



**Auto Debit Mandate
Electronic Clearing Service (ECS)/
Standing Instruction (SI)/
Direct Debit**
(Please use a separate request form for each policy)

For Official Use Only
Next premium due date: _____
Last premium due date: _____

Branch Stamp

Policy Number: _____ Plan Type: Unit Linked (0602300004060) Conventional (0602300002429)
Policyholder's name: _____ (First Name) _____ (Middle Name) _____ (Last Name)

To: The Manager

I/We, the undersigned, hereby opt for the below mentioned option towards my policy premium payments {Tick whichever is applicable}

Standing Instruction (with HDFC Bank only) Electronic Clearing Service (for selected cities only) Direct Debit (non ECS location-selected banks only)

**Preferred billing Date: _____ day of the month (*Turn over leaf for your preferred dates' table)

** Preferred Billing Date option available only for Customers who have opted for SI facility with HDFC Bank only.

Premium amount to be debited: ₹ _____ (in words): _____

Bank A/c no (from where premium will be debited):

(Cancelled cheque copy of the above mentioned bank ac no. is mandatory for ECS/ Direct Debit facility. The same is not required, if the mandate is verified by the authorised signatory of the bank)

Bank name & address: _____

9 Digit MICR No. (not required for SI to HDFC Bank Ltd / Direct Debit from bank account of non ECS location):

Payment Frequency (Please tick): Monthly Quarterly Half Yearly Annual Type of Account: _____ NRE: YES NO

(In case of Current A/c, please affix a Proprietary/Company's stamp on the mandate)

DECLARATIONS FOR AUTO DEBIT

1. I/ We hereby declare that the particulars given above are correct and complete. 2. I/We hereby declare that in case of a third party account holder, a KYC form of the account holder shall be submitted. 3. I/ We undertake to keep sufficient funds in the account mentioned in the mandate as on the date of execution of debit. 4. I/ We hereby authorise the Bank/ Tech Process Solutions Ltd / Bill desk / any other intermediaries to communicate my/ our funding account number and any other account details (as may be necessary) to HDFC Standard Life Insurance Company Limited (HDFC Life) for the specific purpose of recovering my/ our HDFC Life premium payments through a debit instruction of my/ our account. 5. I/ We hereby authorise HDFC Life, in the instance of the Standing Instruction/ ECS/ Direct Debit failing for any reason, to authorise the Bank/ Tech Process Solutions Ltd / Bill desk to recover the premium payable through a direct debit to my/our account with the mentioned bank. 6. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I will not hold the HDFC Life, the Bank or the other Intermediaries responsible. 7. I/ We agree that for changing the premium amount as per my requirement, I/We will furnish a fresh mandate for such change in the premium amount, which will supersede all other mandates previously given. 8. I/ We agree that in the event of any violation by me/us of any undertaking confirmed in the agreement herein, shall amount to an event of default in the terms of the Insurance Policy and HDFC Life shall be entitled to invoke the remedies available to it in terms of the policy agreement. 9. I/ We agree that in the event of the Bank being unable to debit my account for want of sufficient funds or for any other reason, HDFC Life shall be entitled to deal with my policy in the manner as described in the policy provisions, unless the payment is received by any alternate mode on or before the specified date. 10. I/ We hereby authorise my/ our Bank to debit my/our account with the amount of service tax and other levies as may be stipulated by the Government, from time to time, on the premium stated above and for this purpose, no further or revised authority is required by my/ our Bank 11. I/We hereby authorise that in the instance of a transaction failure towards an ECS request, HDFC Life can debit my/our account twice for realizing this premium.

Policy Holder's Signature: _____ Date: _____ Place: _____

** A/C Holder's Name: _____ Signature: _____ Date: _____ Place: _____

(**If different from policy holder)

Relationship with Policy Holder (Please tick): Spouse Parent Sibling Child Grandparent
 Employer for Employee Company for a Director

Joint A/c holder's name: _____

*Kindly check overleaf for more details. Kindly submit this mandate at least 30 days prior to the premium due date/ preferred billing date.

