



PSA000101

Policy Servicing Form (B)

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 of Contact Details (Mandatory valid self attested proof to be submitted)¹

(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 **☐ *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.

Change in Fund allocation (Switching of Funds)

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

Please enter the New Fund allocation percentage

From	To								
	Equity Fund/ Equity II Fund	Growth Fund/ Growth II Fund/ Growth Plus Fund	Balanced Fund/ Balanced II Fund/ Balanced Plus Fund	Debt Fund/ Debt Plus Fund	Liquid Fund	NAV Guarantee Fund series 1	India Multi-Cap Equity Fund	Emerging Leaders Equity Fund	Large Cap Fund
Equity Fund/ Equity II Fund									
Growth Fund/ Growth II Fund/ Growth Plus Fund									
Balanced Fund/ Balanced II Fund/ Balanced Plus Fund									
Debt Fund/ Debt Plus Fund									
Liquid Fund									
NAV Guarantee Fund series 1									
India Multi-Cap Equity Fund									
Emerging Leaders Equity Fund									
Large Cap Fund									

Request for (tick ✓ as applicable)

Maturity/Safety Switch option

☐

Opt in

☐

Opt Out

Auto Fund Rebalancing

☐

Opt in

☐

Opt Out

Milestone Withdrawal

☐

Opt in

☐

Opt Out



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

A copy of 'Cancelled' cheque ☐ Self attested copy of passbook ☐
 (Account number and account holder name should be 'printed') ☐ (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)

- 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 holderSignature/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.

Vernacular Declaration (to be filled if this form is signed in Vernacular/ affixed 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 the Declarant _____ Signature of the Declarant _____ 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
- 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.
- The original form will be submitted back to the customer incase request taken through Distributor App.
- Kindly fill the form in English.
- In the event of any disagreement in interpreting the language, English version will prevail.

The SFIN (Segregated Fund Index Number) for: Equity Fund is ULIF00116/06/08EQUITYFUND136, Equity II Fund is ULIF00607/01/10EQUITYIIFUND136, Growth Fund is ULIF00216/06/08GROWTHFUND136, Growth II Fund is ULIF00707/01/10GROWTHIIFUND136, Growth Plus Fund is ULIF00913/09/10GROWTHPLFUND136, Balanced Fund is ULIF00316/06/08BLNCEDFUND136, Balanced II Fund is ULIF00807/01/10BLNCEDIIFUND136, Balanced Plus Fund is ULIF01013/09/10BLNCDFUND136, Debt Fund is ULIF00409/07/08INDEBTFUND136, Debt Plus Fund is ULIF01115/09/10DEBTPLFUND136, Liquid Fund is ULIF00514/07/08LIQUIDFUND136, NAV Guarantee Fund series 1 is ULIF01215/04/11NAVGFUND136 India Multi-Cap Equity Fund ULIF01816/08/16IMCAPEQFUND136 1 is ULIF01215/04/11NAVGFUND136 India Multi-Cap Equity Fund ULIF01816/08/16IMCAPEQFUND136, Pension Growth Fund is ULIF01405/11/15PENSGRFUND136, Emerging Leaders Equity Fund is ULIF02020/12/17EMLEDEQFUND136.

Canara HSBC Life Insurance Company Limited

(formerly known as Canara HSBC Oriental Bank of Commerce 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 1800-103-0003/1800-180-0003/1800-891-0003

E-mail us at customerservice@canarahsbclife.in

SMS at 7039004411

Visit our website at www.canarahsbclife.com