Policy Servicing Request Form - 1
Minor Alterations

For office use only:
Branch:
Employee ID:
Date: DD/MM/YYYY
Signature Verified: ☐ Yes ☐ No

HDFC Life
Sar utha ke jiyo!

Please use Black Ink to fill the format
* Indicates mandatory fields

Policyholder Details

Policy No.:	
Name of the Policyholder :	
E Insurance A/c No.	

Correction/Change of Contact & PAN Details

PAN:			
Email Id		Alternate Email Id	
Mobile No.		Landline (Residence) No.	
Alternate Mobile No.		Landline (Office) No.	

Contact details will be updated for all future communications. The above mentioned contact number will be considered as consent to communicate. Email ID will be updated to the system post verifications by the customer.

Change in Address ☐ Permanent Address ☐ Communication Address

☐ Policyholder	☐ Life Assured	☐ Nominee / Beneficiary	☐ Appointee

House / Flat No.	
Street / Area	
City / District - Pin code	
State	

This change is applicable to all policies held under your client ID. Please use a sepearte format if Nominee / Beneficiary / Appointee's address is different from the Life Assured.
Valid Address Proofs: Passport, Voter's ID Card, Driving License, Aadhar Card, Letter issued by Gazetted officer not more than 6 months old mentioning the address along with duly attested photograph of the person, Bank statement/passbook not older than 6 months, Documents issued by Govt. departments of foreign jurisdiction and letter issued by foriegn Embassy or Mission in India (should contain photograph and not more than 3 months old), Central KYC identifier.

Correction/Change in Name

Role	Present Name	New Name
Life Assured		
Policy Holder		
Nominee / Beneficiary		
Appointee		

For any change/ addition/ deletion of surname due to marriage /divorce / adoption- concerned Govt issued documentary evidence is required.
For any **change in name** a Gazette copy is required.
For any correction in name: valid Govt Age proof is required with the new name and date of birth.

Correction/Change in DoB

☐ Life Assured	☐ Proposed Policyholder	☐ Nominee / Beneficiary	☐ Appointee

Date Of Birth: _____/_____/_____
Due to a change in DoB, if the nominee becomes Minor, please provide Appointee details.
Change in DOB also has an impact on U/W and may lead to additional charges/premium.

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

Customer Acknowledgement Copy (Policy Service Request form 1)

Policy No.: ☐☐☐☐☐☐☐☐☐☐ Request received for: _____

Interaction ID: _____ Received by: _____ Date: _____

Branch Stamp

Correction/Change in Nominee/Beneficiary/Appointee details

Details	Nominee / Beneficiary 1	Nominee / Beneficiary 2
Name		
Date of Birth		
Gender		
Marital Status		
Contact Number		
Email Id		
Address		
Relationship with Life Assured		
% of Entitlement		

Appointee Details (if the Nominee is a minor)

☐ Addition of Appointee ☐ Change of Appointee

Name	
Date of Birth	
Relationship with the Nominee / Beneficiary	
Address	

Beneficiary should be a blood relative. Change in beneficiary is not allowed for specific products in the Childres's plan and Young Star plan categories. It will be allowed under demise or divorce cases only. As per the insurance act 1938, as amended from time to time nomination cannot be effected if the policy ownder and the Life Assured(s) are different entities. All previous nominations shall be automatically cancelled on execution of this form and the nomination last received by the company shall prevail over all previous nominations. If the Nominee is a minor an Appointee who is a major must be mentioned in this form. If the nominee is other than first degree relative, then MHQ - Moral hazard questionnaire should be attached along with this form. In case of Absolute assignment, Nominee / Beneficiary / Appointee change cannot be processed.

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.

☐ I hereby declare that I am sharing my Aadhaar details with HDFC Life Insurance Company Limited for processing my request related to my insurance policy. I give my express consent to HDFC Life to process and verify my Aadhaar data in a manner prescribed under law. I am sharing my Aadhaar details on my own volition and free will and HDFC Life has not mandated or forced me to disclose my Aadhaar details.

SIGN HERE

Signature of Policyholder 1

Date: DD/MM/YYYY Place: _____

SIGN HERE

Signature of Policy holder 2
(In case of Joint Life Assured)

Date: DD/MM/YYYY Place: _____

In case the policy is assigned, please provide signature of the Assignee with seal (wherever applicable):

SIGN HERE

Signature of Assignee

Date: DD/MM/YYYY Place: _____

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

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