PSRF359317122455 Comp/Feb/Int/ For HDFC Life Unit Lin Fund Switch & Prem (Please use a separate reque	nium Redirection	For office u. Branch : Received by Interaction Date & Tim	y: ID:	Current Day NAV		HDFC Life Sar utha ke jiyo!	
Name of the Policyholder: Proposal/PolicyNo.:	FIRSTN	ΙΑΜΕ	E-Insurance A				
	Fund Name			Fund Sw (current f	fund	Premium Redirection (future	
(Please mention the name of		to switch to and/or re	direct premiums)	holding New Percer		premiums)* New Percentage	
Total Percentage (the total % of fund allocation should be 100%)				100%	Ď	100%	
General Rules							
received together, Fund Switc premiums will be allocated as p prior intimation. 8. Policy servi first cancel all of the existing u units in your chosen Fund(s). their consequences. I furth instructions are authorised	th transaction will be process per original fund allocation u icing charges may be levied units in your policy fund(s). I confirm having read al her confirm that the pren d by me through this form	sed first. 5. Redirecti unless a Premium Rec as applicable. Please The proceeds from th I the relevant polic nium paid above is n are made under m	on is not applicable t lirection request is ra refer to your policy o e cancelled units, af y provisions befor derived out of leg by consent and are	to single premium pl aised. 7. The Compar document for detail: ter deducting the ap re making this ap itimate sources o not provided und	lans. Please c ny reserves th s. 9. To proces pplicable char plication an f funds. I un ler any dure	Fund Switch & Top Up request are heck your plan for the same. 6.Your the right to alter the charges without so your fund switch request, we will ge (if any), will then be used to buy d having understood them and derstand and agree that all the ss or compulsion, and HDFC Life Life for any reasons thereto.	
Date: DD/MM/YYYY				HERE	SIGN HERE		
Place:							
	hature /thumb impression	n of Policyholder	Signature of F (In case of			Signature of Assignee (In case policy is assigned)	
Declaration to be made by	a third person where:						
further declare that the life a Declarant Name:	orm to the life to be assur assured has signed/affixed	ed in d his/her thumb imp	langua_ ression in my prese	ge and have truthf		are that I have explained the d the answers provided to me. I SIGN HERE	
Address:							
With reference to recent regive via My Account/service@hdf	clife.com/68446530/HDF	-C Life branch. Ionor	e if submitted.			nmediate effect. Please update	
		und Switch					
Customer Acknowledge				Premium Redirection			
Policy No.:	Interaction ID No.:		D 11 1 1 1	Mamaa			
_			-	Name:			
Documents accepted (specif Customer Relations Officer:			-	Name:		Branch Stamp	



Perform **Fund Switch**, **Premium Redirection** in just 3 simple steps

Save your time! Go Green!!

My Account - Login

- 1. Registration on My Account
- 2. Login to My Account
- 3. Perform FS-PR
- Log into My Account

- HDFC Life Mobile App
- 1. Download HDFC Life mobile app
- 2. Register & Login to mobile app
- 3. Go to My Account section and Perform FS-PR

Log into the mobile app



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

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