SRF191311012440 Comp/May/I	nt/4478							
For HDFC Life Unit Linke Additional S Premium To (Please use a separate request f	Pormforeach Policy	Official Use Only nch Name: reived by: eraction ID: x Time:		For Official Us Current Day N Next Day NAV Employee Cod Signature:	AV:		ar utha l	
Name of the Policyholder/Policy No.:	3	toolgricu)	(First Name)	(Middle	Name)	(Las	st Name)	
Plan Name:			U	JIN:				
olicy holder/Payer's ID & Address proof al	ong with PAN card to be submitted.	In case, Policy holder/Pa	ayer does not have a PANCard	l, then please submit F	orm 60.			
l have paid the Additional Sing							dd/mm/\\\\	
I would like to pay an Addition								drawn o
	tor INR(In words)			to be i	nvested in the funds as me	entioned in the tab	ile Delow.	
Fund Name					Additional Single Premium Top _{-u} p* Percentage			
						reiteilla	<u></u>	
Total Percentage (the total % of fund al	location should	t he 100%)		100%			
			,					
Additional Single Premium Top owards renewal premium due. Ple mount paid by you equals or excess ear. I case of non-fulfilment of the above equest. y current gross total income fror exceeds INR 1lakh, enclose self-at Proof of identity and proof of res ource of funds: (please state % L	ase note the allocation specieds INR 1 lakh, then you are re ove requirement, the request an all sources is INR tested copies of the document dence. (In case your policy is	fied above is applica quired to submit inc will be declined. Yo nts mentioned belo not older than 5 ye.	ible only for the above to come proof. The income u can submit a fresh req per annum. w and information ars, proofs are not requ	ransaction & not for proof should be co usest post complet If the said amount ired) b. Proof of the said amount b. Proof of the said amount ired)	or regular premium. If the ag mmensurate with your ann	gregate of your an ualised premium ar . The NAV applicab r premium payable e taxreturns etc.	nualised premiun nd Top-up paid by le will be as of the	n and the Top- you in a finance date of the n
Salaries	Business Property	House	Capital Gains	Investment	s Agriculture	Others	Total	
		t request will be pro	cessed on the successiv	e working day. 3. If essive working day	a Fund Switch & Top-up req /. 4. Top-up premiums can be	uest is received tog remitted to HDFC Li	gether, Fund Switc fe during the period	th transaction d of contract on
eneral Rules: Request for the above transactio 3pm IST. 2. In case a prior unit allo e processed first. In case a prior uni here due basic regular premiums are payment of the `Top-up' premium, a confirm having read all the releva- gittimate sources of funds. I unde fe has agreed to carry out the san	it allocation is pending, your c paid up to date and if expressly except in case of complete surre ant Policy provisions before i rstand and agree that all the	allowed in the terms a nder of the policy. naking this request instructions author	t and having understoo rised by me through this	d them and its con s form are made un	sequences. I further Confir der my consent and are not	m that the premiu	m paid above is de	erived out of
Request for the above transactio 3pm IST. 2. In case a prior unit allo e processed first. In case a prior un here due basic regular premiums are payment of the `Top-up' premium, e confirm having read all the relev- egitimate sources of funds. I under	it allocation is pending, your c paid up to date and if expressly except in case of complete surre ant Policy provisions before r erstand and agree that all the te on my behalf. I undertake n	allowed in the terms a nder of the policy. naking this request instructions author	t and having understoo rised by me through this	d them and its con s form are made un	sequences. I further Confir der my consent and are not any reasons thereto.	m that the premiu	m paid above is de ly duress or compt SIG	erived out of

 $\underline{\textbf{Declaration to be made by a third person where:}}$ 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 the contents of the life to be assured to be assured to be application. I hereby declare that I have explained the contents of this application form to the life to be assured to be assured to be application. I hereby declare that I have explained the contents of this application form to the life to be assured to be application. I hereby declare that I have explained the contents of this application form to the life to be assured to be application. I hereby declare that I have explained the contents of this application form to the life to be assured to be application. I have explained the contents of this application form to the life to be assured to be application. I have explained the contents of this application form to the life to be assured to be application. I have explained the contents of the life to be application for the life to be application. I have explained the contents of the life to be application for the life to be application. I have explained the life to be application for the life to be app__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:	Date: <u>dd/mm/yyyy</u> Place:	SIGN HER
Declarant Address:		

Signature of Declarant

CYC Declaration	
	ere is no change in my KYC information previously provided/updated by me and currently available in your records.
es No	If no, please share the KYC document as per the below list to update the KYC details)
Valid Passport	
Masked Aadhaar (Fir	digits of Aadhaar should be masked)
Valid Permanent Driv	License ed by Election Commission of India
voter sideritity card	ed by Election Commission of mole
onsent for usa	of Aadhaar information
	ent for Aadhaar based KYC, Aadhaar authentication or offline verification to be done through HDFC Life either now or anytime in future. I a
	r number, Virtual ID, e-Aadhaar, XML, Masked Aadhaar, face authentication details and/or biometric information, Aadhaar demographic da Idress, gender, date of birth and photograph shall be shared by UIDAI with HDFC Life for KYC purposes/ due diligence. I confirm that I w
	submitting other acceptable KYC Documents besides Aadhaar. I confirm that this consent is valid for KYC purposes/ due diligence done f
	insurance policy(ies), claim related purposes or for any other regulatory/ statutory related requirements.
	tory changes, please submit PAN or Form 60 (If you do not have a PAN) with HDFC Life with Immediate effect. Please update via My Account/service@hdfclife.com/022-68446.
J	
ustomer Ackn	rledgement Copy (Additional Single Premium Top– up Form)
y No	Interaction ID No: Policyholder Name:
Name:	UIN: Document accepted (Specify): Customer Relations Officer:



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