PSRLE063518071908
CANA | CVT: 17/07/20

HDFC Life
Sar utha ke jiyo!

HDFC Advance Maturity Discharge Voucher

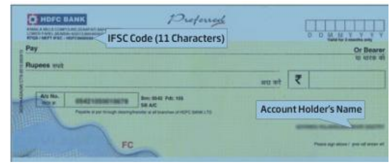
Policy No.: <Policy Number>	**Policy Maturity Date:** <DD/MM/YYYY>
Plan: <Plan Name>	**UIN:** <UIN>

NEFT Details

Bank Account No.: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Account Holder Name: ____

Bank Name and Branch: ____



Account Type: ☐ Savings ☐ Current ☐ NRE ☐ NRO

☐ #All premium(s) paid from NRE Account: ☐ ## Proportionate premium(s) paid from NRE Account

IFSC^: ☐☐☐☐☐☐☐☐☐☐☐ ^11 digit alphanumeric code appearing on your cheque leaf

E-Insurance Account Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐

Tax Declaration:

1. Are you a tax resident of any country other than India as per the Income-tax Act, 1961? ☐ Yes ☐ No

   Note: If you are a non-resident in India as per the Income-tax Act, 1961, you are mandatorily required to submit Tax Residency Certificate (TRC) with Form 10F to avail treaty benefits, otherwise tax will be deducted at source at a higher rate from policy payouts. As per Section 195 of the Income-tax Act, 1961, tax will be deducted at source from any payout to a non-resident at the rate applicable therein and subject to the conditions specified therein. Tax laws are subject to change.

2. Does your total taxable income for the relevant financial year (April 1 to March 31) exceed INR 1 crore?

   Yes ☐ No ☐

3. Self-attested documents submitted: ☐ TRC ☐ FORM 10F

   Date: ______________________________ Place: _________

Disclaimer:

- Please read your policy document for more details.
- Carry original and self-attested copies of your Identity and Address proof for all payouts to be processed.
- Please submit self-attested copies of the documents of the Beneficiary, if the Beneficiary is a major. Else, provide self-attested copies of the Policyholder's documents.
- TDS is applicable on payouts as per TDS guidelines.

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, payout will be kept on hold till fresh Discharge Voucher is received. Intimation regarding the same will be sent to you.
- #Refund to NRE account (full or proportionate) will be subject to ratio of premium(s) paid through NRE account. Please submit a Bank Statement or Bank Confirmation letter as an evidence for premium(s) paid through NRE account.
- ##In case of proportionate payout, please provide two Discharge Vouchers i.e. for NRE account and non-NRE account.
- In case of assignment, the maturity benefit will be paid to the Assignee. Hence, the enclosed Discharge Voucher should be duly filled and executed by the Assignee. If otherwise, NOC from the Assignee should be produced.
- Automatic vesting of ownership form needs to be submitted if the Life Assured has become a major.
- In case of death of Payee, death certificate of the Payee would be required to process the maturity payout.

DECLARATION:

I/We undertake to refund any amount that is credited to my/our account either in excess or which is not due to me/us, at anytime, for any reason and to this effect, I/We confirm that the particulars given here are true, correct and complete in all aspects. I/We understand and agree that the submission of this form does not mean that the request will be processed. I/We 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/We understand that HDFC Life Insurance Company Limited (HDFC Life/Company) shall not be held responsible for any non-receipt of payment on account of wrong/incorrect/incomplete information given by me/us in this form. If a transaction is delayed or has not come into effect at all, due to incomplete or incorrect information, I/We shall not hold the HDFC Life responsible in any manner whatsoever.

(For assigned cases, signature of the Assignee is required)

Name: _________________

Date: __________________

Place: _________________

SIGN HERE

Signature of Account Holder

Name: _________________

Date: _________________

Place: _________________

SIGN HERE

Signature of Policyholder/Assignee

Declaration to be made by a third person where the Client Beneficiary/ Appointee /Assignee has affixed his/her thumb impression or has signed in vernacular or has not filled the application:

________________________ 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 ________________________ in ____________________________ language and have truthfully recorded the answers provided to me. I further declare that the ________________________ has signed/affixed his/her thumb impression in my presence.

Name: ____ Date: _____________ Place: _____________

Address: ____

SIGN HERE

Signature of third party