



PAID UP ADDITION ENCASHMENT FORM

Note: Please complete the form in CAPITAL LETTERS.

All fields as applicable with (*) are mandatory

I would like to withdraw Rs. _____ balance of the below mentioned policy held by me.

Note: Minimum amount can be encashed ₹10,000, Encashment available from 2nd policy year onwards

POLICY DETAILS	Policy Number*:	<input type="text"/>	Policy Holder's Name*:	<input type="text"/>
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PAYMENT/ SETTLEMENT DETAILS	Payment Method*	<input type="checkbox"/> Direct Credit (NEFT/RTGS)			
	Bank Name:*	<input type="text"/>			
	Branch Name:*	<input type="text"/>			
	Account Number:*	<input type="text"/>		IFSC Code:*	<input type="text"/>
	Account Type:*	<input type="checkbox"/> Savings	<input type="checkbox"/> Current Account	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE
	Note: In case IFSC code is not received, the payout will be made by a/c payee special crossed cheque. All the premiums should be paid from NRE a/c, if opted for NRE credit.				
	Fund Transfer to existing policy/proposal	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Amount ₹	<input type="text"/>
				New PDA/Policy No.	<input type="text"/>

TAX DEDUCTIONS	1. Do you have a PAN card	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If Yes, kindly provide your Permanent Account Number (PAN): <input type="text"/> along with self-attested photo copy of PAN Card.		
	TDS (Tax Deducted at Source) will be applicable as per the prevailing Income Tax Laws, which is subject to change from time to time. In case you have not provided your PAN details, payout may attract higher TDS rates. Separate tax rates will be applicable for Non-resident Indians, as specified under Income Tax Act, 1961. Please refer to the Income Tax Laws or consult a tax consultant for further information		
	2. Are you currently a Resident of India	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If No, please specify country of Residence _____.		
	Note: In case you are not a Resident of India, then tax deductions will be applicable as per beneficial provisions of treaty with the respective Country of Residence.		

DOCUMENTS REQUIRED	Please submit the following listed documents along with the mandatory requirements (*).		
	<input type="checkbox"/> 1) Self-attested valid photo ID proof *	<input type="checkbox"/> 2) PAN No.	<input type="checkbox"/> 3) Personalized cancelled cheque or self attested copy of bank statement/passbook copy with bank seal*

DECLARATION	Signature /Thumb Impression of the Assignee/Policy Owner:	<input type="text"/>	Signature / Thumb Impression of Witness:	<input type="text"/>
	Date:	<input type="text"/>	Date:	<input type="text"/>
	Name and Address of the Witness: _____ Place: _____			

FOR OFFICE USE ONLY	CSE Name:	<input type="text"/>	Employee No.:	<input type="text"/>	OEL case ID No.	<input type="text"/>
		<input type="text"/>	Branch Code:	<input type="text"/>	Signature:	<input type="text"/>

TERMS & CONDITIONS	<input type="checkbox"/> I hereby declare that the policy is not assigned to any one of attached by any Authority / Court. I agree to bear the Encashment charges and the applicable taxes if any.
	<input type="checkbox"/> I understand that if any recoverable amount will be deducted and the net amount will be paid.
	<input type="checkbox"/> Any payout under the policy shall be strictly in accordance with the policy terms and conditions and shall be subject to realization of all the renewal premium payments.
	<input type="checkbox"/> The submission of this form by itself does not mean that the request will be processed. HDFC Life Insurance Company Limited reserves the right to contact me in case of any further requirements
	<input type="checkbox"/> If the transaction is delayed or not effected at all for any reasons due to incomplete or incorrect information given above, I shall not hold the company responsible in any manner whatsoever.
	<input type="checkbox"/> I take full responsibility for the genuineness and correctness of the details filled herein.
	<input type="checkbox"/> Life Insurance Company Limited will not be liable for any loss arising from non-receipt of communication.

ACKNOWLEDGEMENT SLIP	This is to acknowledge the receipt of application for Paid up Addition encashment.		CSE Sign:	<input type="text"/>	
	Policy Number:	<input type="text"/>	Date:	<input type="text"/>	
	Documents received:	Identity Proof <input type="checkbox"/>	Bank Account Proof <input type="checkbox"/>	Date:	<input type="text"/>
	Others:	_____			
			Place:	_____	