

The Policy Servicing Department  
DHFL Pramerica Life Insurance Company Limited

Policy No.:

Date:

**Change in Premium Payment Frequency**

I wish to change my premium payment frequency to (Please tick as applicable):

Monthly     Quarterly     Half Yearly     Annually

Changes would be effective from the next Policy anniversary.

**Updation of Bank Details**

Change in Bank Name:  Branch:

Change in Account No.:  Change in MICR Code:

Reason For Change: \_\_\_\_\_

Note: Please attach a cancelled cheque copy of new bank account along with this request.

**Declaration & Authorisation**

I/we agree that no request shall be treated as valid and effective unless received by DHFL Pramerica Life Insurance Company Limited (hereinafter referred to as "the Company") during the lifetime of the Life Insured and is finally accepted by the Company. Receipt of this form by a Life Associate/Life Consultant will not constitute receipt/acknowledgement by the Company.

I/we understand that (i) the Company may be unable to process this application if I/we fail to provide any further information requested by the Company and I/we fully understand the contents of this form and all information has been filled by me/us.

Signature of the Life Insured \_\_\_\_\_ on

Date:

Signature of the Policy holder/Trustee \_\_\_\_\_ on  
(If other than Insured)

Date:

Signature of the Assignee \_\_\_\_\_ on  
(in case of Absolute Assignment)

Date:

**Declaration (in case this form is filled by a person other than the Policy holder or signed in vernacular)**

I hereby declare that the contents in this form have been fully explained to me and that whatever is stated herein above has been recorded as per the information provided by me.

Thumb Impression/Signature of the Policy holder/Trustee \_\_\_\_\_ on

Date:

Signature of the Assignee \_\_\_\_\_ on  
(In case of Absolute Assignment of policy)

Date:

I hereby declare that I have explained the contents of this form to the Policy holder in \_\_\_\_\_ language and I have correctly recorded the information provided to me and I further declare that the Policy holder has signed/affixed his/ her thumb impression in my presence.

Signature of the Declarant filling the form

**Name and Address of the Declarant** (PLEASE LEAVE A SPACE BETWEEN EACH PART OF THE NAME)

Title: Mr/Mrs/Ms/Dr.

First name

Middle name

Surname

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Address:

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City: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: 

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Date: 

D	D	M	M	Y	Y	Y	Y
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Place: \_\_\_\_\_

**Note:**

- Please submit the duly filled form at the nearest Company branch office or mail it to our communication address. For the details of the branch office location, visit [www.dhflpramerica.com](http://www.dhflpramerica.com) or call 1800 102 7070 (Toll-Free). You are requested to ask for the acknowledgement of this form from the branch office and retain it for future reference
- Insurance is a subject matter of the solicitation

DHFL Pramerica Life Insurance Company Limited (erstwhile DLF Pramerica Life Insurance Co. Ltd),  
**Registered Office and Communication Address:** 4th Floor, Building No. 9B, Cyber City, DLF City Phase III,  
 Gurgaon - 122002, Haryana. CIN: U66000DL2007PLC165153

**Contact Us:** Customer Service Helpline: 1800 102 7070 (Toll Free)  
 Email: [contactus@dhflpramerica.com](mailto:contactus@dhflpramerica.com) | [www.dhflpramerica.com](http://www.dhflpramerica.com)  
 Fax: 0124 - 4697100/7200  
 IRDA Registration Number: 140. Insurance is the subject matter of solicitation.