

**Pramerica**

LIFE INSURANCE

Pramerica Life Insurance Limited
 (Erstwhile DHFL Pramerica Life Insurance Company Ltd.)
 Registered Office & Communication Address: 4th Floor,
 Building No 9, Tower-B, Cyber City, DLF City Phase III,
 Gurgaon 122002, Haryana.
 Tel.: 0124 - 4697000, Fax: 0124 - 4697100/ 7200,

| Group Policy Servicing Form | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| Details (For office use only) | |
| Master Policy Holder Name: <input style="width: 90%;" type="text"/> | Master Policy No: <input style="width: 90%;" type="text"/> |
| COI Number <input style="width: 90%;" type="text"/> | |
| Personal Details of Applicant | |
| Full Name Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> <input style="width: 90%;" type="text"/> | |
| <input style="width: 90%;" type="text"/> | |
| Please tick one option below | |
| <input type="checkbox"/> Applicant Details | <input style="width: 90%;" type="text"/> |
| <input type="checkbox"/> Address Change | <input style="width: 90%;" type="text"/> |
| <input type="checkbox"/> Nominee Change | <input style="width: 90%;" type="text"/> |
| | <input style="width: 90%;" type="text"/> |
| | Place of Birth <input style="width: 40%;" type="text"/> Date of Birth <input style="width: 20%;" type="text"/> |
| | Gender <input type="checkbox"/> M <input type="checkbox"/> F Marital Status: <input style="width: 30%;" type="text"/> |
| <input type="checkbox"/> Free look Cancellation(Please attach Original COI) | <input style="width: 90%;" type="text"/> |
| <input type="checkbox"/> Surrender(Please attach Original COI) | |
| Member Declaration | |
| I fully understand the contents of this form and all information has been filled by me and I the Member Assured of the above mentioned Master Policy hereby give my consent to Pramerica Life Insurance Ltd. to pay the proceeds in favour of Master Policy Holder. I understand that upon surrender/cancellation of the Insurance, membership will be terminated and I will not be eligible for any benefits from the said Policy. | |
| Signature of Member _____ | Date : <input style="width: 20%;" type="text"/> |
| Vernacular Declaration | |
| If the signature herein is in vernacular then the proposer should declare below in his/her own handwriting (in the same language in which the application is signed) that the replies were after and properly understanding the question and declarations mentioned above. | |
| Signature or Thumb Impression of the Proposer _____ | Date <input style="width: 20%;" type="text"/> |
| Signature of the Witness _____ | Date <input style="width: 20%;" type="text"/> |
| Name & Address of the Witness _____ | |
| Master Policyholder Declaration | |
| I, hereby declare that the contents of the form including the declarations have been explained to the Member and verified | |
| Signature & Seal of the Master Policyholder _____ | Date <input style="width: 20%;" type="text"/> |