



PSA000101

## Policy Servicing Form (A)



LIFE INSURANCE

Policy/Application Number

Date

## For Office Use Only

Received By 

Signature

(Please mention above Employee ☐ Bank Staff ☐ Name & Designation)Date & Time of Receipt/ Date & 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)<sup>1</sup>

(Please tick as applicable)

Office ☐Current ☐Permanent ☐Update new address as  
communication address?☐ Yes ☐ No

Update applicable for

☐

Policyholder

☐

Life Assured

☐

Nominee

☐

Appointee

☐

Assignee

Address City  State \*\*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 ☐Policyholder Name ☐Life Assured DOB ☐Policyholder DOB ☐Title ☐ Mr. ☐ Mrs. ☐ Miss. ☐ Ms. ☐ Dr. ☐ Other (Specify) First Name Middle Name Last Name New Date of Birth  Gender ☐ Male ☐ Female

## Addition/Change of Nominee Details

New Nominee Name 

Gender

☐

Male

☐

Female

Relationship with the policyholder:  Nominee%: Date of Birth 1. 

If 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 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:

(9 digit number available on your cheque book. Correct code to be provided if the 9 digit number available on the copy of cancelled cheque starts with '000')

IFSC Code:

(11 digit number available on your cheque book; attestation by the Bank in case if this is not printed on the cancelled cheque)

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

SMS at 7039004411

Visit our website at www.canarahsbclife.com