

# 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


Sar utha ke jiyo!

**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*:  |                        |
| Mobile No*: | Alternate Contact 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 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 six 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 Policy holder / 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:  Place:

SIGN HERE

Signature

### 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](mailto:service@hdfclife.com)/18602679999/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 **1860-267-9999** (Local charges apply) | **022-68446530** (STD 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](mailto:service@hdfclife.com) | [nriservice@hdfclife.com](mailto:nriservice@hdfclife.com) (For NRI customers only) Visit – [www.hdfclife.com](http://www.hdfclife.com)

