



PSA000101

**POLICY SERVICING FORM
(E)**

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 and Updation of CKYC**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. **I would like to opt for payout through Electronic Mode (applicable for payment to the Policyholder)** ☐

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)

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)

POLICY SERVICING FORM (E)



PSA000101

- 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:

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

Name of Policy holder/Assignee: _____

Date :

D	D
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 /

M	M
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 /

Y	Y	Y	Y
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Signature/Thumb Impression of Policy Holder

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

- 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.
- I understand and agree that the submission of this form does not mean that the request will be acceded.
- 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.
- An individual is a resident, if he satisfies any of the two conditions below:-
 - He is in India in the relevant financial year for 182 days or more; OR
 - He is in India for 60 days or more in the relevant financial year AND 365 days or more during four years immediately proceeding relevant financial year

- 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

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:

- The original form will be submitted back to the customer incase request taken through Distributor App.
- Product specific requests/funds will be allowed, only if it is applicable under the respective terms and conditions of the Policy. Please refer to the terms and conditions of the Policy for details.
- Register now on our website to avail the benefits of various options for on-line servicing of your Policy.
- 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 ULIF00607/01/10EQUITYIIFND136, Growth Fund is ULIF00216/06/08GROWTHFUND136, Growth II Fund is ULIF00707/01/10GROWTHIIFND136, Growth Plus Fund is ULIF00913/09/10GROWTHPLFND136, Balanced Fund is ULIF00316/06/08BLNCEDFUND136, Balanced II Fund is ULIF00807/01/10BLNCIDIIFND136, Balanced Plus Fund is ULIF01013/09/10BLNCIDPLFND136, Debt Fund is ULIF00409/07/08INDEBTUND136, 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 is ULIF01816/08/16IMCAPEQFND136, Pension Growth Fund is ULIF01405/11/15PENSGRGFND136, Emerging Leaders Equity Fund is ULIF02020/12/17EMLEDEQFND136

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

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SMS at 7039004411

Visit our website at www.canarahsbclife.com