



PSA000101

## Policy Servicing Form (A)



LIFE INSURANCE

Policy/Application Number Date  DD /  MM /  YY YY YY

## For Office Use Only

Received By \_\_\_\_\_

Signature (Please mention above Employee  Bank Staff  Name & Designation)

Date &amp; Time of Receipt/ \_\_\_\_\_

Date &amp; Time of Dispatch of Request \_\_\_\_\_

Received  
Stamp 

Please update your latest Bank Account details with us.

## Change in Contact Details (Mandatory valid self attested address proof to be submitted)\*

(Please tick as applicable)

Office 

Update applicable for

Policyholder

Life Assured

Nominee

Current 

Appointee

Assignee

Permanent 

Address \_\_\_\_\_

Update new address as  
communication address?

City \_\_\_\_\_ State \_\_\_\_\_

 Yes  No\*\*Country \_\_\_\_\_ Pin Code ① \*Mobile Residence Ph. Please tick this box, if you want us to contact you on the above mentioned contact number for  
future communication purpose. 

✉ \*Email \_\_\_\_\_

CKYC No. 

Details are mandatory to be filled.

\*\*If Country is other than India then please submit FATCA/CRS Questionnaire available on our website.

## Rectification/Modification of Personal Details (Mandatory valid self attested identity proof to be submitted)

Are you making the request while you are in US.

 Yes  No

(Please tick as applicable)

Life Assured Name Title  Mr.  Mrs.  Miss.  Ms.  Dr.  Other (Specify) \_\_\_\_\_Policyholder Name 

First Name \_\_\_\_\_

Life Assured DOB 

Middle Name \_\_\_\_\_

Policyholder DOB 

Last Name \_\_\_\_\_

New Date of Birth  DD /  MM /  YY YY YY

Gender

 Male Female

## Addition/Change of Nominee Details

New Nominee Name \_\_\_\_\_ Gender  Male  Female

Relationship with the policyholder: \_\_\_\_\_ Nominee%: \_\_\_\_\_

Date of Birth 1.  DD /  MM /  YY YY YYIf nominee is a minor (below 18 years) please provide appointee details. The appointee will receive the proceeds under the policy on behalf of  
nominee till the nominee remains a minor.

Appointee Name \_\_\_\_\_

Date of Birth  DD /  MM /  YY YY YY Relationship with Nominee \_\_\_\_\_

Address \_\_\_\_\_

Signature of Appointee



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**Issuance of Duplicate Policy document**

I request you to provide a duplicate Policy document and confirm that the necessary documents (as applicable) are being submitted along with this request. Reason for Issuance of Duplicate Policy document \_\_\_\_\_

**Change in Premium Payment Method**

Are you making the request while you are in US.  Yes  No

I would like to Change the premium payment method to (Please tick as applicable)

Direct Debit/ECS/NACH  Cheque  Credit Card

For Direct Debit, ECS, NACH and Credit Card method of payment, duly filled mandate form along with supporting documents need to be submitted at least 30 days before the next premium due date. In case premiums are due please make a payment by Cheque/DD/PO/Credit card. Request for cancellation of Direct Debit/ECS/NACH facility should be submitted at least 15 days before next premium due date.

**Change in Premium Payment Frequency**

Are you making the request while you are in US.  Yes  No

I would like to change the premium payment frequency to (Please tick as applicable)

Monthly  Quarterly  Semi Annual  Annual

Request for changing premium paying mode should be submitted at least 30 days before the next premium due date. Changes would be effective from next premium due date only. If the request is received after the billing notice issuance, no separate billing notice will be issued for the payment as per the new mode.

**Updation of Bank Account Details**

I hereby request you to update my bank account as per the details furnished below

Bank Account Holder Name: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Branch Address: \_\_\_\_\_

Bank Account Type: Savings  Current

(Is the selected account NRE : Yes  No  In case of NRE account, kindly submit supporting documents to show that all the premium payment towards the policy was made from NRE account and submit FATCA/CRS Questionnaire available on our website.)

