

Policy Servicing Request Form 1*For Official Use Only*

Branch Name: _____

Receipt Date & Time: _____

Received by: _____

Interaction ID: _____

Branch Stamp



Policy Number: _____ Email ID *: _____

Policyholder's name: _____ (Last Name) _____ (First Name) _____ (Middle Name)

Contact No*: (STD Code) _____ / (STD Code) _____ / _____ **Mobile number is preferable.**

* Contact details provided herein will be updated for all future communications. For customer registered for UCC, response would be treated as valid discharge

CORRECTION IN NAME (Tick One)
 Policy Holder
 Life Assured
 Nominee/ Beneficiary
 Appointee
General Rules

The change will be effected in all the policies where the client exists.

For married women with a change in surname, only a declaration for a change in maiden name is required.

For all other requests involving significant name change a "Gazette copy" is required.

All the supporting documents should be countersigned by the Life Assured / Policy holder.

Name to be changed to: _____ (Last Name) _____ (First Name) _____ (Middle Name)

CHANGE IN ADDRESS (Tick One) (Multiple selections allowed in case of common address)
 Policy Holder
 Life Assured
 Nominee/ Beneficiary
 Appointee
General Rules:

The change will be effected in all the policies where the client exists.

Self attested documentary proof of the new address is mandatory . Call us toll free on 18002097777 for list of acceptable address proofs.

New Correspondence address Permanent Address (Please tick one option)

House / Flat No: _____ Street/Area: _____

Landmark _____ City / District: _____ Pin Code: _____

Contact No: _____ / _____ Email Id: _____

ADDITION / CHANGE OF NOMINEE / BENEFICIARY**General Rules:**

Incase the nominee / beneficiary is a minor, please fill up the Appointee details below.

Nominee /Beneficiary Name: **Mr/Mrs/Ms** _____ (Last Name) _____ (First Name) _____ (Middle Name)

House / Flat No: _____ Street/Area: _____

Landmark _____ City / District: _____ Pin Code: _____

Contact No: _____ / _____ Email Id: _____

Nominee/ Beneficiary Relation to the Life Assured: _____ Percentage of Nomination: _____%

Date of Birth: __/__/____ (dd/mm/yyyy)

ADDITION / CHANGE OF APPOINTEEAppointee Name: **Mr/Mrs/Ms** _____ (Last Name) _____ (First Name) _____ (Middle Name)

House / Flat No: _____ Street/Area: _____

Landmark _____ City / District: _____ Pin Code: _____

Contact No: _____ / _____ Email Id: _____

Appointee Relation to Nominee/ Beneficiary: _____ Date of Birth: __/__/____ (dd/mm/yyyy)

DECLARATION OF NEW APPOINTEE (To be filled incase of change of Appointee)

I hereby accept my appointment as an Appointee to receive the proceeds under the policy on behalf of the Beneficiary/ Nominee who is a minor.

Appointee's Signature: _____ Date: _____ Place: _____

(No thumb impression)

Customer Acknowledgement Copy (Major/ Minor Policy Alterations/ Loan/ Surrender Quotes)

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

PS Request: _____ Documents accepted: Original Policy Document Others (specify): _____

Branch Operations Officer: _____

Date: _____

Time: _____

Branch Stamp

- 1) Request for changes in policy benefits is allowed only after completion of Six months from the date of commencement of policy and at least 15 days prior to the next premium due date.
- 2) For policy alterations where direct debit method of payment is active, the current mandate will be de-activated post policy alteration. A fresh Direct Debit Mandate will be required if you wish to opt for/ continue with direct debit facility for your policy. This should be submitted at any HDFC Standard Life branch at least 30 days prior to the next premium due date.
- 3) Request for change in policy benefits must be accompanied by the original policy document.

REDUCTION IN SUM ASSURED*

Please reduce the Sum Assured of my policy to Rs. _____

INCREASE IN PREMIUM* (Please tick the option)

Please increase the Premium of my policy to Rs. _____

REDUCTION IN TERM*

Please reduce the term of my policy to _____ years.

DELETION OF RIDER*

I would like to cancel the following riders:

1. _____ 2. _____ 3. _____ 4. _____

CHANGE IN FREQUENCY OF PREMIUM PAYMENT* (Please tick the option)

Annual Half Yearly Quarterly Monthly * * **Direct Debit is mandatory for Monthly mode.**

LOAN QUOTE

SURRENDER QUOTE

I would like to avail of a policy loan. Kindly provide a Loan Quote. I would like to know the surrender value of my policy. Kindly provide a surrender quote.

DECLARATION FOR SUVIDHA & CONVENTIONAL PLANS

I / We understand that reduction in premium will reduce the Sum Assured as per the regulatory limits

- I / We agree that reducing the Sum Assured will change the future benefits

Note: Reduction in premium for SUVIDHA plans is permissible only if the Policy Commencement Date is less than or equal to 31/12/2007

Declarant Name: _____ Signature: _____ Date: _____ Place: _____

DECLARATIONS

Declaration of Life Assured / Lives Assured* / Policy holder

I / We declare that the information I / We have given is factually correct and true. I / We have not withheld any material information that may influence the assessment or acceptance of this application else the contract based on the above information be void.

Policy Holder(s)/ Assignee* Name: _____

Policy holder(s)/ Assignee* Signature: _____

Date: _____ Place: _____

* For assigned policies, assignee's signature is required. ** In case of joint lives, signatures of both life A and B are required.

Signature Verified Stamp

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 to be assured has signed/affixed his/her thumb impression in my presence.

Declarant Name: _____ Signature: _____ Date: _____ Place: _____

Address: _____

HDFC Standard Life Insurance Company Limited. Regd Off: Ramon House, H.T. Parekh Marg, 169, Backbay Reclamation, Churchgate, Mumbai-400020.

View Premium Calendar, Pay Premium Online, Track fluctuations in the fund value, Print your Annual Premium Statement, Do a Fund Switch, Revive your policy & lots more!

Visit www.hdfclife.com & register for My Account today! For more details, call us toll free on 1800-209-7777 (Any phone)/ 1800-228-228 (BSNL/ MTNL)/ Email us at service@hdfclife.com. The call centre is open from 9am- 9pm all 7 days.

Communication Address: HDFC Standard Life Insurance Company Limited. B-Wing, 5th Floor, Eureka Towers, Mindspace, Behind Toyota Showroom, Link Road, Malad (W), Mumbai-400064.

