

| PTD | **Preferred Billing Dates for the Policy- (PBD within 10 days from PTD) | | | | | | | |
|-----|---|---|---|----|----|----|----|----|
| | 1 | 4 | 8 | 12 | 16 | 20 | 24 | 28 |
| 1 | | ✓ | ✓ | | | | | |
| 2 | | ✓ | ✓ | ✓ | | | | |
| 3 | | ✓ | ✓ | ✓ | | | | |
| 4 | | | ✓ | ✓ | | | | |
| 5 | | | ✓ | ✓ | | | | |
| 6 | | | ✓ | ✓ | ✓ | | | |
| 7 | | | ✓ | ✓ | ✓ | | | |
| 8 | | | | ✓ | ✓ | | | |
| 9 | | | | ✓ | ✓ | | | |
| 10 | | | | ✓ | ✓ | ✓ | | |
| 11 | | | | ✓ | ✓ | ✓ | | |
| 12 | | | | | ✓ | ✓ | | |
| 13 | | | | | ✓ | ✓ | | |
| 14 | | | | | ✓ | ✓ | ✓ | |
| 15 | | | | | ✓ | ✓ | ✓ | |
| 16 | | | | | | ✓ | ✓ | |
| 17 | | | | | | ✓ | ✓ | |
| 18 | | | | | | ✓ | ✓ | ✓ |
| 19 | | | | | | ✓ | ✓ | ✓ |
| 20 | | | | | | | ✓ | ✓ |
| 21 | | | | | | | ✓ | ✓ |
| 22 | ✓ | | | | | | ✓ | ✓ |
| 23 | ✓ | | | | | | ✓ | ✓ |
| 24 | ✓ | | | | | | | ✓ |
| 25 | ✓ | ✓ | | | | | | ✓ |
| 26 | ✓ | ✓ | | | | | | ✓ |
| 27 | ✓ | ✓ | | | | | | ✓ |
| 28 | ✓ | ✓ | | | | | | |
| 29 | ✓ | ✓ | ✓ | | | | | |
| 30 | ✓ | ✓ | ✓ | | | | | |
| 31 | ✓ | ✓ | ✓ | | | | | |

** Preferred Billing Date option available for ECS/DD/SI.



Customer Acknowledgement Copy (NACH MANDATE INSTRUCTION)

Application Number or Policy Number _____ Date

Policyholder Name: _____ Customer Relations Officer: _____

Branch Stamp



Note: 1. Request for activation of Auto Debit facility has to be submitted atleast 30 days prior to the next premium due date at the nearest HDFC Life branch.
2. Request for de-activation of Auto Debit facility has to be submitted atleast 15 days prior to the next premium due date at the nearest HDFC Life branch.

Call **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
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