

POLICY SERVICING REQUEST FORM 2

(Excess Refund, Free Look Cancellation, Withdrawal of Proposal / Policy, Stop Payment and Reissue)

(This format is to be used for Life and Health policies.)

For office use only

Branch Name:

Receipt by:

Interaction ID:

Date & Time:

Current Day NAV

Next Day NAV

Employee Code:

Signature: _____



Name of the Policyholder: (First Name) (Middle Name) (Last Name)

Policy No.: _____ E-Insurance Account No.: [][][][][][][][][][][] (for demat customers only.)

Excess Refund

Please refund the excess premium of INR _____ held in my policy.

Free Look Cancellation

Please execute Free Look option on my policy for:

☐ Change of Product*☐ Cancellation of Policy and Refund☐ Cancellation of Rider Only

☐ Option A - All Riders

☐ Option B - Specific Riders; Please specify

Reason:

New Application Number: _____

1. I hereby confirm and agree, that I have received the policy document on _____
2. I understand and agree, that the refund will be basis the applicable unit price (for ULIP plans)**
3. I also understand that the refund amount (provided the Free Look has been enforced by me within the stipulated timeline) will be after deduction of the following:
 - a. Proportionate Risk Premium for the period of cover
 - b. Medical Costs
 - c. Taxes and Levies and
 - d. Stamp Duty

*For change of product, please submit a fresh proposal form.

I understand that submission of this request does not mean that a new product/policy will be issued to me.

I understand that a fresh proposal form that is submitted by me shall be subject to the Companies underwriting norms and may result in postponement, decline, charging of revised premium or any other additional requirements. I also understand that any fluctuations in the NAV as a result of the Free Look change shall be borne by the Policy holder.

****If the application for free look cancellation (unit linked) is received up to 3 PM IST on a working weekday (Mon-Fri), the same day's unit value (NAV) will be applicable. However, if the application for free look cancellation (unit linked) is received after 3 PM on a working weekday, then the next working day's value (NAV) will be applicable (when the applicable day is not a valuation day, NAV of the next, immediate valuation day will be considered). Any fluctuations in NAV, as a result of free look will be borne by the Policy holder. The same is subject to changes as and when amended by IRDAI. In case a prior unit allocation is pending, your current request will be processed on the successive working day.**

NOTE:

I For policies bought wholly or partially through QROPS Transfers, Pension Vesting Base, NPS Transfers and Group Super Annuation Policies, refund to customers will be guided by regulatory guidelines

I Where the policy is assigned, this request would be processed only on receiving consent/no objection from the Assignee of the policy.

Customer Acknowledgement Copy - ☐ Excess Refund ☐ Free Look Cancellation

☐ **Withdrawal of Proposal/ Policy** ☐ **Stop Payment and Reissue / Only Stop Payment**

Policy No.: _____ Interaction ID No.: _____ Policyholder name : _____

Documents accepted: ☐ Original Policy Document ☐ Policy document waiver form ☐ NEFT

Customer Relations Officer: _____ Date: DD/MM/YYYY Time: _____

Branch Stamp

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

☐ Withdrawal of Proposal / Policy

I wish to withdraw my proposal/policy for the reason(s) mentioned below :

- ☐ Financial Reasons (Financial Crunch, Purchase of Asset, Etc) ☐ Personal Reasons (Marriage, Education, Death, etc.)
☐ Unsatisfactory Returns ☐ Change in Plan* ☐ Others (Please specify): _____

* For change of plan, provide the new application No. _____

NOTE: For policies bought (wholly or partially) through QROPS Transfers, Pension Vesting Base, NPS Transfers and Group Superannuation Policies, refund to customer shall be guided by the regulatory guidelines

Premium Payment Mode

☐ Online ☐ Credit Card ☐ NEFT

If the initial payment is received through credit card, then submit the credit card mandate . We will process the refund via credit card / online only if the payment have been received within 6 months.

☐ Stop Payment and Reissue

☐ Only Stop Payment

I request you to do a stop payment for cheque number _____ dated _____ for an amount of INR _____.

Reason for stop payment & reissue: ☐ Cheque date expired ☐ Lost in transit ☐ Change in name* (please provide the old and new names)

Others (Please specify): _____

*Old Name: _____ New Name : _____

Submit valid ID proof (if not submitted earlier) ☐

Please fill the attached NEFT mandate form.

I have understood the meaning and scope of the service request form and take complete responsibility for the service request given by me.

Policyholder/ Assignee Name: _____

Date : DD/MM/YYYY

Place: _____

SIGN HERE

Signature/Thumb Impression of the Policyholder

SIGN HERE

Signature/Thumb Impression of the Assignee

Signature Verified Stamp

Tax Declaration for the current financial year (except for Excess Refund, Free Look Cancellation or Withdrawal of proposal)

1. Are you a tax resident of any country other than India as per the Income-tax Act, 1961? Yes** ☐ No* ☐

*To be ticked if you are a tax resident in India under the Income-tax Act, 1961.

