

HDFC Group Unit Linked Plan - Claim Form

Scheme Details:

Scheme Type

Trust Name

Policy Number



Sr. No	Account number	Account Name	Amount to be withdrawn (Put "All" if entire amount is to be withdrawn)	Type of Claim	No of members leaving scheme

Yours sincerely,

Signed for and on behalf of the Trust

1st Signatory : _____

2nd Signatory : _____

Name of Trustee/Authorised Signatory :

Note : Trustees / Authorised Signatories approved by the Board of Trustees / Employer and whose signatures have been submitted in advance to HDFC SL shall only be entitled to execute this request / form. The Policy Holder is requested to keep the signatory list updated with HDFC SL at all times to avoid last minute delays.

Date : _____

Place : _____ (Rubber Stamp and Address)

General Rules :

- (1) In case of reason of cessation being death, a certified copy of the death certificate issued by the Local Authorities shall accompany this form, any form without the said attachment would be deemed to be incomplete and is liable to be rejected by the Company. (2) All other terms and conditions as specified in the Policy Documents and Schedule thereto shall apply. (3) The Policy Holder acknowledges that they have verified the valid reasons for lodging of a claim and holds HDFC SL indemnified for any consequences of the same. (4) The plans mentioned in this proposal form have been approved by IRDA (Insurance Regulatory and Development Authority) and have been allotted a Unique Identification Number (UIN). This number is available on IRDA's website for verification. (5) The funds mentioned in this form have been allotted a Segregated Fund Identification Number (SFIN). This number is available on our website (www.hdfclife.com) for verification.