PSRF102202091312
Comp/Aug/Int/2620

Revival / Reinstatement Request Form

For Official Use Only
Branch Name:
Receipt Date & Time:
Received by:
Interaction ID:

Branch Stamp

HDFC Life
Sar utha ke jiyo!

Policy Number:_____ Email ID *:_____

Policyholder's name:_____(First Name)_____(Middle Name)_____(Last Name)_____

Contact* No.: (Off)_____/ (Res)_____/ (Mob)_____(mobile number is preferable)

*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.

A. Reason for delayed payment: _____

_____

_____

B.

	Yes	No
1. Between the date of the proposal and this declaration, has there been any change in the health of the Life Assured?		
2. Has any proposal been made on the Life Assured for a life insurance Policy with HDFC Life during the period between the first unpaid premium till the date of this application?		
3. Has any proposal been made on the Life Assured for any Life Insurance Policy with any other life insurance company other than HDFC Life during the period between the first unpaid premium till the date of this application?		
If the answer to any of the above is 'Yes', please provide details:		

I/We declare that all the information given by me/us in this application is true and I/We have not withheld any material fact within my/our knowledge. I/ We understand that in case the company so desires, I/We may be required to submit further documents / undergo further medical tests, for the reinstatement to be considered. In such cases, the request form may be deemed to be null and void and fresh reinstatement terms will be communicated by the company to me/us.

I/We wish to reinstate my/our Policy as per the terms and conditions mentioned in my/our Revival/ Reinstatement request form. I/We have paid the outstanding amount along with this request form.

I/We would like to continue paying my/our future renewal premiums by Direct Debit through _____Name of the Bank_____

for which I/ We have already submitted a mandate in the past.

Bank A/C no (from where the premium will be debited: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

*A fresh mandate is required if you wish to opt for a Standing Instruction with HDFC Bank.

Policyholder Signature:_____ Date:_____ Place:_____

*Commencement of risk will begin only after the Policy is revived. * No interest will be applicable on the money refunded as a result of the Policy not being revived/ reinstated due to any inadvertent delay by the Policyholder in complying with the requirements.

Documents Required for Revival/ Reinstatement:

In accordance with the Anti-Money Laundering Guidelines,

1. For Policies lapsed or Paid up for more than 6 months a personal statement of health may have to be submitted.
2. For Policies lapsed or paid up for more than 1 year, in addition to the requirements stated in point 2 above, kindly submit a copy of identity and address proof. Income proof will be required if the outstanding premium is more than 1 lakh.

Declaration to be made by a third person where:

The life assured has affixed his/her thumb impression / has signed in vernacular / has not filled the application. I hereby declare that I have explained the contents of this application form to the life to be assured in _____language and have truthfully recorded the answers provided to me. I further declare that the life to be assured has signed/affixed his/her thumb impression in my presence.

Declarant Name:_____Signature:_____Date:_____Place: _____

Declarant Address: _____

HDFC Standard Life Insurance Company Limited. In partnership with Standard Life Plc. CIN:U99999MH2000PLC128245. IRDAI Registration No. 101.
Regd. Off: Lodha Excelus, 13th Floor, Apollo Mills Compound, N. M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.
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**

Customer Acknowledgement Copy (Revival Request form)

Policy No:_____Interaction ID No:_____Policyholder name:_____

Documents accepted: (specify):_____

Customer Relations Officer

Branch Stamp

Date: Time:

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