

For HDFC Life Conventional Plans Only

**Reduction in Premium-  
Conventional Plans**

(Please use a separate request form for each Policy)

*For Official Use Only*

Branch Name: \_\_\_\_\_

Receipt Date &amp; Time: \_\_\_\_\_

Received by: \_\_\_\_\_

Interaction ID: \_\_\_\_\_

Branch Stamp



Sar utha ke jiyo!

Name of the Policyholder : \_\_\_\_\_ (First Name) \_\_\_\_\_ (Middle Name) \_\_\_\_\_ (Last Name)

Policy No.: \_\_\_\_\_ E-Insurance Account No.:               

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

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 Register, this response will be treated as valid discharge.

**Declarations**1. I would like to reduce the Regular Premium amount from ₹ \_\_\_\_\_ (Mode) \_\_\_\_\_ to ₹ \_\_\_\_\_ (Mode) \_\_\_\_\_  
\_\_\_\_\_ for the above mentioned Policy

2. I agree that,

a. The reduction in premium will reduce the Sum Assured as per the regulatory limits. b. I agree that reducing the Sum Assured will change the future benefits in the Policy c. The Policy documents required for the necessary endorsement along with consent letter. d. Premium reduction charges may be applicable.

**I confirm having read all the relevant Policy provisions before making this application and having understood them and its consequences.**

Policyholder's / Assignee Name: \_\_\_\_\_ Date: \_\_\_\_\_ Place: \_\_\_\_\_

Policyholder's Signature: \_\_\_\_\_

**Note:**

- For assigned Policies, assignees signature is required.
- Reduction of premium and / or sum assured will not be allowed during entire Policy term for SAP Policies converted on or after 1st August 09.
- Request needs to be submitted 15 days prior to the due date i.e. PTD.
- Reduction in premium is not allowed in Paid up status.
- Minimum premium needs to be ₹ 5000/- annually.
- Policy servicing charges may be levied as applicable. Please refer to your Policy document for details.

**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, 13<sup>th</sup> Floor, Apollo Mills Compound, N. M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.**Customer Acknowledgement Copy (Reduction in Premium form)**

Policy No: \_\_\_\_\_ Interaction ID No: \_\_\_\_\_ Policyholder name: \_\_\_\_\_

Documents accepted (specify): \_\_\_\_\_

Customer Relations Officer: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Branch Stamp

View Premium Calendar, Pay Premium Online, Track fluctuations in the fund value, Print your Annual Premium Statement & lots more! Visit [www.hdfclife.com](http://www.hdfclife.com) and register for My Account today!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)

Sar utha ke jiyo!