

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

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*:	

 Name Change Nominee Life Assured Appointee

Name to be changed to*: _____

 Address change Life Assured Nominee Appointee

House/Flat No*:	Street/Area:
City/District*:	State*:
Pin Code*:	

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

 Change in registered contact details and Email ID

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.

 Addition of Nominee/Beneficiary Change of Nominee/Beneficiary Change of Date of Birth

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.)

 KYC Nominee KYC Document*: _____ KYC Document No*: _____

 Addition of Appointee Change of Appointee Change of Date of Birth

Salutation:	Appointee Gender*:	Name*:
Date of Birth*:	Address*:	
Mobile No*:	Email ID*:	Relationship with Nominee*:

 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's Signature *

Customer Acknowledgement Copy (Policy Service Request form)

Loan Account No*: _____ Ticket No*: _____

Date of Request*: _____ Type of Request*: _____

Branch Stamp

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 6 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 Policyholder / 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:

SIGN HERE

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

2