NEFT20011281109

NEFT Mandate

(A single request form will apply to all policies)

For Official Use Only

Branch Name:

Receipt Date & Time:

Received by:

Branch stamp

HDFC Life

Client ID/Policy Number: _____ Email ID *: _____

Policyholder's name: _____ (First Name) _____ (Middle Name) _____ (Last Name) _____

Contact No*: (STD Code) _____ / (STD Code) _____ / _____ **Mobile number is preferable.**

* Contact details provided herein will be updated for all future communications. For customer registered for UCC, response would be treated as valid discharge

Kindly read the terms & conditions for NEFT below & sign the declaration. This is applicable for all policies held. In case of a beneficiary who is a major in Unit Linked Young Star plans, kindly provide the beneficiary's account details.

Bank Name: _____

Bank Account Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Ledger & Ledger Folio No: _____

(Cancelled cheque copy of this a/c no. is mandatory)

Account Type: ☐ Savings ☐ Current ☐ Cash/ Credit 9 Digit MICR no: ☐☐☐☐☐☐☐☐☐ (as seen on cheque leaf)

Bank Branch Name & Address: _____

IFSC Code*: ☐☐☐☐☐☐☐☐☐☐☐ **(Mandatory for credit via NEFT/ RTGS)** * *11 character code appearing on your cheque leaf*

If you do not find this on your cheque leaf, please consult your bank.

Please note: If the cheque copy submitted does not contain the name/ account number; then kindly submit a copy of your Bank Passbook/ Statement duly signed by account holder with details of name, address and account number

To be filled in by the account holder's bank **(Only where the cancelled cheque copy does not contain the IFSC code)**
Certified that the bank details furnished above are correct as per our records.

Bank Stamp Date Authorised Signatory of the Bank

DECLARATION

1. I/We hereby declare that the particulars given above are correct and complete and no blanks have been left. If the transaction is delayed or not effected at all or the credit is given to an incorrect account for reason of incomplete or incorrect information provided here, I/we would not hold HDFC Life (HDFC SL) or any of its associates / agents responsible. 2. I/ We further undertake to refund any amount credited to my account either in excess or which is not due to me/us, at anytime due to any reason, whether by HDFC Life or not and to this effect I authorize HDFC Life to exercise lien on any amounts payable to me by HDFC Life in order to recover such excess amount credited to my account. 3. I/We agree that any refund/payout will be credited starting from the date that occurs after the date of this Mandate unless the Mandate is revoked and issuance of relevant credit instruction from HDFC Life into the aforesaid account will be a valid discharge to HDFC Life. 4. I/We further confirm that I/we understand this mode as a method of payment introduced by Reserve Bank of India, which provides us an option to collect our refund/payout, as and when the become due directly through our bank accounts. 5. I/We further confirm that the account details provided herein do not pertain to a NRE account. 6. I/We further confirm that I/we understand, HDFC Life shall accomplish this by issuing the Payment instruction electronically through its banker \ agent to the Clearing Authority and the Clearing Authority would ensure credit to our specified bank account. 7. I/We further undertake to inform HDFC Life with an advance notice of 6 weeks, in case, I/We desire to change our bank details, due to any reason. However, HDFC Life shall retain the right to accept this or reject the same in case the revised bank details are not enabled under this NEFT framework. 8. I/We further undertake to inform HDFC Life with an advance notice of 6 weeks, incase I/We decide to withdraw from this mode of payment. 9. By furnishing this mandate, I/We revoke any mandate issued earlier for receiving credit of the refund / payout. 10. I/ We understand and agree that for cases where the payout via NEFT cannot be processed by HDFC Life, the payout may be processed through cheque.

Account Holder Signature: _____ Date: _____ Place: _____

Policy Holder Signature: _____ Date: _____ Place: _____

(If different from Account Holder)

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 Marg, 169, Backbay Reclamation, Churchgate, Mumbai-400020.

Customer Acknowledgement Copy (NEFT Mandate)

Client ID No: _____ Interaction ID No: _____ Policyholder Name: _____

Cancelled Cheque Copy Received: ☐ Yes ☐ No

Branch Stamp

Branch Operations Officer: Date: Time:

HDFC Life

Communication Address: **HDFC Standard Life Insurance Company Limited.**
B-Wing, 5th Floor, Eureka Towers, Mindspace, Behind Toyota Showroom, Link Road, Malad (W), Mumbai-400064.