Declaration to be made by a third person where:

The life assured has affixed his/her thumb impression/has signed in vernacular/has not filled the application. I hereby declare that I have explained the contents of this application form to the life to be assured in _____ language and have truthfully recorded the answers provided to me. I further declare that the life to be assured has signed/affixed his/her thumb impression in my presence.

Declarant Name _____ Signature _____ Date: _____ Place: _____

To be filled in by the account holder's bank

Certified that the particulars furnished above are correct as per our records.

Bank Stamp _____ Date _____ Authorised Signatory of the Bank _____

CUSTOMER ACKNOWLEDGEMENT COPY (Auto Debit Mandate)

Policy No: _____ Policyholder name: _____

Branch: _____ Customer Relations Officer: _____ Date: _____

Branch Stamp

Note: 1. Request for activation of Auto Debit facility has to be submitted at least 30 days prior to the next premium due date at the nearest HDFC Life branch
2. Request for de-activation of debit facility has to be submitted at least 15 days prior to the next premium due date at the nearest HDFC Life branch.

Important Note:

- Any cancellation, correction, alteration etc. should be countersigned by the Account Holder.
- For SI with HDFC Bank, premium will be debited from your account on the debit date. However, if the 1st attempt is unsuccessful, 2 more attempts will be made within the following 2 consecutive days.
- For SI cases (HDFC Bank), the NAV allotted will be the date on which the bank gives a confirmation of the debit.
- For ECS, NAV would be allocated on the basis of the debit date.
- Direct debit facility (non ECS location) is offered by ICICI Bank, Citibank, Union Bank of India, Bank of Baroda, State Bank of India and Axis Bank only.
- For Direct Debit, NAV will be provided for the day when the payment is received in the HDFC Life account.
- Request for de-activation of Auto debit facility has to be submitted at least 15 days prior to the next premium due date.
- The premium will be debited starting from the premium due date / Preferred billing date which occurs after the date of this mandate. Till the last premium due date unless the mandate is revoked.
- In case of any increase/ decrease in premium amount due to changes in payment frequency or any policy related changes including reduction in premium*, the existing debit instruction will be de-activated. Hence, a fresh direct debit mandate is required to be submitted at any HDFC Life branch at least 30 days prior to the next premium due date.

* Reduction in premium is a product-specific alteration.

PTD	Preferred Billing Dates for the Policy - (PBD within 10 days from PTD)							
	1	4	8	12	16	20	24	28
1		✓	✓					
2		✓	✓	✓				
3		✓	✓	✓				
4			✓	✓				
5			✓	✓				
6			✓	✓	✓			
7			✓	✓	✓			
8				✓	✓			
9				✓	✓			
10				✓	✓	✓		
11				✓	✓	✓		
12					✓	✓		
13					✓	✓		
14					✓	✓	✓	
15					✓	✓	✓	
16						✓	✓	
17						✓	✓	
18						✓	✓	✓
19						✓	✓	✓
20							✓	✓
21							✓	✓
22	✓						✓	✓
23	✓						✓	✓
24	✓							✓
25	✓	✓						✓
26	✓	✓						✓
27	✓	✓						✓
28	✓	✓						
29	✓	✓	✓					
30	✓	✓	✓					
31	✓	✓	✓					

** Preferred Billing Date option available only for Customers who have opted for SI facility with HDFC Bank only

View Premium Calendar, Pay Premium Online, Track fluctuations in the fund value, Print your Annual Premium Statement, Do a Fund Switch, Revive your policy & lots more! Visit www.hdfclife.com & register for My Account today!

For more details, Call us on our help line number 1860-267-9999 (Local charges apply). DO NOT prefix any country code e.g. +91 or 00./

Email us at service@hdfclife.com. The call centre is open from 9am-9pm all 7 days.



Communication Address: **HDFC Standard Life Insurance Company Limited.**
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