PSNF106608091750 | Comp/Sep/Int/4804

Policy Service Request form 1

(Name/Address/Nominee/Appointee/Date of Birth change)

For office use only:
Branch:
Received at branch on:
Received by:
Interaction ID:

HDFC Life
Sar utha ke jiyo!

(* Indicates Required Fields)

Policy Number*: E-Insurance Account No.:

Name of the Policyholder*:

Permanent Account No. (PAN):

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

Email ID:		Alternate Email ID:	
Office No.:	Mobile No.:	Residence:	Alternate No.:

Contact details 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** ☐ **Permanent Address** ☐ **Communication Address**

☐ 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 of Nominee/Beneficiary** ☐ **Change of Nominee/Beneficiary**

Nominee/Beneficiary Name*:	Nominee/Beneficiary Name*:
Date of Birth*: D D M M Y Y Y Y	Date of Birth*: D D M M Y Y Y Y
Relationship with the Life Assured*:	Relationship with the Life Assured*:
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. 6.Nominee's address to be same as life assured.

☐ **Addition of Appointee** ☐ **Change of Appointee**

Appointee Name *:	Date of Birth*: D D M M Y Y Y Y

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**

Change in DOB required for: ☐ Nominee/Beneficiary ☐ Appointee ☐ Proposed Policyholder New DOB: D D M M Y Y Y Y

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.

SIGN HERE
Signature of Policyholder 1/ Assignee

Date: DD/MM/YYYY
Place: _____

SIGN HERE
Signature of Policyholder 2 (In case of Joint Life)

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: _____

HDFC Life Insurance Company Limited [Formerly HDFC Standard Life Insurance Company Limited] (HDFC Life). CIN: L65110MH2000PLC128245. IRDAI Registration No. 101.
Regd. Off: 13th Floor, Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.

Customer Acknowledgement Copy (Policy Service Request form 1)

Policy No.: _____

PS Request: _____ Interaction ID No.: _____

Branch Stamp