

# Change of Ownership Form

## Personal Details

Policy No.:         E-Insurance Account No.:            (only for Demat)

Full Name of the Life Assured: \_\_\_\_\_ (First Name) \_\_\_\_\_ (Middle Name) \_\_\_\_\_ (Last Name)

Full Name of the Deceased Owner: \_\_\_\_\_ (First Name) \_\_\_\_\_ (Middle Name) \_\_\_\_\_ (Last Name)

Address: \_\_\_\_\_

Contact\* No.: (Off) \_\_\_\_\_ / (Res) \_\_\_\_\_ / (Mob) \_\_\_\_\_ (Mobile number is preferable)

Email ID \*: \_\_\_\_\_

\* Contact details provided herein will be updated for all future communications. For the customers registered under National Do Not Call Registry, this response will be treated as valid discharge.

## Option of Change / Transfer of Owners

In Case of Employer-Employee    KEYMAN    In case of Death of the Proposed Policyholder    Other Scenarios

Reason for Ownership change: \_\_\_\_\_

It has been mutually agreed and decided by and between the Transferor and Transferee that ownership of the given policy will be transferred by the Transferor to the Transferee.

We have read and understood all the terms and conditions of the said policy and agree to abide by the same. We do hereby agree and declare that these statements and declarations shall be the basis continuation of the contract of assurance between HDFC Life Insurance Co. Ltd. ("HDFC Life") and ourselves. If any untrue statement is contained herein, HDFC Life has the right to vary the benefits which may be payable and further, if there has been non-disclosure of any material fact, the policy may be treated as null and void. We understand that the contract will be governed by the provisions of the Insurance Industry.

Date: DD/MM/YYYY \_\_\_\_\_

Place: \_\_\_\_\_

SIGN HERE

SIGN HERE

Signature/Thumb impression of Transferor

Signature/Thumb impression of Transferee

## New Owner Details

If the Life Assured is a major, then he/she will be the new owner of the policy. Existing KYC and communication will be considered for the Life Assured.

**If the Life Assured is a minor, please fill the new policy owner details below.**

Name of new Policy Owner: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Date of Birth of New Policy holder: \_\_\_\_\_

Relationship with Life Assured: \_\_\_\_\_ DD/MM/YYYY

Occupation (Please tick):  Salaried    Self-Employed    Business    Unemployed    Housewife

Others (Please specify) \_\_\_\_\_

Current gross total income from all sources is ` \_\_\_\_\_ per annum.

**Source of funds (Please state % under each head totaling up to 100%)**

(Note: If annual premium is equal to or more than INR 1 lakh, please enclose proof of income e.g. Income Tax Return, etc. as per Anti Money Laundering)

Salaried	Business	House Property	Investments	Agriculture	Others	Total
%	%	%	%	%	%	%

Are you a Non Resident Indian (NRI)?  Yes    No

(If 'Yes', please state the current country of residence) \_\_\_\_\_

Are you a Politically Exposed Person?  Yes    No




Photo of the  
New Owner

## Customer Acknowledgement Copy (Change of Ownership Form)

Policy No.:

PS Request : \_\_\_\_\_ Service Request No.: \_\_\_\_\_



Branch Stamp

For queries or more information, call us on 1860-267-9999 (Local charges apply). DO NOT prefix any country code, e.g. +91 or 00.  
Available Mon-Sat from 10 am to 7 pm | Email - service@hdfclife.com | nriservice@hdfclife.com (For NRI customers only) | Visit - www.hdfclife.com

**Column to be filled in case of multiple legal heir other than new owner given above**

For any legal heir who is minor, his/her guardian should sign on his/her behalf. Please attach a separate sheet in case of more names. Please note that if there is no legal heir mentioned apart from the new owner, the section below will not be considered.

Full Name	Date of Birth (DD/MM/YYYY)	Complete Address	Relationship with deceased Proposer	Signature	Date and Place

I am/We are aware and fully understand that in case of the Life Assured being minor at the time of death of the Proposer, the Owner selected by us now shall remain as Owner of the Policy only till the Life Assured attains majority.

**Note:** I am/We are the signatories to the authorisation above, do hereby declare that we are the only Class I Legal Heirs of the deceased and are entitled to succeed to the estate of the deceased Policyholder. We hereby declare that the particulars furnished above are true, complete and correct in all respects. In the event any of the particulars is found to be incorrect / false, we undertake to indemnify the Company against all losses, damages, costs and expenses (including the costs of any litigations) that the Company may incur or may be put to as a consequence thereof.

Date: DD/MM/YYYY  
Place: \_\_\_\_\_

**SIGN HERE**

Signature of New Owner(s)

**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

**Authorisation of the Assignee for the option selected above (To be filled only if the policy is assigned)**

Full Name	DOB in DD/MM/YYYY (only for individual assignment)	Complete Address	Relationship with deceased Proposer	Signature	Date and Place

**Guidelines**

- The Proposer of an Insurance policy is the owner of the policy (also referred to as the Policyholder) entitled to receive any benefit there under, and has the right to carry out any transaction under the policy.
- Change of Owner is allowed only in case of death of the Proposer (i.e. where the Life Assured and the Proposer are two different persons).
- The form is to be duly filled and signed by all Class I legal heirs.
- Filling up this form and submitting the same would help the Company in recording the new owner for the above mentioned policy.
- Class I legal heirs are the immediate family members of the deceased person. E.g. As per the Hindu Succession Act, the legal heirs of a man are wife, children and the mother/ father. In case of surrender, please submit the original policy document along with this form. Surrender is subject to policy terms and conditions.
- Where the Life Assured is minor, the New Owner shall remain as the Owner of the policy only till the Life Assured turns major. The policy automatically vests in the Life Assured on he / she becoming major.
- All future communications will be sent in the name of the new Owner.
- In case the policy is assigned, the request for Policy Owner change should be authorised by the Assignee.
- Policy servicing charges may be levied as applicable. Please refer to your policy document for details.

**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 My Account/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.

**Communication address:** 14th Floor, Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.