

## **Cash Bonus Option Change**



All fields as applicable with (\*) are mandatory

1101						
	I hereby request HDFC Life In: details mentioned below:	surance Company Limited to change the cash bon	nus option for the given policy number as per the			
	Bonus Option*					
	(Please tick tmark the options)	Present Option (Reassuring Life Endowment Plan and Maximising Life Money Back Plan)	Option Requested (Reassuring Life Endowment Plan and Maximising Life Money Back Plan)			
S		Payment by Cheque or direct credit to bank account	Payment by Cheque or direct credit to bank account			
ETAI		Cumulative Options (Dividend Accumulation)	Cumulative Options (Dividend Accumulation) Adjust towards Future Premiums (Premium Settlement/Adjustment)			
<b>BONUS OPTION DETAILS</b>		Adjust towards Future Premiums (Premium Settlement/Adjustment)				
IS OPT		Present Option (Sampoorna Jeevan Plan)	Option Requested (Sampoorna Jeevan Plan)			
NO		Bonus Option 3: Cash Bonus	Bonus Option 3: Cash Bonus to Paid up			
•		Bonus Option 4 : Simple Reversionary Bonus for Premium Payment Term and	Addition (PUA) Bonus Option 4 : Cash Bonus to Paid up Addition (PUA) Paid up Addition (PUA) to Cash Bonus under			
		Cash Bonus thereafter				
		Paid up Addition (PUA)	Bonus Option 3			
			Paid up Addition (PUA) to Cash Bonus under Bonus Option 4			
<b>POLICY</b> DETAILS	Policy Number*:	Plan Name*:				
DET	Policy Holder's Name*:					
	I understand that:					
	The bonus option can be	e exercised only once during the term for all type of b	ponus options			
AILS	<ul> <li>The option is applicable</li> </ul>	only for Cash Bonus plans				
DET	The request for change shall be subject to the Company's policies governing the same					
NOL	Any change to the Policy	icy will only be applicable from the next Policy Anniversary Date				
Ldo	For Sampoorna Jeevan					
BONUS OPTION DETAILS	<ul> <li>Change in bonus option prior to next policy anniv</li> </ul>		submitted in written request to the Company 60 days			
BC	<ul> <li>Paid up Additions option</li> </ul>	n cannot be chosen once Life Assured attains age 75				
	<ul> <li>Policyholder also has the</li> </ul>	e option to switch from Paid-up Additions to cash pa	yout. Once this change has been made, Policyholder			
		n to switch back to Paid-Up Additions. e genuineness and correctness of the details filled h	herein			
	· · · ·					
C	onsent for usage of Aad	haar information				
			be done through HDFC Life either now or anytime in future. I am			
dat	ta including my name, address, gen	nder, date of birth and photograph shall be shared by UIDAI w	e details and/or biometric information, Aadhaar demographic vith HDFC Life for KYC purposes/ due diligence. I confirm that I			
		g other acceptable KYC Documents besides Aadhaar. I confir Ince policy/policies, claim related purposes or for any other	rm that this consent is valid for KYC purposes/ due diligence regulatory/ statutory related requirements.			
SLIP	This is to acknowledge the r	receipt of your application for Cash Bouns Option c	customer Service Executive Signature:			
ACKNOWLEDGEMENT SLIP	Policy Number:	Date: D D M M Y Y Y	Y			
LEDGE	Others:					
IMON			Branch			
ACKN			Seal			
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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 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



Third Party Declaration					
rson who has affixed his/her thumb impression or has signed in vernacular/ has not filled this application form. I hereby declare that t it of this application form has been explained to him/ her and I have truthfully recorded the answers provided to me. I further declare that t erson has signed or affixed his/her thumb impression in my presence.					
Address:					
Date:DD/MM/YYYY Place:	Signature of Third Person				

SIGN HERE	SIGN HERE	In case the policy is assigned, please provide signature of the Assignee with seal (wherever applicable):	SIGN HERE
Signature of Policyholder 1	Signature of Policy holder 2 (In case of Joint Life Assured)		Signature of Assignee
Date: DD/MM/YYYY Place:	Date: DD/MM/YYYY Place:	Date: DD/MM/YYYY Place:	

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.

친구	Name of the Customer Service Representative:	Branch Code: Signature:
FOR OFFICE USE ONLY	Date: D D M M Y Y Y	Employee No.:
6 S	OEL Case ID No:	