

Request For Major Alterations

For office use only:
Branch:
Received at branch on:
Received by:
Interaction ID:



(* Indicates Required Fields)

Policy Number*: [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
E-Insurance Account No.: [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
(For demat customers only)

Name of the Policyholder*:
 Increase in Premium Decrease in Premium - Please increase/decrease the premium of my/our policy from INR _____ to INR _____

Note for Conventional Plans:

- Reduction of premium and/or sum assured will not be allowed during the entire policy term for SAP (Savings assurance plan) policies which are converted on or after August 1, 2009. Reduction in premium will not be allowed if the policy status is Paid-up.
- The minimum annual premium after alteration should be INR 5000.
- Reduction in premium will reduce the sum assured as per the regulatory limits and therefore impact the future benefits.

Note for ULIPs:

- Reduction in premium for Suvidha plans is permissible only if the policy commencement date is on or before December 31, 2007.

Reduction in Sum Assured - Please reduce the Sum Assured of my/our policy from INR _____ to INR _____

Change in Term - Please increase decrease the term of my/our policy from _____ year(s) to _____ year(s).

Change in premium paying term - Please increase decrease premium paying term of my/our policy from _____ year(s) to _____ year(s).

Addition of rider I/We would like to add the following rider(s) to my/our policy:
1. _____ 2. _____ 3. _____ 4. _____

Deletion of Rider I/We would like to delete the following rider(s) from my/our policy:
1. _____ 2. _____ 3. _____ 4. _____

Change in frequency
Please change the frequency of premium payment of my/our policy to: Annual Half-yearly Quarterly# Monthly#

Auto debit is mandatory for monthly mode (all plans) and quarterly mode. Please refer to your policy document to check if auto debit is allowed for your chosen plan.

Loan / Surrender Quote (Tick the applicable check box)

I/We would like to apply for a loan against my/our policy. Provide me/us with a loan quote.

I/We would like to know the surrender value of my/our policy. Provide me/us with the surrender quote.

General Information

a.You can make changes to the policy benefits only after completion of 6 months from the date of commencement of the policy. b. Any changes to the policy has to be requested at least 15 days prior to the next premium due date. c. If you have opted for auto debit mode of payment, any policy alteration will deactivate the current auto debit mandate. If you wish to continue using the auto debit facility, then you will need to submit a fresh mandate at any HDFC Life branch at least 30 days prior to the next premium due date. d>Your policy change request will be processed only if the product features allow the change. e.Submission of this form will not mandate the company to make the changes to the policy f.The Company shall at its discretion and subject to the underwriting guidelines and product features allow me/us to make changes to the policy g. I/we agree and confirm that I/we shall not challenge the decision of the Company to accept or reject this application. h. Any alteration shall be applicable if the product feature allow changes. i. If the policy is assigned, then the request will be accepted upon receipt of assignee consent only.

Declaration of the Policyholder:

I/We have understood the meaning and scope of this change request form and take complete responsibility for the change submitted by me/us herein. I/We understand that any change in the policy or personal details is subject to the policy terms, conditions and relevant underwriting guidelines. I/We understand that this is only a change request form and that the Company shall not be under any obligation to make the changes proposed herein. I/We confirm that I/We have read and understood all the relevant policy provisions and their consequences before submitting this application.

Date: <u>DD/MM/YYYY</u>	SIGN HERE [Signature Box]	Date: <u>DD/MM/YYYY</u>	SIGN HERE [Signature Box]
Place: _____	Signature of Policyholder 1	Place: _____	Signature of Policyholder 2 (In case of Joint Life)

In case the policy is assigned, please provide signature of the Assignee with seal (wherever applicable):
Date: DD/MM/YYYY
Place: _____ **SIGN HERE**
[Signature Box]

Declaration made by third party where the Policyholder has affixed his/ her thumb impression/ has signed in vernacular:

The Policyholder has affixed his/her thumb impression/has signed in vernacular/has not filled the application. I/We hereby declare that the content of this application form has been explained to the Policyholder in _____ language and have truthfully recorded the answers provided to me/us. I/We further declare that the Policyholder has signed/affixed his/her thumb impression in my/our presence.

Name: _____ Date: DD/MM/YYYY Place: _____
Address: _____ Signature: _____

KYC Declaration

I hereby confirm that there is no change in my KYC information previously provided/updated by me and currently available in your records.

Yes No (If no, please share the KYC document as per the below list to update the KYC details)

- Valid Passport
- Masked Aadhaar (First 8 digits of Aadhaar should be masked)
- Valid Permanent Driving License
- Voter's Identity Card issued by Election Commission of India

Consent for usage of Aadhaar information

I voluntarily consent for Aadhaar based KYC, Aadhaar authentication or offline verification to be done through HDFC Life either now or anytime in future. I am aware that my Aadhaar number, Virtual ID, e-Aadhaar, XML, Masked Aadhaar, face authentication details and/or biometric information, Aadhaar demographic data including my name, address, gender, date of birth and photograph shall be shared by UIDAI with HDFC Life for KYC purposes/ due diligence. I confirm that I was provided an option for submitting other acceptable KYC Documents besides Aadhaar. I confirm that this consent is valid for KYC purposes/ due diligence done for issuance/ servicing of insurance policy(ies), claim related purposes or for any other regulatory/ statutory related requirements.

NOTE

With reference to recent regulatory changes, please submit PAN or Form 60 (if you do not have a PAN) with HDFC Life with immediate effect. Pls update via My Account/service@hdfclife.com/022-68446530/HDFC Life branch. Ignore if submitted.

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.

Customer Acknowledgement Copy (to be filled by Customer Relations Official only)

Policy No.: _____ Policyholder Name: _____

PS Request: _____ Interaction ID No.: _____

Customer Relations Officer: _____ Branch _____ Date: DD/MM/YYYY Time: _____

Branch Stamp