



# Request for Revival of Policy (Under Special Revival Scheme)

**Note: Please complete the form in CAPITAL LETTERS.**

**All fields with (\*) are mandatory**

POLICY DETAILS	Policy Number*:	<input type="text"/>	Assigned*: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Name of the Life Assured*:	<input type="text"/>	Mobile No.*: <input type="text"/>
	Name of Policy Holder*:	<input type="text"/>	Mobile No.*: <input type="text"/>
	Name of Assignee*:	<input type="text"/>	Mobile No.*: <input type="text"/>

TERMS & CONDITIONS	<ol style="list-style-type: none"> <li>The Special Revival Scheme will move forward the Policy commencement date, Risk Commencement date and the Maturity date. The revised Dates are mentioned in the New (revised) Policy Schedule and the eligible benefits will continue to be as per the Policy Terms &amp; Conditions.</li> <li>The premium shall increase and will depend on the current age of the Life Assured calculated as per new date of commencement mentioned in the revised policy schedule.</li> <li>The Sum Assured shall remain unaltered.</li> <li>Claims prior to the New risk Commencement date will not be admissible.</li> <li>The Company reserves the right to reinstate the Insurance Cover under this Policy either on its original terms or on such other terms as the Company may specify. Further, the Company reserves the right to reject the reinstatement or terminate any rider (s) which were attached to the base plan.</li> <li>The Lien clause and suicide exclusion clause will be applicable from the reinstatement date.</li> <li>If the policy is already assigned, the assignee is required to be a signatory for this request form. On assignee signing this form it is construed that the assignee has accepted the assignment of the policy on the revised policy details on account of special revival.</li> <li>Free look cancellation will not be applicable; however, if the new terms are unacceptable then on receipt of a written request from the Policy Holder along with the revised Policy Schedule, the policy status can be reverted to the previous status. Such Written request should be received within 15 days of receipt of Revised Policy Schedule.</li> <li>The reinstatement shall come into effect on the date when the Company specifically communicates it in writing to the Policy Holder. Since the Company shall be relying on the statements made by the Policy Holder/Life Assured to the Company and to its medical examiner in deciding on reinstatement of a lapsed Policy, if any incorrect or untrue statement has been made or any material fact has been suppressed, the Company shall be entitled to cancel the reinstatement of this Policy or repudiate the claim, if any, arising after such reinstatement and the amounts received under this Policy including the amounts paid towards such reinstatement, shall be liable to be forfeited, at the option of the Company.</li> <li>This consent has to be submitted along with a duly filled declaration of health</li> </ol>
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DECLARATION	I hereby request HDFC Life Insurance Company Limited to reinstate the above mentioned policy under the HDFC Life Special Revival Scheme. I hereby agree and give my consent to the below mentioned terms that would be applicable for reinstating the policy under this scheme.	
	<input type="text"/>	<input type="text"/>
	Signature of the Policy Holder (if different from Life Assured)	Signature of the Life Assured
	<input type="text"/>	<input type="text"/>
	Signature of the Witness	Signature of Assignee (consenting to the continued assignment)
<b>Vernacular Declaration (if any one of Life Assured / Policy Holder / Assignee has signed the form in regional language)</b>		
I _____ (witness name) hereby declare that I have truthfully recorded the replies given by the Life Assured / Policy Holder / Assignee after fully explaining the contents of this form to them in _____ language and he / she has understood the contents thereof.		
Signature of witness:	<input type="text"/>	Full Name and Address of the witness: _____
Date: <input type="text"/>	<input type="text"/>	Mobile No.: <input type="text"/>

<b>KYC Declaration</b>
I hereby confirm that there is no change in the KYC information previously provided/updated by me and currently available in your records.
Yes <input type="checkbox"/> No <input type="checkbox"/> (If no, please share the KYC document as per the below list to update the KYC details)
<ul style="list-style-type: none"> <li>Valid Passport</li> <li>Masked Aadhaar (First 8 digits of Aadhaar should be masked)</li> <li>Valid Permanent Driving License</li> <li>Voter's Identity Card issued by Election Commission of India</li> </ul>