



**Declaration of Insured Members**

I/We understand, agree and confirm that these statements and this declaration are basis of the contract between the insurer and the policyholder. Subject to Section 45 of the Insurance Act 1938 as amended from time to time, if any untrue statements are contained herein or there has been any non disclosure of any material fact, the policy to be issued by the insurer in the name of the policyholder may be treated as void as far as I/We am/are concerned.

I/We confirm that I/We have read and understood, the rules and any additional rules of the plan, the standard policy provisions and any additional provisions that govern the policy to be issued by insurer in the name of the policyholder and on my/our life, and I/We agree and confirm that the same shall be binding on me/us. I/We authorise the policyholder to disclose to the insurer such particulars as they may require including the details given above and any changes to the same, pay the premium payable on my/our behalf /collected from me/us to the insurer. I/We understand that any statutory levy or charges including any indirect tax may be charged to me/us either now or in future by the insurer and I/We agree to pay the same. I/We understand that HDFC Life Insurance Company Limited (HDFC Life) has the right to reject a proposal without giving reasons thereto and confirm to give an undertaking that I/We shall not raise any claims thereof. I/We understand the significance of the contract and that the contract will be governed by the provisions of the Insurance Act 1938 as amended from time to time and that the same will not commence until written acceptance of this application issued by the insurer on its normal terms and conditions is received.

I/We further agree that if after the date of submission of the proposal but before the issuance of Policy (i) there is an adverse change in my/our occupation, financial condition, health condition, which will affect the decision of the Company in underwriting risk or (ii) if the proposal for assurance or an application for revival of the policy made to any insurer on my/our life or the Life to be assured is withdrawn or dropped, deferred, declined or accepted on terms other than as proposed, I/We shall forthwith intimate the same to the company in writing and failure to do so shall lead to a decision as per the applicable terms and conditions of the policy.

I/We hereby declare that the content of the form and document has been fully explained to me/us and I/We have fully understood the significance of the proposed contract.

Signature/Thumb impression of Witness* Name & Address _____ Occupation _____	Signature / Thumb Impression of the Primary Life Assured Member Date & Place: _____	Signature / Thumb Impression of the Secondary/ Joint Life Assured Member Date & Place: _____
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\* Witness Signature, Address and Occupation is along with signature of Insured Member

**Declaration made by Declarant where Member has:**

**a) affixed his/her thumb impression; OR b) signed in vernacular; OR c) not filled the application**

“I hereby declare that I have fully explained the above questions and contents of the Member Enrollment Form to the Member and the Joint Life Assured (if any) and I have truthfully recorded the answers given by the Member and the Secondary / Joint Life Assured (if any) and that the Member and the Secondary / Joint Life Assured (if any) has affixed the thumb impression above after fully understanding the contents thereof.”

Signature of the Declarant Name of the Declarant _____	Address of the Declarant _____ Occupation of the Declarant _____
Signature of the Witness Name of the Witness _____	Address of the Witness _____ Occupation of the Witness _____

“I/We certify that the contents of the form and documents have been fully explained to me by Mr. / Mrs.: \_\_\_\_\_ and I/We have understood the significance of the proposed contract.

Signature/Thumb impression of Member _____	Name, of Declarant _____
Signature / Thumb Impression of the Secondary/ Joint Life Assured (if any) _____	Designation of Declarant _____
	Occupation of Declarant _____

Declaration made by Legal Guardian if any of the Member or Joint Life Assured is a minor: I/We hereby declare that the content of the form and document filled up by the Member or Joint Life Assured is accurate and true to my/our knowledge.

Signature / Thumb Impression of the Legal Guardian (if Member is a Minor)	Signature / Thumb Impression of the Legal Guardian (if Secondary / Joint Life Assured is a Minor)
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