**If you are a non-resident in India as per the Income Tax Act, 1961, you are mandatorily required to submit Tax Residency Certificate (TRC) with Form 10F to avail treaty benefits, otherwise tax will be deducted at source at a higher rate from policy payouts. As per section 195 of the Income-tax Act, 1961, tax will be deducted at source from any payout to a non-resident at the rate applicable therein and subject to the conditions specified therein. Tax laws are subject to change.

2. Is your total taxable income for the current financial year (April 1 to March 31):

a) Less than or equal to INR 50 lakhs? ☐ b) Greater than INR 50 lakhs but less than or equal to INR 1 crore? ☐ c) Greater than INR 1 crore? ☐

3. Self-attested documents submitted: ☐ TRC ☐ FORM 10F

NOTE

- Taxes will be deducted at source, if applicable, from the payments made under a life insurance policy in accordance with the provisions of the Income-tax Act, 1961. Tax laws are subject to change from time to time.
- 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 My Account/service@hdfclife.com/022-68446530/ HDFC Life branch. Ignore if submitted.
- In the event of a free lookin cancellation of an annuity plan purchased from proceeds of a pension policy issued by HDFC Life, only 'Change of Annuity' option can be availed. The corpus cannot be withdrawn as a lump sum amount.

HDFC Life Insurance Company Limited (HDFC Life). IRDAI Registration No 101.

Regd. Off: 13th Floor, Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.

CIN: L65110MH2000PLC128245.

View Premium Calendar, Pay Premium Online,
Track fluctuations in the fund value, Print your
Annual Premium Statement & lots more!
Visit www.hdfclife.com and register for
My Account today!

Call **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.
service@hdfclife.com
nriservice@hdfclife.com (For NRI customers only)

HDFC Life
Sar utha ke jiyo!

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: DD/MM/YYYY Place: _____

SIGN HERE

Signature of Third Person

NEFT Mandate

☐ IF NEFT is already submitted, please do not fill in below details

☐ Please fill in the details on the NEFT Mandate portion in this form for direct transfer of payouts into your bank account through the NEFT facility.

In case of Unit Linked Young Star or Children's plan, if the Beneficiary is major, please provide Beneficiary account details.

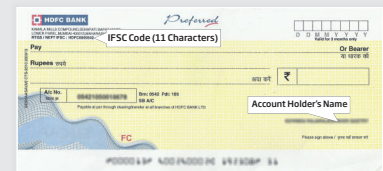
Bank Account No.:

Account Holder Name: _____

Bank Name & Branch: _____

Account Type: ☐ Savings ☐ Current ☐ NRE ☐ NRO

IFSC Code^: ^11 digit alphanumeric code appearing on your cheque leaf



NOTE:

- A cancelled personalised cheque with the account no. and IFSC should be submitted along with the NEFT mandate. If the cheque is not personalised, a latest bank statement or copy of passbook (where account number and IFSC is printed) needs to be submitted with the mandate.
- This mandate, upon processing, will override any of the previously tagged NEFT Mandates for all policies, held by the client with HDFC Life.
- In case of NEFT failure or any further requirements pending on the mandate, payout will be kept on hold till a fresh NEFT mandate is received. Intimation regarding the same will be sent to you.

Declaration:

I undertake to refund any amount that is credited to my account either in excess or which is not due to me, at anytime, for any reason and to this effect, I confirm that the particulars given here are true, correct and complete in all aspects. I understand and agree that the submission of this form does not mean that the request will be processed. I understand that any payout under the policy shall be strictly in accordance with the policy terms and conditions. Also, any payment shall be subject to realisation of the last renewal premium payment. Further, I understand that the Company shall not be held responsible for any non-receipt of payment on account of wrong/incorrect/incomplete information given by me in this form. If a transaction is delayed or has not come into effect at all, due to incomplete or incorrect information, I shall not hold the Company responsible in any manner whatsoever.

Date: DD/MM/YYYY Place: _____

SIGN HERE

Signature /Thumb Impression of the Account Holder

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: DD/MM/YYYY Place: _____

SIGN HERE

Signature of Third Person

HDFC Life Insurance Company Limited (HDFC Life). IRDAI Registration No 101.

Regd. Off: 13th Floor, Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.

CIN: L65110MH2000PLC128245.

View Premium Calendar, Pay Premium Online,
Track fluctuations in the fund value, Print your
Annual Premium Statement & lots more!
Visit www.hdfclife.com and register for
My Account today!

Call **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.
service@hdfclife.com
nriservice@hdfclife.com (For NRI customers only)

