

POLICY SERVICING REQUEST FORM 2

(Excess Refund, Free Look Cancellation, Withdrawal of Proposal / Policy, Stop Payment and Reissue)
(This format is to be used for Life and Health policies.)

*For office use only*

Branch Name: _____

Receipt by: _____

Interaction ID: _____

Date & Time: _____

Current Day NAV Next Day NAV

Employee Code: _____

Signature: _____



Name of the Policyholder : _____ (First Name) _____ (Middle Name) _____ (Last Name)

Policy No.: _____ E-Insurance Account No.: (for demat customers only.)
 Excess Refund

Please refund the excess premium of INR _____ held in my policy.

 Free Look Cancellation

Free look on my policy is executed for :

- Change of Plan* Cancellation and refund in of full Policy
- Cancellation of Rider only-

 Option A - All Riders **Option B - Specific Riders; Please specify** _____

Reason: _____

New application No.: _____

I hereby confirm that I received Policy document on _____ within 15 days 30 days, to enable you to consider this request and refund the premium paid by me after deducting the free look charges.

NOTE : As per IRDAI guidelines, the cut off timings for NAV application and redemption of units stands revised to 3pm IST with effect from June 1, 2007. This implies that if the application for free look cancellation (unit linked) is received up to 3pm IST on a working weekday (Mon-Fri), the same day's unit value will be applicable. However, if the application for free look cancellation (unit linked) is received after 3 pm IST on a working weekday, then the next working day's value will be applicable (when the applicable day is not a valuation day, NAV of the next immediate valuation day would be considered). Any fluctuations in NAV as a result of free look will be borne by Policyholder. The same is subject to changes as and when amended by IRDAI. In case a prior unit allocation is pending, your current request will be processed on the successive working day. For policies bought (wholly or partially) through QROPS Transfers, Pension Vesting Base, NPS Transfers and Group Superannuation Policies, refund to customer shall be guided by the regulatory guidelines

* For change of Plan please submit a fresh proposal form.

 Withdrawal of Proposal / Policy

I wish to withdraw my proposal for the reason(s) mentioned below :

- Financial Reasons (Financial Crunch, Purchase of Asset, Etc) Personal Reasons (Marriage, Education, Death etc)
- Unsatisfactory Returns Change in Plan* Others (Please specify): _____

* For change of plan, provide the new application No. _____

NOTE: For policies bought (wholly or partially) through QROPS Transfers, Pension Vesting Base, NPS Transfers and Group Superannuation Policies, refund to customer shall be guided by the regulatory guidelines

Premium Payment Mode Online Credit Card NEFT

If the initial payment is received through credit card then submit the credit card mandate . We will process the refund via credit card / online only if the payment have been received within 6 months.

Customer Acknowledgement Copy - Excess Refund Free Look Cancellation Withdrawal of Proposal/ Policy Stop Payment and Reissue / Only Stop Payment

Policy No : _____ Interaction ID No: _____ Policyholder name : _____

Documents accepted : Original Policy Document Policy document waiver form NEFT

Customer Relations Officer : _____ Date: _____ Time: _____

Branch Stamp

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 on Mon-Sat from 10 am to 7 pm | Email - service@hdfclife.com | nriservice@hdfclife.com (For NRI customers only) | Visit - www.hdfclife.com

Stop Payment and Reissue**Only Stop Payment**

I request you to do a stop payment for cheque number _____ dated _____ for an amount of INR _____.

Reason for stop payment & reissue: Cheque date expired Lost in transit Change in name* (please provide the old and new names)

Others (Please specify): _____

*Old Name: _____ New Name : _____

Valid address and ID proof (if cheque date is more than one year).

I would like to opt for the payout via Cheque NEFT (Please fill the attached NEFT mandate)

I have understood the meaning and scope of the service request form and take complete responsibility for the service request given by me.

Policyholder/ Assignee Name: _____

Place : _____

Date: _____

Policyholder signature:

Assignee signature:

Signature Verified Stamp

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

I hereby declare that I have explained the contents of this application form 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 _____

Signature _____ Address _____

NEFT Mandate

IF NEFT is already submitted, Pls do not fill in below details

Please fill in the details on the NEFT Mandate portion in this form for direct transfer of payouts into your bank account through the NEFT facility.

In case of Unit Linked Young Star or Children's plan, if the beneficiary is major, please provide beneficiary's account details.

Bank Account No.:

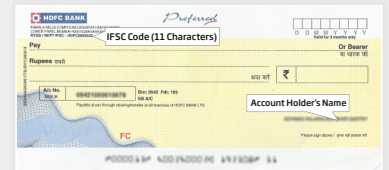
Account Holder Name: _____

Bank Name & Branch: _____

Account Type: Savings Current NRE# NRO

* If this option is selected, then the payout will be done via cheque with the account number given in this mandate.

IFSC Code ^: ^11 character code appearing on your cheque leaf



NOTE:

- A cancelled personalised cheque with account no. and IFSC code should be submitted along with this NEFT Mandate. Where the cheque is not personalised, a latest bank statement (not more than 3 months old) or copy of passbook (where account number and IFSC code is mentioned needs to be submitted with the mandate.
- This mandate, upon processing, will override any of the previously tagged NEFT Mandates for all policies, held by the client with HDFC Life.
- In case of NEFT failure or any further requirements pending on the mandate, payout will be kept on hold till a fresh NEFT mandate is received. Intimation regarding the same will be sent to you.

Declaration:

I undertake to refund any amount that is credited to my account either in excess or which is not due to me, at anytime, for any reason and to this effect, I confirm that the particulars given here are true, correct and complete in all aspects. I understand and agree that the submission of this form does not mean that the request will be processed. I understand that any payout under the policy shall be strictly in accordance with the policy terms and conditions. Also, any payment shall be subject to realisation of the last renewal premium payment. Further, I understand that the company shall not be held responsible for any non-receipt of payment on account of wrong/incorrect/incomplete information given by me in this form. If a transaction is delayed or has not come into effect at all, due to incomplete or incorrect information, I shall not hold the company responsible in any manner whatsoever.

Account Holder Signature: _____ Date: _____ Place: _____

HDFC Life Insurance Company Limited [Formerly HDFC Standard Life Insurance Company Limited] (HDFC Life). IRDAI Registration No 101.

Regd. Off: 13th Floor, Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.

CIN: L65110MH2000PLC128245.

View Premium Calendar, Pay Premium Online, Track fluctuations in the fund value, Print your Annual Premium Statement & lots more! Visit www.hdfclife.com and register for MyAccount 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 | nriservice@hdfclife.com (For NRI customers only) Visit - www.hdfclife.com

