Application for transfer of funds for issuance of new policy

For Official Use Only
Branch:
Received at branch on:
Received by:
Interaction ID:

HDFC Life
Sar utha ke jiyo!

Policy Number: _____ E-Insurance Account No.: _____ (For demat customers only)

Details of the Policyholder

Name of the Policyholder: _____

Name of the Beneficiary#: _____

Contact No.*: (Res) _____ / (Office) _____ /(Mobile) _____ (preferable)

Email ID*: _____

**Contact details will be updated for all future communications. The above mentioned contact number will be considered as consent to communicate with me on the contact details provided herein.*

I/We hereby provide my/our consent to transfer money from the proceeds of the existing policy towards initial premium of the new application. The balance amount, if any, should be credited to my/our bank account registered with you.

Please transfer INR _____ <Amount> from policy no. _____ to application no. _____.

I/We hereby declare that the relationship with the applicant of the new application, bearing the application number stated above is

☐ Self ☐ Spouse ☐ Child ☐ Parent ☐ Sibling ☐ Grandparent

Declaration made by Policyholder/Beneficiary

1) I/We have read and understood the contents of this application. I/We have thereafter applied to HDFC Life for carrying out the transaction indicated by me/us in the application.
2) I/We also understand and agree that this transaction does not in any way mean that HDFC Life has accepted the risk under the new application or that the policy stands issued by HDFC Life under the new application.
3) I/We agree that the amount of taxes and levies as applicable will be charged on each transaction as per prevalent rates.
4) I/We agree that tax will be deducted at source as applicable from the policy payments, as per the Income-tax Act, 1961.
5) I/ We hereby affirm that the process of fund transfer has been explained to me /us.
6) I/We provide my consent to update my/our name(s) in HDFC Life's records as per the name provided in the new application, in case there is a minor alteration stated in the new application.
7) I/We also understand that in case of a complete change in the name, I/we shall follow the name change process by submitting the required documents.

Date: DD/MM/YYYY
Place: _____

SIGN HERE
Signature of Policyholder

SIGN HERE
Signature of Joint Life

Date: DD/MM/YYYY
Place: _____

SIGN HERE
Signature of Beneficiary#

Declaration made by third person where the Policyholder/Beneficiary/Appointee/Assignee has affixed his/her thumb impression/has signed in vernacular

The Policyholder/Beneficiary has affixed his/her thumb impression/has signed in vernacular/has not filled the application. I hereby declare that the content of this application form has been explained to the Policyholder/Beneficiary in _____ language and have truthfully recorded the answers provided to me. I further declare that the Policyholder/Beneficiary has signed/affixed his/her thumb impression in my presence.

Employee/SP/AP/Agent Name: _____

Employee/SP/AP/Agent ID: _____ Designation: _____

Email ID: _____ Date: DD/MM/YYYY

SIGN HERE
Signature of Employee/SP/AP/Agent

Office use only (to be filled by HDFC Life)

☐ Policy Number on the Transfer of Funds form matches with Life Asia
☐ Application Number on the Transfer of Funds form matches with TeBT
☐ Amount to be transferred matches with the New Business premium in TeBT
☐ Signature on the Transfer of Funds form matches with the signature updated in our records

#Applicable only to YoungStar or Children's plan where the beneficiary is a major

HDFC Life Insurance Company Limited (HDFC Life). CIN: L65110MH2000PLC128245. IRDAI Registration No. 101.
Regd. Office: 13th Floor, Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.

Customer Acknowledgement Copy- Application for transfer of funds for issuance of new policy

Policy No.: _____

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

New Application No.: _____ Amount transferred (INR): _____

Branch Stamp

HDFC Life Insurance Company Limited (HDFC Life). CIN: L65110MH2000PLC128245. IRDAI Registration No. 101.
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** | **nriservice@hdfclife.com** (For NRI customers only) | Visit – **www.hdfclife.com.**