Bank Account Number: \_\_\_\_\_

MICR Code: \_\_\_\_\_

IFSC Code: \_\_\_\_\_

PAN Card Number: \_\_\_\_\_

**List of supporting documents submitted along with this form (tick ✓ as applicable) /**

A copy of 'Cancelled' cheque

(Account number and account holder name should be 'printed')

Self attested copy of passbook

(Account number and account holder name should be 'printed' on the passbook)



OR

Self-attested copy of Bank Statement

(Mandatory in case of NRE payment; statement reflecting transactions of the premium paid from NRE account)

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- I hereby declare that the Bank account particulars furnished 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 acceded.
- If the transaction is delayed or not effected at all for any reasons due to incomplete or incorrect information, I shall not hold the Company responsible in any manner whatsoever.
- I understand and agree that, under the circumstances where in the electronic payment is not possible, the Company reserves the right to use any alternative payout option as per applicable laws.
- I/ We authorize the Company to seek/ store or/and to share my KYC details from/ with (i) Governmental and/ or Regulatory Authority, (ii) Insurance Repositories (iii) CERSAI/ UIDAI (iv) reinsurers/group companies/ hospital or diagnostic centers/ other insurance companies or third parties for underwriting assessment, claim investigation/ settlement, KYC authentication, policy servicing purpose and such like purposes.

### Signature of Policyholder/Assignee:

Signature/Thumb Impression of  
Policy holder

Signature/Thumb Impression of Assignee  
(Required in case of Absolute Assignment of Policy)

Name of Policy holder/ Assignee: \_\_\_\_\_

I understand that to proceed with the request there may be a requirement of additional documentation. I agree to submit additional documents as applicable.

I fully understand the meaning and scope of this Policy Servicing request and I am submitting the completed form of my own volition.

### Declaration, if this form is signed in Vernacular/Thumb Impression:

I hereby declare that I have explained the contents of this form to the Policyholder Mr/Mrs/Ms \_\_\_\_\_ in \_\_\_\_\_ language and that the Policyholder has affixed the thumb impression(s)/ signed in language other than English in my presence after fully understanding the contents thereof.

Name of Declarant \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Place \_\_\_\_\_

### Instruction & Disclaimer:

- Product specific requests/ funds will be allowed, only if it is applicable under the respective terms & conditions of the Policy. Please refer to the terms and conditions of the Policy for details. The formats for additional documentation can be downloaded from our website.
- Processing of the requests will be initiated on receipt of this form at any of our Company's Offices. In case of Unit Linked Policies, for the requests impacting the funds of the Policy, if application is received before 3:00 pm on a business day, NAV of same day will be applicable. If received after 3:00 pm, next business day NAV will be applicable.
- Register now on our website to avail the benefits of various options for on-line servicing of your Policy.
- All the supporting proof/s & document/s submitted along with the request have to be self-attested along with attestation by below designated authority – A Gazetted officer as specified by Government of India/Authorized personnel of our company (including our Corporate Agents)/ Branch Manager of a Nationalized Bank.
- The original form will be submitted back to the customer incase request is taken through Distributor App.
- Kindly fill the form in English.
- In the event of any disagreement in interpreting the language, English version will prevail.
- There are restrictions on requests of Top-ups, Increase or Decrease in Sum Assured, Changes in Funds (including Fund Switch and Redirection), Revival of Policies, any request that results in change of premium or policy feature while the customer is in the US. We reserve the right to restrict any other policy servicing request basis the applicable US Laws. Please contact our call center for further information.

Canara HSBC Life Insurance Company Limited  
IRDAI Regn. No. 136

Head Office Address: 139 P, Sector 44, Gurugram – 122003, Haryana, India

Registered Office Address: 8th Floor, Unit No. 808 - 814, Ambadeep Building, Plot No.14, Kasturba Gandhi Marg, New Delhi - 110001

Corporate Identity No: U66010DL2007PLC248825

Call us at 1800-103-0003/1800-891-0003

E-mail us at [customerservice@canarahsbclife.in](mailto:customerservice@canarahsbclife.in)

SMS at 7039004411

Visit our website at [www.canarahsbclife.com](http://www.canarahsbclife.com)