

Policy Servicing Request form (Only for Group Insurance Policies)

(Name/Address/Nominee/Appointee/Date of Birth change)

For office use only:

Branch: _____ Date: _____

Received by: _____

Ticket No: _____

OSV: Yes No

Sar utha ke jiyo!

Personal Details

(* Indicates Required Fields)

Policy Number*:	Loan account No*:
Certificate of Insurance No:	
Master Policyholder Name*:	

Life Assured

Salutation*:	Gender*:	Name*:
Email ID*:	Mobile No*:	
KYC Document*:	KYC Document No*:	

<input type="checkbox"/> Name Change	<input type="checkbox"/> Nominee	<input type="checkbox"/> Life Assured	<input type="checkbox"/> Appointee
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Name to be changed to*:

<input type="checkbox"/> Address change	<input type="checkbox"/> Life Assured	<input type="checkbox"/> Nominee	<input type="checkbox"/> Appointee
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House/Flat No*:	Street/Area:	
City/District*:	State*:	Pin Code*:

Note: This change is applicable to all policies held under your client ID.

<input type="checkbox"/> Change in registered contact details and Email ID
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Email ID*:	Alternate Contact No.:
Mobile No*:	

Contact details will be updated for all future communications. The above mentioned contact number will be considered as consent to communicate with the life assured.

<input type="checkbox"/> Addition of Nominee/Beneficiary	<input type="checkbox"/> Change of Nominee/Beneficiary	<input type="checkbox"/> Change of Date of Birth
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Salutation:	Nominee Gender*:	Nominee Name*:
Date of Birth*:	Nominee Address*:	
Nominee Mobile No.:	Nominee Email ID:	
Relationship with Life assured:	Percentage of Entitlement:	

Note: 1. (Beneficiary should be father, mother, spouse, children or a close relative. 2. If the Nominee/Beneficiary is minor, please fill in the appointee section below.)

<input type="checkbox"/> KYC Nomine KYC Document*:	KYC Document No*:
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<input type="checkbox"/> Addition of Appointee	<input type="checkbox"/> Change of Appointee	<input type="checkbox"/> Change of Date of Birth
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Salutation:	Appointee Gender*:	Name*:
Date of Birth*:	Address*:	
Mobile No*:	Email ID*:	Relationship with Nominee*:
<input type="checkbox"/> KYC Appointee KYC Document*:	KYC Document No*:	

Declaration 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.

Date*: _____

Place*: _____

Sign*: _____

SIGN HERE

Appointee Signature *

Customer Acknowledgement Copy (Policy Service Request form)

Loan Account No*:	Ticket No*:	Branch Stamp
Date of Request*:	Type of Request*:	

Please refer the below KYC documents to be submitted for each of the policy servicing requests:**1. Address change**

- Address proof

2. Name change

- ID proof
- If you are a married woman with a change in surname, please submit a copy of your marriage certificate. For any other request involving significant changes in the name, please submit a 'Gazette Copy'

3. Change in registered contact details and Email ID:

- ID proof

4. Change in Date of Birth

- ID proof

5. Addition/Change in Nominee

- ID & Address proof of Life assured
- ID & Address proof of Nominee

6. Addition/Change in Appointee (only if the Nominee is Minor)

- ID & Address proof of Life assured
- ID & Address proof of Appointee

Sr. No	Documents	Identity Proofs	Address Proofs
1	Aadhaar Card	Y	Y
2	PAN Card	Y	—
3	Passport	Y	Y
4	Permanent Driving License	Y	Y
5	Voter's Identity Card issued by Election Commission of India	Y	Y
6	Identity card with applicant's photograph issued by Central/ State Departments Statutory/ Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Finance Institutions	Y	—
7	Letter issued by a gazetted officer not more than 6 months old, mentioning the address along with a duly attested photograph of the person	Y	Y
8	Bank account statement /Passbook not older than six months as on date of acceptance (If it contains photograph)	Y	Y
9	Documents (not more than 3 months old) issued by Government departments of foreign jurisdiction and letter issued by Foreign Embassy or Mission in India (If it contains photograph)	Y	Y
10	Central KYC Identifier (can be accepted, if there is no change in the current address of the client)	Y	Y

PAN/Form 60 (if you do not have a PAN) has been made mandatory irrespective of premium amount.

Declaration by the Policy holder / Assignee

1. I/We hereby declare that the particulars given above are correct. If the transaction is delayed or not effected at all for reason of incomplete or incorrect information provided by me/us above, I/We would not hold HDFC Life Insurance Company Limited or any of its associates/employees/agents responsible. Further, I/We agree to indemnify or keep indemnifying HDFC Life against any loss, claim, damage or expenses arising out of any incomplete or incorrect information provided by me/ us above.
2. I have understood the meaning and the scope of this form and take complete responsibility for the changes submitted by me here in.
3. I/We further undertake to refund any excess amount whether demanded by HDFC Life or not, which has been credited in excess to my/our account at any time due to any reason
4. I hereby consent to be contacted on WhatsApp for all my policy related services.

Date:

Place:

SIGN HERE

Signature of Life Assured 1

Third Party Declaration

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:

Address:

Date: Place:

SIGN HERE

Signature

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 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.

Email – service@hdfclife.com | nriservice@hdfclife.com (For NRI customers only) Visit – www.hdfclife.com

