NRE Account: ☐

IFSC[^]:

[^]11 character code appearing on your cheque leaf

*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.

Tax declaration

1. Are you a tax resident of any country other than India as per the Income-tax Act, 1961?

Yes[^] ☐ No^{^^} ☐

[^]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. Does your total taxable income for the relevant financial year (April 1 to March 31) exceed INR 1 crore?

Yes ☐ No ☐

3. Self-attested documents submitted: ☐ TRC ☐ FORM 10F

Note:

- A cancelled personalised cheque with account no. and IFSC should be submitted along with this NEFT Mandate. In case the cheque is not personalised, a latest bank statement or copy of passbook where account number and IFSC are mentioned 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. We will inform you about the same.

Customer Acknowledgement Copy (UL Partial Withdrawal Form)

For queries or more information, call us on **022-68446530** (Call charges apply). Available Mon-Sat from 10 am to 7 pm. DO NOT prefix any country code e.g. +91 or 00.
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Visit https://twitter.com/hdfclife_cares?lang=en and drop us a direct message or #AskNeo @HDFCLife_Cares



Visit <https://simplychat.hdfclife.com/simplychat/> to Simply Chat

HDFC Life
Sar utha ke jiyo!

Declaration:

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/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.

Consent for usage of Aadhaar information

☐ 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

Signature of Account Holder

Date: DD/MM/YYYY
Place: _____

SIGN HERE

Signature of Policyholder
(If policyholder is different from Life Assured)**Declaration to be made by a third person where:**

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

Declarant Name: _____

Address: _____

Date: DD/MM/YYYY Place: _____

SIGN HERE

Signature of Third Person

Name Declaration (To be filled only under instances of abbreviation of a full name / expanded form of abbreviated initials)

I hereby declare, represent and warrant that _____ and _____ are names of one and the same person. I hereby agree that I shall indemnify and hold harmless HDFC Life and its agents, representatives, employees or directors against any claims, damages, penalties, charges or levies whatsoever caused in connection with my breach of this declaration/representation stated herein.

Note: For any major name mismatch (addition / change of surname or middle name, correction of name leading to different pronunciation), please fill and submit change in name form.

Declaration for Specimen Signature (To be filled only if there is a signature variation with records available in the system)

I, _____ <Name of the Policyholder> hereby declare that my specimen signatures in short, full, vernacular language and in all different styles are as mentioned below. I shall indemnify and hold harmless HDFC Life and its agents, representatives, employees or directors against any claims, damages, penalties, charges or levies whatsoever suffered by HDFC Life, for relying on the details /specimen provided below.

Date: DD/MM/YYYY
Place: _____

SIGN HERE

Specimen 1

SIGN HERE

Specimen 2

SIGN HERE

Specimen 3

Note: Not applicable for non walkin request

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, **Call 022-68446530** (Call charges apply). DO NOT prefix any country code e.g. +91 or 00. Available Mon-Sat from 10 am to 7 pm |

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