Request For Major Alterations

For office use only:
Branch:
Received at branch on:
Received by:
Interaction ID:

HDFC Life
Sar utha ke jiyo!

(* Indicates Required Fields)

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

Name of the Policyholder*:

☐ **Increase in Premium** ☐ **Decrease in Premium** - Please increase/decrease the premium of my/our policy from INR _____ to INR _____

Note for Conventional Plans:

- Reduction of premium and/or sum assured will not be allowed during the entire policy term for SAP (Savings assurance plan) policies which are converted on or after August 1, 2009. Reduction in premium will not be allowed if the policy status is Paid-up.
- The minimum annual premium after alteration should be INR 5000.
- Reduction in premium will reduce the sum assured as per the regulatory limits and therefore impact the future benefits.

Note for ULIPs:

- Reduction in premium for Suvidha plans is permissible only if the policy commencement date is on or before December 31, 2007.

☐ **Reduction in Sum Assured** - Please reduce the Sum Assured of my/our policy from INR _____ to INR _____

☐ **Change in Term** - Please ☐ increase ☐ decrease the term of my/our policy from _____ year(s) to _____ year(s).

☐ **Change in premium paying term** - Please ☐ increase ☐ decrease premium paying term of my/our policy from _____year(s) to _____ year(s).

☐ **Addition of rider** I/We would like to add the following rider(s) to my/our policy:
1. _____ 2._____ 3._____ 4. _____

☐ **Deletion of Rider** I/We would like to delete the following rider(s) from my/our policy:
1. _____ 2._____ 3._____ 4. _____

☐ **Change in frequency**

Please change the frequency of premium payment of my/our policy to: ☐ Annual ☐ Half-yearly ☐ Quarterly# ☐ Monthly#

 # Auto debit is mandatory for monthly mode (all plans) and quarterly mode. Please refer to your policy document to check if auto debit is allowed for your chosen plan.

☐ **Loan / Surrender Quote** (Tick the applicable check box)

☐ I/We would like to apply for a loan against my/our policy. Provide me/us with a loan quote.
☐ I/We would like to know the surrender value of my/our policy. Provide me/us with the surrender quote.

General Information

a. You can make changes to the policy benefits only after completion of 6 months from the date of commencement of the policy. **b.** Any changes to the policy has to be requested at least 15 days prior to the next premium due date. **c.** If you have opted for auto debit mode of payment, any policy alteration will deactivate the current auto debit mandate. If you wish to continue using the auto debit facility, then you will need to submit a fresh mandate at any HDFC Life branch at least 30 days prior to the next premium due date. **d.** Your policy change request will be processed only if the product features allow the change. e. Submission of this form will not mandate the company to make the changes to the policy f. The Company shall at its discretion and subject to the underwriting guidelines and product features allow me/us to make changes to the policy g. I/we agree and confirm that I/we shall not challenge the decision of the Company to accept or reject this application. h. Any alteration shall be applicable if the product feature allow changes. i. If the policy is assigned, then the request will be accepted upon receipt of assignee consent only.

Declaration of the Policyholder:

I/We have understood the meaning and scope of this change request form and take complete responsibility for the change submitted by me/us herein. I/Weunderstand that any change in the policy or personal details is subject to the policy terms, conditions and relevant underwriting guidelines. I/We understand that this is only a change request form and that the Company shall not be under any obligation to make the changes proposed herein. I/We confirm that I/We have read and understood all the relevant policy provisions and their consequences before submitting this application.

SIGN HERE
Signature of Policyholder 1

SIGN HERE
Signature of Policyholder 2 (In case of Joint Life)

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

SIGN HERE

Date: DD/MM/YYYY
Place: _____

Declaration made by third party where the Policyholder has affixed his/ her thumb impression/ has signed in vernacular:

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

Name: _____ Date: DD/MM/YYYY Place: _____

Address: _____ Signature: _____

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

Customer Acknowledgement Copy (to be filled by Customer Relations Official only)

Policy No.: _____ Policyholder Name: _____

PS Request: _____ Interaction ID No.: _____

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

Branch Stamp