

For HDFC Life Unit Linked Plans Only

**Reduction in Premium-
Unit Linked Plans**

(Please use a separate request form for each Policy)

For Official Use Only

Branch Name:

Receipt Date & Time:

Received by:

Interaction ID:

Branch Stamp



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.

Declarations1. 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 premium as per the regulatory limits. b. Premium reduction charges may be applicable.

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

2) If you have partially withdrawn your amount or you have reduced your premium, you are requested to stay invested in your Policy by paying your premium, failing which the Policy can be paid up cancelled. A Policy would be paid up cancelled if the fund value falls below its minimum threshold limit.

Policyholder's / Assignee Name: _____

SIGN HERE

Date: _____ Place: _____

Policyholder's Signature

Note: 1) For assigned Policies, assignees signature is required.**2) 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 Life Insurance Company Limited (HDFC Life). CIN: L65110MH2000PLC128245. IRDAI Registration No. 101.**Regd. Off:** Lodha Excelus, 13th, 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

Note : If you have partially withdrawn your amount or you have reduced your premium, you are requested to stay invested in your Policy by paying your premium, failing which the Policy can be paid up cancelled. A Policy would be paid up cancelled if the fund value falls below its minimum threshold limit.

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 My Account today!

For queries or more information, call us on **1860-267-9999** (Local charges apply) | **022-68446530** (STD charges apply). Available Mon-Sat from 10 am to 7 pm. DO NOT prefix any country code e.g. +91 or 00. | Email – service@hdfclife.com | nriservice@hdfclife.com (For NRI customers only)
Visit – www.hdfclife.com

