CCM3002712201109

Credit Card Mandate

(HDFC Bank Card only)

For Official Use Only

Branch Name: Received at branch on:

Received by:

Please read all the instructions before filling the form:

1. All fields to be filled in BLOCK LETTERS only. 2. This facility is available to the primary card holder only. 3. The Credit Card must be in the name of the policyholder. 4. Attach a photocopy of the front side of the credit card along with this form. 5. Your credit card should have a validity period of greater than 180 days from the date of this mandate. 6. Your request for credit card payment option should be submitted at least 10 days prior to your next premium due date.

Name of Policy Holder:_____(First Name)_____(Middle Name)_____(Last Name)_____

Proposal / Policy No: _____ Email Id*:_____

Contact No.**:_____/_____/_____**Mobile number is preferable**

*/**For customers registered for UCC, response will be treated as valid discharge.

Mandate To Debit the ☐ Initial Deposit & Subsequent Renewal Premiums OR ☐ Future Premiums (Please tick)

I hereby authorize HDFC Life to debit the initial & subsequent premiums of (₹) _____ or future renewal premium payments of (₹) _____ on a ☐ annual/ ☐ half-yearly/ ☐ quarterly/ ☐ monthly* frequency of my Insurance Policy to my Credit Card Account and obtain the credit of such amount in favour of the company.

_____

Signature of the proposed policy holder/ policy holder

* Monthly frequency is available with certain plans only. Please check with our Branch Operations Officer for details.

☐ Mandate To Debit Outstanding Premiums, Revival/ Reinstatement Fee & Interest Charges (If any)

I hereby authorize HDFC Life to debit my credit card account for outstanding premiums, revival/ reinstatement fee and interest charges (if any) towards my policy and obtaining the credit of such amount in favour of the company.

Outstanding Premium(s): (₹)_____ Revival/Reinstatement fee: (₹)_____ Interest (if any): (₹)_____ Total Amount: (₹)_____

_____

Signature of the policy holder

Credit Card Details:

Name of the Credit Card holder:
(As it appears on the credit card)

HDFC Credit Card No:

Credit Card Type: ☐ VISA ☐ Master Credit Card Expiry Date: M M / Y Y

I understand, agree and confirm:

1. That my premium amount will be charged to my credit card by HDFC Life. 2. That the risk under the insurance plan and the policy will be assumed by the company only after my credit card account is debited with the amount of the premium and not earlier. 3. I understand and agree that non-receipt in case of the first premium payable under the policy shall result in the policy becoming void, whereas in respect of subsequent regular premiums shall result in lapsation of the Policy, such lapsation being governed by the terms and condition of my Insurance policy. 4. That the credit card issuing bank is not acting as an agent of the company or myself in accepting the debit to the credit card account with the premium amounts, or otherwise dealing with the premium amounts(s) payable under the policy, in any manner. 5. That in case of any increase/ decrease in premium amount due to changes in service tax or any government regulation or payment frequency or any policy related changes no fresh authorization would be required. 6. That in case of cancellation/ expiry / substitution of my credit card I will inform HDFC Life and I would be liable to pay the premium through other modes of payment or I will provide you with a fresh authorization and new credit card number / details along with self attested photocopy of the same.

CUSTOMER DECLARATION: I hereby declare that the details of the above-mentioned credit card belong to me.

_____ _____ _____

(Signature of the credit card holder) (Date) (Place)

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: _____

HDFC Standard Life Insurance Company Limited. Regd Off: Ramon House, H.T. Parekh Road, 169, Backbay Reclamation, Churchgate, Mumbai-400020

CUSTOMER ACKNOWLEDGEMENT COPY (CREDIT CARD MANDATE)

Policy No: _____ Policyholder name: _____

☐ Initial & Subsequent Renewal Premiums ☐ Future Renewal Premiums ☐ Revival/Reinstatement Premiums

Branch: Branch Operations Officer: Date:

(Branch Stamp)

View Premium Calendar, Pay Premium Online, Track fluctuations in the fund value, Print your Annual Premium Statement, Do a Fund Switch, Revive your policy & lots more! Visit www.hdfclife.com & register for My Account today! For more details, call us toll free on 1800-209-7777 (Any phone)/ 1800-228-228 (BSNL/ MTNL)/ Email us at service@hdfclife.com. The call centre is open from 9am- 9pm all 7 days.