PSRF365927122440 | | Comp/Feb/Int/5277

Policy Servicing Request Form - 1 **Minor Alterations**

For office use only:
Branch:
Employee ID:
Date: DD/MM/YYYY

Signature Verified: Yes No



									5 1		
Please use Black Ink to * Indicates mandatory fields	o fill the format										
Policyholder Deto	ıils										
Policy No.:											
Name of the Policyhold	er:										
E Insurance A/c No.											
0.0 mm = +1 = m / Ole ====		DAN Dataila									
Correction/Chan	ge of Contact /	PAN Details									
PAN: Email Id		Alternate Email Id									
Mobile No.											
Alternate Mobile No.				Residence) No.							
		Landline (Office) No.									
Contact details will be updated for all future communications. The above mentioned contact number will be considered as consent to communicate Email ID will be updated to the system post verifications by the customer.											
Change in Addre	ss Comm	unication Address	Perma	nent Addres	s						
Owner (Policy Holder)	Life Assured	Nominee / Beneficiary	Appoir	ntee A	ssignee	Joint	Life		Trustee		
House / Flat No.											
Street / Area											
City / District - Pin code											
State											
	ole to all policies held	l under your client ID. Please use	e a separate fo	ormat if Nomine	e / Benefici	ary / Appoin	tee's ad	dress is	different		
from the Life Assured. Valid Address Proofs: Passport, Voter's ID Card, Driving License and Aadhar Card.											
Valia Addiess i roots. i	4330014, VOIGI 312 GC	ara, Briving License and Addital	- Cara.								
Correction/Chan	ge in Name										
Role		Present Name			New Name						
Life Assured											
Policy Holder											
Nominee / Beneficiary											
Appointee											
For any change/ addition/ deletion of surname due to marriage /divorce / adoption- concerned Govt issued documentary evidence is required. For any change in name a Gazette copy is required. For any correction in name: valid Govt Age proof is required with the new name and date of birth.											
		' '									
Correction/Char	ige in DoB										
Owner (Policy Holder)	Life Assured	Nominee / Beneficiary	Appoir	ntee A	ssignee	Joint	Life		Trustee		
Date Of Birth:///											
HDFC Life Insurance Company Limited. CIN: L65110MH2000PLC128245. IRDAI Registration No. 101. Regd. Off: 13th Floor, Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.											
		knowledgement Copy (Pol)						
Policy No.:		Request received for:	•								
Interaction ID:	Recei	ved by:		Date:			Bro	anch St	amp		

Correction/Change in	n Nominee/Be	eneficiary/Ap	pointee detail	 S								
Details	Nominee 1	Beneficiary 1	Appointee	Nominee 2	Beneficiary 2							
Name					·							
Date of Birth												
Gender												
Marital Status												
Contact Number												
Email Id												
Address												
Relationship with Life Assured												
% of Entitlement												
Appointee Details (if the Nominee is a minor)												
Addition of Appointee Change of Appointee												
Name												
Date of Birth												
Relationship with the Nominee / Beneficiary												
Address												
Beneficiary should be a blood relative. Change in beneficiary is not allowed for specific products in the Childres's plan and Young Star plan categories. It will be allowed under demise or divorce cases only. As per the insurance act 1938, as amended from time to time nomination cannot be effected if the policy ownder and the Life Assured(s) are different entities. All previous nominations shall be automatically cancelled on execution of this form and the nomination last received by the company shall prevail over all previous nominations. If the Nominee is a minor an Appointee who is a major must be mentioned in this form. If the nominee is other than first degree relative, then MHQ - Moral hazard questionnaire should be attached along with this form. In case of Absolute assignment, Nominee / Beneficiary / Appointee change cannot be processed.												
Declaration by the Policyholder / 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/eployees/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.												
insurance policy. I give i	my express conse	nt to HDFC Life to p	process and verify i		processing my request related to my ner prescribed under law. I am sharing close my Aadhaar details.							
SIGN HERE		SIGN HE	RE	In case the policy is assigned provide signature of the A with seal (wherever applicate	Assignee Assignee							
Signature of Policyholo	der 1	Signature of Poli			Signature of Assignee							
Date: DD/MM/YYYY Place:_	Date	: DD/MM/YYYY Ple	ace:	Date: DD/MM/YYYY Place:								
Third Party Declaration	on											
application form has been ex or affixed his/her thumb impr	plained to him/ her	and I have truthful nce. THE CONTENTS	ly recorded the ans OF THE FORM HAS B	wers provided to me. I further	a. I hereby declare that the content of this declare that the said person has signedLANGUAGE.							
Date: DD/MM/YYYY					Signature of Third Person							
HDFC Life Insurance Company Limited. CIN: L65110MH2000PLC128245. IRDAI Registration No. 101. Regd. Off:13th Floor, Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.												
				ce Request form 1)								
Policy No.:		Request recei	ved for:		Branch Stamp							
Interaction ID:	Received	l by:		Date:								
Call 022-68446530 (STD charges app	ly). DO NOT prefix any	country code e.g. +91	or 00. Available Mon-Sa	t from 10 am to 7 pm								

 $Email-service@hdfclife.com \mid nriservice@hdfclife.com \ (For NRI \ customers \ only) \ Visit-www.hdfclife.com$