

HDFC Group Life Plan - Claim Form

PSNF118022101309
Comp/Oct/Int/2792



Scheme Type	
Trust Name	
Policy Number	

Sr. No	Account number	Account Name	Amount to be withdrawn	Type of Claim	No of members leaving scheme

Yours sincerely,

Signed for and on behalf of the Trust

1st Signatory : _____
Name of Trustee or Authorised Signatory :

2nd Signatory : _____

NOTE

Trustees or Authorised Signatories approved by the Board of Trustees or Employer and whose signatures have been submitted in advance to HDFC Life shall only be entitled to execute this request / form. The Policy Holder is requested to keep the signatory list updated with HDFC Life at all times to avoid last minute delays.

Date : _____

Place : _____ (Rubber Stamp and Address)

IMPORTANT:

- (1) All terms and conditions as specified in the Policy Documents and Schedule thereto shall apply.
- (2) Policy Holder(s) acknowledges that they have verified the valid reasons for lodging of a claim and holds HDFC Life indemnified for any consequences of the same.
- (3) The plans mentioned in this proposal form have been approved by IRDA (Insurance Regulatory and Development Authority) and have been allotted an Unique Identification number(UIN). This number is available on IRDA's website for verification.
- (4) The funds mentioned in this form have been allotted a Segregated Fund Identification Number (SFIN). This number is available on our website (www.hdfclife.com) for verification.