

## Request For Change In Personal/Policy Details



Sar utha ke jyo!

(\* Indicates Required Fields)

Policy Number\*:

E-Insurance Account No.:

Name of the Policyholder\*:

PAN (Permanent account No.)

Aadhaar No.

 **Change in registered contact details and Email ID**

Email ID:

Alternate Email ID:

Office No.

Mobile No.

Residence:

Alternate No.

Contact details provided herein will be updated for all future communications. The above mentioned contact number will be considered as consent to communicate with him / her on the contact details provided herein.

 **Name Change**
 Policyholder

 Life Assured

 Nominee/Beneficiary

 Appointee

Name to be changed to\*:

If you are a married woman with a change in surname, please submit a copy of your marriage certificate. For any other request involving significant changes in the name, please submit a 'Gazette Copy'.

 **Address Change**
 Policyholder

 Life Assured

 Nominee/Beneficiary

 Appointee

Address\*: House/Flat No.:

Street/Area:

City/District\*:

State\*:

Pin Code\*:

**Note:**

a. This change is applicable to all policies held under your client ID.

b. If the nominee's/beneficiary's address is different from the address of the Life Assured, then please use a separate form.

 **Addition or Change of Nominee/Beneficiary**

Nominee/Beneficiary Name\*:

Nominee/Beneficiary Name\*:

Date of Birth\*:

Date of Birth\*:

Relationship with the Life Assured\*:

Relationship with the Life Assured\*:

Address for correspondence\*:

Address for correspondence\*:

Percentage of Entitlement\*:

Percentage of Entitlement\*:

**Note:** 1. Beneficiary should be a blood relative. 2. Change in beneficiary is not allowed for specific products in the Children's plan and Young Star plan categories. It will be allowed for demise or divorce cases only. 3. If the nominee/beneficiary is a minor, please fill in the appointee section below. 4. If the Nominee is other than blood relative, then Moral Hazard Questionnaire is required. 5. In case of more than 02 Nominees, please fill in a separate form.

 **Addition or Change of Appointee**

Appointee Name\*:

Date of Birth\*:

Relationship with the nominee/beneficiary\*:

Address:

**Declaration of Appointee:** I hereby accept my appointment as an appointee to receive the proceeds under the policy on behalf of the beneficiary/nominee who is a minor.

Date\*: DD/MM/YYYY

Place\*:

Appointee Signature\*:

SIGN HERE

 **Change in Date of Birth of Nominee/Beneficiary/Appointee/ Proposed Policyholder**

Name:

Change in DOB required for:

 Nominee/Beneficiary

 Appointee

 Proposed Policyholder

New DOB:

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

Policy No.: \_\_\_\_\_ Policyholder Name: \_\_\_\_\_

PS Request: \_\_\_\_\_ Interaction ID No.: \_\_\_\_\_

Documents accepted: \_\_\_\_\_

Customer Relations Officer:

Branch Name:

Date:

Time:

Branch Stamp

Increase in Premium  Decrease in Premium - Please increase/decrease the premium of my policy from INR \_\_\_\_\_ to INR \_\_\_\_\_

Note for Conventional Plans:	Note for Ulip Plans:
<ul style="list-style-type: none"><li>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.</li><li>Reduction in premium is not allowed if the policy status is Paid-up. Minimum premium should be INR 5,000/- annually.</li><li>I/We understand and agree that the reduction in premium will reduce the sum assured as per the regulatory limits and therefore impact the future benefits.</li></ul>	<ul style="list-style-type: none"><li>Reduction in premium for Suvridha plans is permissible only if the policy commencement date is on or before 31 Dec, 2007.</li></ul>

**Reduction in Sum Assured** - Please reduce the Sum Assured of my policy from INR \_\_\_\_\_ to INR \_\_\_\_\_

**Change in Term** - Please  increase  decrease the term of my policy from \_\_\_\_\_ year(s) to \_\_\_\_\_ year(s).

**Change in premium paying term** - Please  increase  decrease premium paying term of my policy from \_\_\_\_\_ year(s) to \_\_\_\_\_ year(s).

**Addition of rider** I would like to add the following rider(s) to my policy:  
1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

**Deletion of Rider** I would like to delete the following rider(s) from my policy:  
1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

**Change in frequency**  
Please change the frequency of premium payment of my 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 would like to apply for a loan against my policy. Provide me with a loan quote.  
 I would like to know the surrender value of my policy. Provide me with the surrender quote.

#### General Information

a. You can make changes to policy benefits only after completion of 6 months from the date of commencement of the policy. b. Any changes to policy has to be requested at least 15 days prior to the next premium due date. c. Request for change in certain policy benefits must be accompanied by the original policy document. d. If you have opted for the 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. e. This policy change request will be processed only if the product features allow the change.

#### Declaration of the Policyholder:

I have understood the meaning and scope of this change request form and take complete responsibility for the change submitted by me herein. I understand that any change in the policy or personal details is subject to the policy terms, conditions and relevant underwriting guidelines. I 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 confirm that I have read and understood all the relevant policy provisions and their consequences before making submitting this application.

<b>SIGN HERE</b>  Signature of Policyholder 1	<b>SIGN HERE</b>  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): <b>SIGN HERE</b> 
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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 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. I further declare that the Policyholder has signed/affixed his/her thumb impression in my presence.

Name: \_\_\_\_\_ Date: DD/MM/YYYY Place: \_\_\_\_\_  
Address: \_\_\_\_\_ Signature: \_\_\_\_\_

<b>For Official Use Only</b> Branch Name: _____ Branch Code: _____ Date & Time: _____ Interaction ID No.: _____ Signature Verified <input type="checkbox"/>	<b>Received by</b> Employee Code: _____ Signature: _____ Contact Updated <input type="checkbox"/>
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HDFC Standard Life Insurance Company Limited. In partnership with Standard Life Plc. CIN:U99999MH2000PLC128245. IRDAI Registration No. 101. Regd. Off: Lodha Excelus, 13<sup>th</sup> Floor, Apollo Mills Compound, N. M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.

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 | Email – [service@hdfclife.com](mailto:service@hdfclife.com) |  
[NRIservice@hdfclife.com](mailto:NRIservice@hdfclife.com) (For NRI customers only) Visit – [www.hdfclife.com](http://www.hdfclife.com)

