

**Transfer of Ownership**

For Official Use Only

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

Received at branch on: \_\_\_\_\_

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

**PERSONAL DETAILS**

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.

**Declaration for Change in Ownership**

I, <PH First Name> <PH Last Name>, am presently the Policyholder holding the above {name of the Product} Policy in my name which has been taken by me on the Life of \_\_\_\_\_ (name of the LA). I would like to transfer the said Policy to the Life Assured due to the following reason(s): \_\_\_\_\_

\_\_\_\_\_ I am enclosing herewith the Original Policy No. \_\_\_\_\_ along with all the annexure and hereby request you to kindly record the transfer of the Ownership of the said Policy from my name to \_\_\_\_\_ (name of the Transferee).

I further declare and confirm that I have paid all the premiums due on the said Policy till date and upon transfer of the said Policy from my name to the name of the Transferee, I relinquish absolutely, all my rights and claims under the said Policy and shall have no right, title or claim of any nature whatsoever on the said Policy including the rights of assignment, surrender, nomination, right to receive benefits etc. I further agree that the transfer of ownership of this Policy from my name to the name of the Transferee will take effect only from the next Policy Anniversary date being \_\_\_\_\_. Till such date, I agree and confirm that I shall be bound to fulfill all my obligations under the said Policy. The consent of the Transferee forms part of this letter.

You are requested to kindly make the necessary alterations in your records and confirm.

Yours faithfully



Date: \_\_\_\_\_ Place: \_\_\_\_\_

(Signature of the Policyholder/ Transferor)

**Declaration of the Transferee**

I, \_\_\_\_\_ {name of the Transferee} do hereby agree and confirm as follows:

- That I am the person on whose Life the Policy No. \_\_\_\_\_ has been taken by \_\_\_\_\_
- (name of the Transferor).
- It has been mutually agreed and decided by and between the Transferor and myself that the ownership of the said Policy will be transferred by the Transferor to me as the Transferee.
- I have read and understood all the terms and conditions of the said Policy and agree to abide by the same.
- I do hereby agree and declare that these statements and this declaration shall be the basis of continuation of the contract of assurance between HDFC Standard Life Insurance Co. Ltd and myself. If any untrue statement be contained therein HDFC Standard Life Insurance Co. Ltd has the right to vary the benefits which may be payable and further, if there has been non-disclosure of any material fact, the Policy may be treated as null and void.

I understand that the contract will be governed by the provisions of the Insurance Act 1938 and that the same will not continue until written acceptance of this 'application for transfer' by HDFC Standard Life Insurance Co. Ltd. is received.



Signature/Thumb impression of Transferee \_\_\_\_\_ Date: \_\_\_\_\_ Place: \_\_\_\_\_

Contact Number: \_\_\_\_\_ EmailID: \_\_\_\_\_

\* 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.

**Declaration Made by Third Person**

In case of thumb impression of the Transferee, the same should be attested by a person of standing whose identity can be easily established, but unconnected with the Company and this declaration should be made by him.

I hereby declare that I have explained the contents of this application form to Transferee in \_\_\_\_\_ language and have truthfully recorded the answers provided to me. I further declare that the Transferee has signed/affixed his/ her thumb impression in my presence.

Declarant Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Place: \_\_\_\_\_

Declarant Address: \_\_\_\_\_

**Note:** 1. The Declarant can be any person other than the Transferor

2. Policy servicing charges may be levied as applicable. Please refer to your Policy document for details.

**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 (Transfer of Ownership)**

Policy No: \_\_\_\_\_ Policyholder name: \_\_\_\_\_

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

