PSNF525021011602
CANA

# Policy Document Waiver Form

HDFC Life
*Sar utha ke jiyo!*

## Declaration by the Policyholder

I/We,

Life assured 01: _____ Age: _____(yrs)

Current Address: _____

Life assured 02: _____ Age: _____(yrs)

Current Address: _____

is/are the Policyholder(s) under insurance Policy number_____ issued on _____ (referred to as "the Policy Document") by HDFC Life Insurance Company Limited (referred to as "the Company").

**Type of Request (Tick correct option)** Surrender ☐ Maturity ☐ Look-in ☐

I/We hereby:

- Submit the above selected request in the prescribed form, without the Policy Document issued by the Company.
- Agree that the Policy Document will be treated as cancelled hereafter. Neither I/ my legal heir/ beneficial owners nor any third party will present the Policy Document in the future for payments or entitlements.
- Confirm that I/ We have not assigned, pledged or in any way disposed off or dealt with the Policy Document nor have I/We created any encumbrance on the Policy Document.
- Confirm that I/ We or my/ our legal heir or any third party will not assign or pledge the Policy Document or make any misrepresentation or commit any fraud in connection with the Policy Document at any time after the date of this declaration.
- Agree that after processing this request, the Policy Document and my/ our rights created under the Policy Document stand null and void.
- Agree that the Company shall not be liable for the payment of any benefits against the Policy Document once this request is processed.
- Agree to cooperate with the Company in case of any enquiry/ investigation that may be initiated by the Company in connection with the Policy Document.
- Declare that the Company is discharged off all its liabilities mentioned in the Policy Document and I/ We relinquish any further claim on the Company once this request is processed.
- Shall not hold the Company accountable for any loss incurred by me/ us due to processing of my/ our request by the Company.
- Agree to indemnify/defend and hold harmless the Company and its officers, directors, employees, representatives, agents, against all claims, demands, actions, suits, proceedings, losses, damages, liabilities, costs, charges, expenses (including legal expenses) or obligations, which may be brought or commenced against the Company, relating to the Policy Document.

SIGN HERE

Signature
(Life assured 01)

SIGN HERE

Signature
(Life assured 02)

Date of Declaration: DD/MM/YYYY

Place: _____

**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: _____

**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 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**

## Declaration by Branch Official

I confirm that Policyholder has signed or affixed his/ her thumb impression in my presence.

SIGN HERE

Employee Signature

Employee ID: _____ Employee Name: _____

Branch Code: _____ Branch Name: _____