

For HDFC Life Unit Linked Plans Only

**Reduction in Premium-  
Unit Linked Plans**

(Please use a separate request form for each Policy)

For Official Use Only

Branch Name: \_\_\_\_\_

Receipt Date &amp; Time: \_\_\_\_\_

Received by: \_\_\_\_\_

Interaction ID: \_\_\_\_\_

Branch Stamp



Name of the Policyholder : \_\_\_\_\_ (First Name) \_\_\_\_\_ (Middle Name) \_\_\_\_\_ (Last Name)

Policy No.: \_\_\_\_\_ E-Insurance Account No.:               

Email ID\*: \_\_\_\_\_

Contact \* No.: (Off) \_\_\_\_\_ / (Res) \_\_\_\_\_ / (Mob) \_\_\_\_\_ (Mobile number is preferable)

\* Contact details provided herein will be updated for all future communications. For the customers registered under National Do Not Call Register, this response will be treated as valid discharge.

**Declarations**

1. I would like to reduce the Regular Premium amount from ₹ \_\_\_\_\_ (Mode \_\_\_\_\_) to ₹ \_\_\_\_\_ (Mode \_\_\_\_\_) \_\_\_\_\_ for the above mentioned Policy.

2. I agree that,

a. The reduction in premium will reduce the premium as per the regulatory limits. b. Premium reduction charges may be applicable.

1) I confirm having read all the relevant Policy provisions before making this application and having understood them and its consequences.

2) If you have partially withdrawn your amount or you have reduced your premium, you are requested to stay invested in your Policy by paying your premium, failing which the Policy can be paid up cancelled. A Policy would be paid up cancelled if the fund value falls below its minimum threshold limit.

Policyholder's / Assignee Name: \_\_\_\_\_

SIGN HERE



Date: \_\_\_\_\_ Place: \_\_\_\_\_

Policyholder's Signature

**Note: 1) For assigned Policies, assignees signature is required.****2) Policy servicing charges may be levied as applicable. Please refer to your Policy document for details.****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: \_\_\_\_\_

Declarant Address: \_\_\_\_\_

**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.

**HDFC Life Insurance Company Limited (HDFC Life).** CIN: L65110MH2000PLC128245. IRDAI Registration No. 101.

Regd. Off: Lodha Excelus, 13th, Floor, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.

**Customer Acknowledgement Copy (Reduction in Premium form)**

Policy No: \_\_\_\_\_ Interaction ID No: \_\_\_\_\_ Policyholder name: \_\_\_\_\_

Documents accepted (specify): \_\_\_\_\_

Customer Relations Officer: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Branch Stamp

**Note :** If you have partially withdrawn your amount or you have reduced your premium, you are requested to stay invested in your Policy by paying your premium, failing which the Policy can be paid up cancelled. A Policy would be paid up cancelled if the fund value falls below its minimum threshold limit.View Premium Calendar, Pay Premium Online, Track fluctuations in the fund value, Print your Annual Premium Statement & lots more! Visit [www.hdfclife.com](http://www.hdfclife.com) and register for My Account today!For queries or more information, call us on **022-68446530** (Call charges apply). Available Mon-Sat from 10 am to 7 pm. DO NOT prefix any country code e.g. +91 or 00. | Email – [service@hdfclife.com](mailto:service@hdfclife.com) | [nriservice@hdfclife.com](mailto:nriservice@hdfclife.com) (For NRI customers only) Visit – [www.hdfclife.com](http://www.hdfclife.com)