

POLICY SERVICING REQUEST FORM 2

(Excess Refund, Free Look Cancellation)

(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: _____ (FirstName) _____ (MiddleName) _____ (LastName)

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

Please refund the excess premium held in my policy. (If any)

☐ Free Look Cancellation

Please execute Free Look option on my policy for:

☐ Change of Product* ☐ Cancellation of Policy and Refund ☐ Cancellation of Rider Only☐ Option A - All Riders ☐ Option B - Specific Riders; Please specify _____

Reason : _____

New Application Number: _____

- I hereby confirm and agree, that I have received the policy document on _____
- I understand and agree, that the refund will be basis the applicable unit price (for ULIP plans)**
- I also understand that the refund amount (provided the Free Look has been enforced by me within the stipulated timeline) will be after deduction of the following:
 - Proportionate Risk Premium for the period of cover
 - Medical Costs
 - Taxes and Levies and
 - Stamp Duty

*For change of product, please submit a fresh proposal form.

I understand that submission of this request does not mean that a new product/policy will be issued to me.

I understand that a fresh proposal form that is submitted by me shall be subject to the Companies underwriting norms and may result in postponement, decline, charging of revised premium or any other additional requirements. I also understand that any fluctuations in the NAV as a result of the Free Look change shall be borne by the Policy holder.

**If the application for free look cancellation (unit linked) is received up to 3 PM IST on a working weekday (Mon-Fri), the same day's unit value (NAV) will be applicable. However, if the application for free look cancellation (unit linked) is received after 3 PM on a working weekday, then the next working day's value (NAV) will be applicable (when the applicable day is not a valuation day, NAV of the next, immediate valuation day will be considered). Any fluctuations in NAV, as a result of free look will be borne by the Policy holder. 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.

NOTE:

- For policies bought wholly or partially through QROPS Transfers, Pension Vesting Base, NPS Transfers and Group Super Annuation Policies, refund to customers will be guided by regulatory guidelines
- Where the policy is assigned, this request would be processed only on receiving consent/no objection from the Assignee of the policy.
- Taxes will be deducted at source, if applicable, from the payments made under a life insurance policy in accordance with the provisions of the Income-tax Act, 1961. Tax laws are subject to change from time to time.
- With reference to recent regulatory requirements, please submit PAN or Form 60 (if you do not have a PAN) with HDFC Life with immediate effect. Please update via My Account/service@hdfclife.com/ HDFC Life branch. Ignore if submitted.
- In the event of a free lookin cancellation of an annuity plan purchased from proceeds of a pension policy issued by HDFC Life, only 'Change of Annuity' option can be availed. The corpus cannot be withdrawn as a lump sum amount.

Tax Declaration for the current financial year

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

*To be ticked if you are a tax resident in India under the Income-tax Act, 1961.

**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. Is your total taxable income for the current financial year (April 1 to March 31):

a) Less than or equal to INR 50 lakhs? ☐ b) Greater than INR 50 lakhs but less than or equal to INR 1 crore? ☐ c) Greater than INR 1 crore? ☐3. Self-attested documents submitted: ☐ TRC ☐ FORM 10 FCustomer Acknowledgement Copy - ☐ Excess Refund ☐ Free Look Cancellation

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

Documents accepted :

☐ Original Policy Document ☐ Policy document waiver form ☐ NEFT ☐ Any other documents, please specify _____

Customer Relations Officer : _____ Date: DD/MM/YYYY Time: _____

Branch Stamp

For queries or more information, call us on 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

Declaration

1. I/We hereby declare that the details and particulars given above are true and correct. If the transaction is delayed or failed for reason of incomplete or incorrect information provided by me/us as above, I/we would not hold HDFC Life Insurance Company Limited or any of its associates/employees/agents responsible. Further, I/we agree to indemnify or keep indemnifying HDFC Life against any loss, claim, damage or expenses arising out of any incomplete or incorrect information provided by me/us herein above.
2. I/We further undertake to refund any excess amount whether demanded by HDFC Life or not, which has been credited in excess to my/our account at any time due to any reason.

Date: DD/MM/YYYY

Place: _____

SIGN HERE

Signature/Thumb Impression
of Policyholder

SIGN HERE

Signature/Thumb Impression
of Assignee

Signature Verified Stamp

NEFT Mandate

☐ IF NEFT is already submitted, please 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 account details.

Bank Account No.:

Account Holder Name: _____

Bank Name & Branch: _____

Account Type: ☐ Savings ☐ Current ☐ NRE ☐ NRO PAN No.:

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

NOTE:

- A latest cancelled cheque with the account no. and IFSC should be submitted along with the above NEFT details. If the cheque is not personalised, a latest bank statement or copy of passbook (where account number and IFSC is printed) 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.
- 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 NEFT mandates i.e. for NRE account and non-NRE account

Declaration:

I undertake to refund any amount that is credited to my account either in excess or which is not due to me, at any time, 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.

SIGN HERE

Date: DD/MM/YYYY

Place: _____

Signature /Thumb Impression of the
Account Holder

Third Party Declaration

The person who has affixed his/her thumb impression or has signed in vernacular/ has not filled this application form. I hereby declare that the content of this application form has been explained to him/ her and I have truthfully recorded the answers provided to me. I further declare that the said person has signed or affixed his/her thumb impression in my presence.

Name: _____

Address: _____

Date: DD/MM/YYYY

Place: _____

SIGN HERE

Signature of Third Party

KYC Declaration

I hereby confirm that there is no change in my KYC information previously provided/updated by me and currently available in your records.

Yes ☐ No ☐ (If no, please share the KYC document as per the below list to update the KYC details)

- Valid Passport
- Masked Aadhaar (First 8 digits of Aadhaar should be masked)
- Valid Permanent Driving License
- Voter's Identity Card issued by Election Commission of India

HDFC 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.

For queries or more information, Call 022-68446530 (Call 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

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!

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**HDFC
Life**
Sar utha ke jiyo!