

**Unit Linked Partial  
Withdrawal Form**

*For Office Use Only*  
Branch Name:  
Receipt Date & Time:  
Received by:  
Interaction ID:

Current Day NAV   
Next Day NAV   
Existing KYC   
Fresh KYC   
Employee Code: \_\_\_\_\_  
Signature: \_\_\_\_\_

Branch  
Stamp



Sar utha ke jiyo!



**Do you really need to withdraw funds from your life insurance Policy?**

We would like you to take a well-informed decision with regard to the partial withdrawal from your life insurance Policy. Help us help you by sharing the reason for partial withdrawal. Please select from any of the options given below:

- Advice by HDFC Life Financial Consultant     Advice by Bank Employee / Broker     Advice by HDFC Life Employee
- Name \_\_\_\_\_ & Contact No. \_\_\_\_\_ of the above mentioned person, if available.
- Child's education     Marriage/family function     Buy another product from HDFC Life     Buy gold/silver     Buy a vehicle
- Invest in real estate     Re-invest in other financial instruments     Others (Please specify): \_\_\_\_\_

**Please ask yourself the following questions before filling up the form.**



**Are you ready to reduce your cover on Life or old age pension?**

- Life Expectancy as per a study for India states that a person on an average shall live minimum up to the age of 67 yrs.
- This means that there is a need to have sufficient funds at the time of retirement which will ensure a self dependent future.
- If you have partially withdrawn your amount or you have reduced your premium, you are requested to stay invested in your Policy by paying your premium, failing which the Policy can be paid up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 Will be paid-up cancelled if the fund value falls below its minimum threshold limit.



**Are you compromising on your long term goals or your family's financial security?**

- Higher education, marriage event in your family, contingency planning are some invested systematically for a longer period. In an unfortunate exigency, it also events where there is a need for money, this is possible only if the amount is ensures the financial independence of your loved ones in case you are not around.
- Wealth accumulation happens only through saving more, saving regularly and diversifying, keeping in mind the risk appetite.

The information memorandum is general in nature. This information is circulated in the general interest of the Policyholders. Please refer to Policy Document before taking any decision.

Name of the Policyholder : \_\_\_\_\_ (First Name) \_\_\_\_\_ (Middle Name) \_\_\_\_\_ (Last Name)

Policy No: \_\_\_\_\_ E-Insurance Account No.:

PAN (Permanent Account Number): \_\_\_\_\_ (In case of UL Young Star plans, please provide the beneficiary's PAN number if he/she is a Major, as for these plans the TDS will be deducted for the Beneficiary).

Email ID\*: \_\_\_\_\_

Contact \* No.: (Off) \_\_\_\_\_ / (Res) \_\_\_\_\_ / (Mob) \_\_\_\_\_ (Mobile number is preferable)

\*Contact details provided herein will be updated for all future communications. The above mentioned contact number will be considered as consent to communicate with me on the contact details provided herein.

\*Amount to be withdrawn from the above mentioned Policy number (excluding TDS) is (in figures) ₹ \_\_\_\_\_ (in words) \_\_\_\_\_

\*Partial withdrawal charges and taxes & levies (if relevant on this charge) are applicable as per Policy provision.

■ This Partial Withdrawal request received for Surrender Reversal is within 30 days from the Surrender date  Yes  No\*

\*KYC documents will be a mandate, if the option 'No' is selected. This question will be filled by the Customer Relations official only.

Self-Attested Photo ID and Address Proof of the Beneficiary or Appointee\* submitted:  Yes  No  NA

\*Self-Attested Photo ID Proof & Address Proof of Beneficiary in Young Star Plans, if he/she is a Major. Self attested Photo ID Proof & Address proof of Appointee should also be collected if the Beneficiary is a minor & the Life Assured is no longer alive.

**Please Note:** If any of the above chosen request(s) are not as per the applicable features of the product, then this service request will not be applicable

**Customer Acknowledgement Copy (UL Partial Withdrawal 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.

For queries or more information, call us on 1860-267-9999 (Local 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



**Declaration:**

1. I/We hereby declare that the particulars given above are correct. If the transaction is delayed or not effected at all for reason of incomplete or incorrect information, I/We would not hold HDFC Standard Life Insurance Company Limited ("HDFC Life") or any of its associates/agents responsible. Further, I agree to keep HDFC Life indemnified against any loss caused to them due to any incorrect information provided 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 account at any time due to any reason.

Date: DD/MM/YYYY

Place: \_\_\_\_\_

**SIGN HERE**

Signature of Account Holder

Date: DD/MM/YYYY

Place: \_\_\_\_\_

**SIGN HERE**

Signature of Policyholder  
*(If policyholder is different from account holder)*

**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: \_\_\_\_\_

Address: \_\_\_\_\_

Date: DD/MM/YYYY Place: \_\_\_\_\_

**SIGN HERE**

**HDFC Standard Life Insurance Company Limited.** In partnership with Standard Life Plc. CIN:U99999MH2000PLC128245. IRDAI Registration No. 101.  
Regd. Off: Lodha Excelus, 13<sup>th</sup> Floor, Apollo Mills Compound, N. M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.

**Customer Acknowledgement Copy (UL Partial Withdrawal Form)**

View Premium Calendar, Pay Premium Online, Track fluctuations in the fund value, Print your Annual Premium Statement & lots more! Visit [www.hdfclife.com](http://www.hdfclife.com) and register for My Account today!

Call **1860-267-9999** (local 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](mailto:service@hdfclife.com) | [NRIservice@hdfclife.com](mailto:NRIservice@hdfclife.com) (For NRI customers only) Visit - [www.hdfclife.com](http://www.hdfclife.com)

