Change of Ownership Form



| Personal Details | | | | | | | |
|--|---------------------|-----------------------|---------------------------|-----------------------------|------------------------------|----------------------------|-----------------|
| Policy No.: E-Insurance Account No.: (only for Demat) Full Name of the Life Assured: (First Name) (Middle Name) (Last Name) | | | | | | | |
| Full Name of the Life | - /\ssarca | (First Name) | | (Middle Name) (Middle Name) | | (Last Nam | |
| Full Name of the Pre | vious Owner: | (First Name) | | (Mudie Name) | | (Last Naiii | <u> </u> |
| Option of Change | Transfer of Own | ers | | | | | |
| ☐ In Case of Employer-Employee ☐ KEYMAN ☐ In case of Death of the Proposed Policyholder ☐ Other Scenarios | | | | | | | |
| Reason for Ownersh It has been mutually | | d by and batyyoon th | a Transferor and Tra | and a second | rship of the given no | licy will be transfer | ad by the |
| Transferor to the Tra | nsferee. | | | | | | |
| We have read and ur these statements ar | | | | | | | |
| and ourselves. If any been non-disclosure | untrue statement is | s contained herein, I | HDFC Life has the rig | ght to vary the bene | fits which may be pa | yable and further, it | there has |
| provisions of the Ins | | ict, the policy may | | | | | ed by the |
| | | | | SIGN HERE | \neg $-$ | SIGN HERE | |
| Date:DD/MM/YYYY | | | | | | | |
| Place: | | | Signature/T | humb impression of T | ransferor Signature | /Thumb impression of | Transferee |
| | | | | | | | |
| New Owner Detail | | | | | | | |
| If the Life Assured is | - | | | | nmunication will be c | onsidered for the Li | fe Assured. |
| If the Life Assured | - | - | - | | | | |
| Name of new Policy | | | | | | | |
| Address: | | | | | | Photo o | f the |
| Contact* No.: (Off) _ | | /(Res)) | | / (Moh) | | New Ov | vner |
| (Mobile number is pre | | / (Nes) / | | | | | |
| Email ID *: | | | | | | | |
| * Contact details provided | | | ns. For the customers reg | istered under National Do | Not Call Registry, this resp | oonse will be treated as v | alid discharge. |
| Date of Birth of New | - | | _ | | | | |
| Relationship with Li | | | | | | | |
| Occupation (Please | <u> </u> | | _ | | Housewife | | |
| _ | | | | | | | |
| Current gross total in | | | | | per annum. | | |
| Source of funds (Ple (Note: If annual premium | | 3 | . , | ome Tax Return, etc. as po | er Anti Money Laundering | 1) | |
| Salaried | Business | House Property | Investments | Agriculture | Others | Total | |
| % | % | % | % | % | % | % | |
| Are you a Non Resid | ent Indian (NIRI\)7 | I Yes □ No | | <u> </u> | | | |
| • | ` ′ ' | | | | | | |
| (If 'Yes', please state the current country of residence)Are you a Politically Exposed Person? | | | | | | | |
| | | | | | | | |
| Customer Acknowledgement Copy (Change of Ownership Form) | | | | | | | |
| PolicyNo | | | | | | | |
| Policy No.: Service Request No.: Branch Stamp | | | | | | | |
| PS Request: Service Request No.: | | | | | | | |

| New Nominee/Beneficiary | | | | | | | |
|---|-------------------------|--|-------------------------------------|----------------|-----------------|--|--|
| Details | Nomine | e/Beneficiary 1 | Nominee | /Beneficiary 2 | | | |
| Name | | | | | | | |
| Date of Birth | | | | | | | |
| Gender | | | | | | | |
| Marital Status | | | | | | | |
| Contact Number | | | | | | | |
| Email Id | | | | | | | |
| Address | | | | | | | |
| Relationship with Life Assured | | | | | | | |
| % of Entitlement | | | | | | | |
| Appointon details (i | if the Nominee is a mir | aor) | | | | | |
| Addition of Appoi | | ge of Appointee | | | | | |
| | | уе от Арроппее | | | | | |
| Name | | | | | | | |
| Date of Birth | | | | | | | |
| Relationship with the Nominee/Beneficiary | | | | | | | |
| Address | | | | | | | |
| Column to be filled in case of multiple legal heir other than new owner given above For any legal heir who is minor, his/her guardian should sign on his/her behalf. Please attach a separate sheet in case of more names. | | | | | | | |
| Full Name | Date of Birth | ed apart from the new owner, the secti Complete Address | Relationship with deceased Proposer | Signature | Date and Place | | |
| | | | | | | | |
| | | | | | | | |
| lam/We are aware and fully understand that in case of the Life Assured being minor at the time of death of the Proposer, the Owner selected by us now shall remain as Owner of the Policy only till the Life Assured attains majority. Note: I am/We are the signatories to the authorisation above, do hereby declare that we are the only Class I Legal Heirs of the deceased and are entitled to succeed to the estate of the deceased Policyholder. We hereby declare that the particulars furnished above are true, complete and correct in all respects. In the event any of the particulars is found to be incorrect / false, we undertake to indemnify the Company against all losses, damages, costs and expenses (including the costs of any litigations) that the Company may incur or may be put to as a consequence thereof. Date: | | | | | | | |
| Third Party Declaratio | nn . | | | | | | |
| The person who has affixed his/her thumb impression or has signed in vernacular/ has not filled this application form. I hereby declare that the content of this application form has been explained to him/ her and I have truthfully recorded the answers provided to me. I further declare that the said person has signed or affixed his/her thumb impression in my presence. Name: | | | | | | | |
| | | | | | | | |
| Date:DD/MM/YYYY | Place: | | L | Signature o | of Third Person | | |

Authorisation of the Assignee for the option selected above (To be filled only if the policy is assigned)

| Full Name | DOB in DD/MM/YYYY (only for individual assignment) | Complete Address | Relationship with deceased Proposer | Signature | Date and Place |
|-----------|--|------------------|-------------------------------------|-----------|----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Guidelines

- The Proposer of an Insurance policy is the owner of the policy (also referred to as the Policyholder) entitled to receive any benefit there under, and has the right to carry out any transaction under the policy.
- Change of Owner is allowed only in case of death of the Proposer (i.e. where the Life Assured and the Proposer are two different persons).
- The form is to be duly filled and signed by all Class I legal heirs.
- Filling up this form and submitting the same would help the Company in recording the new owner for the above mentioned policy.
- Class I legal heirs are the immediate family members of the deceased person. E.g. As per the Hindu Succession Act, the legal heirs of a man are wife, children and the mother/ father. In case of surrender, please submit the original policy document along with this form. Surrender is subject to policy terms and conditions.
- Where the Life Assured is minor, the New Owner shall remain as the Owner of the policy only till the Life Assured turns major. The policy automatically vests in the Life Assured on he / she becoming major.
- All future communications will be sent in the name of the new Owner.
- In case the policy is assigned, the request for Policy Owner change should be authorised by the Assignee.
- Policy servicing charges may be levied as applicable. Please refer to your policy document for details.

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. Please 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.

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.

