HB-22/11/2019-5.1 PSRF094326072196 | CANA

Customer Consent Document Avoid Policy Rejection. Fill out this form





ADDENDUM TO ELECTRONIC PROPOSA	L FORM carefully.	MPORTAL	Sar utha ke jiyo!
Application Number (Electronic proposal form	I, HDFC Life agent have ensured the discussing and agreeing on the pro	hat this form is completed after posed insurance plan.	SALES PERSONNEL'S SIGNATURES
TO BE FILLED BY THE CUSTOMER	·		
Type of Insurance Plan: Protectio	n Investment Pension	Savings	Health Cover Combi Plan
■ Name of Insurance Plan		■ The premium payable	eis₹
on a (S/M/Q/HY/Y) ¹ frequency for a		e Sum Assured is ₹	
(¹S- Single Premium, M- Monthly, Q-Quarterly, HY- Half Yet Fill one of the following: (Applicable or ■ Health Cover: Family Floater: Sum Insu ■ Individual Cover: Sum Insured ₹:	nly for Combi * Plan):	m 01 / 02 Years	
	_2:		
Have you filled the electronic proposal number?	form / has a third party or sales official as	ssisted you in filling the proposal fo	orm vide above application (tick if yes)
■ Do you agree to the Illustration / suitab	ility questionnaire signed by you/received by tions mentioned in the electronic proposal fo		
these Policy details: BENEFII	MATURITY (tick if yes) BENEFIT* (tick if yes) DETAIL	S*^ (tick if yes) HEALTH BENEFIT	# Not applicable for Term Policies ^ Not applicable for ULIP Policies * Not applicable for limited & regular Term Policies
 Have you understood the Policy provision This application is for a fresh insurance Po Policy nor with any other financial product 	licy and is neither linked with an existing		(tick if yes)
For Unit Linked Policy (ULIP), have you understood:		PARTIAL WITHDRAWAL FACILITY	(tick if yes)
I/We have been explained the features of th I/We understand that the returns in Unit Lin Are you a tax resident of India only as per the India	is plan and understand that this is not a Fixed Depos ked Products may not be guaranteed and are subjec In Income-tax law? Yes No (If No, please submit	t to investment risks associated with ca	Plan. pital markets.
I/We would like to receive a Dematerialized Polic I/We understand that I/We may receive calls from registered on NDNC registry.	y Yes No NA (If Yes, please submit relevan n HDFC Life in relation to this proposal for insurance or th	t documents) ne resulting Policies. I/ We give my consent	
I/We agree that the answers to the above questi	ills shared by me via cancelled cheque or NEFT details pro ons are true and that this addendum forms a part of the	proposal / contract between me/us and HD	FC Life.
I/We declare that the content of the form and doc	my credentials / information (address, contact no., ema ument has been fully explained to me and I / We have fully	understood the significance of the propose	d contract.
I/We agree and understand that the combi produ	In purchased is on the basis of the need analysis done and ct is jointly offered by HDFC ERGO General Insurance Con ct is based on the information provided by me which was p	mpany Limited and HDFC Life Insurance Con	
"HDFC Bank Limited ("HDFC Bank") is registered w	rith Insurance Regulatory & Development Authority of Inc	dia (IRDAI) as a Composite Corporate Agent	
<u> </u>	HDFC Life Insurance Company Limited, TATA AIA Life Insu	Life to be Assured 2 / Propos	ed Policyholder / Appointee*
Life to be Assured 1: Ens	ure you know all Policy details		om life to be assured) (Nominee/ beneficiary is a minor) CUSTOMER'S SIGNATURE
uu lupload	CUSTOMER'S SIGNATURE	nu Lupload	COSTOTIENTS SIGNATURE
Please affix / upload Please affix / upload Please affix / upload		Please affix I upload Please affix I upload passport size passport graph	
photos		photos	
photo or or the mention the		pho or or the mention the	
mention the existing client ID Name:		existin	me:
Date:	Place: Place:	Da	te: Place:
period when the nominee is a minor. (Please		and becared by the roney in the even	t of death of the Life to be Assured during the
	ttach appointee declaration for Employer-Employee case	e) 	t of death of the Life to be Assured during the
>€	ttachappointee declaration for Employer-Employee case		-
HDFC Life UMRN FOR	ttachappointeedeclarationforEmployer-Employeecase	s to be filled only if SI/ECS is opted for)	-
HDFC Life UMRN FOR	ttachappointee declarătion for Employer-Employee case SI/ECS/NACH Mandate (Below details	s to be filled only if SI/ECS is opted for) Utility Code	Date D M M Y Y Y Y
HDFC Sar utha ke jiyo! Tick (√) CREATE MODIFY We hereby authorize	ttachappointeedeclarationforEmployer-Employeecase	o to be filled only if SI/ECS is opted for) Utility Code	
HDFC Sar utha ke jiyo! Tick (/) CREATE	ttachappointee declarătion for Employer-Employee case SI/ECS/NACH Mandate (Below details	s to be filled only if SI/ECS is opted for) Utility Code	Date D M M Y Y Y Y
HDFC Sar utha ke jiyo! Tick (/) CREATE MODIFY CANCEL Bank a/c number WMRN FOR Sponsor Bank Code I/We hereby authorize	ttachappointee declarătion for Employer-Employee case SI/ECS/NACH Mandate (Below details	s to be filled only if SI/ECS is opted for) Utility Code	Date D M M Y Y Y Y CCA/CC/SB-NRE/SB-NRO/OTHER or MICR
HDFC Sar utha ke jujo! Tick (/) CREATE MODIFY CANCEL Bank a/c number WMRN FOR Sponsor Bank Code I/We hereby authorize	ttachappointee declarătion for Employer-Employee case	s to be filled only if SI/ECS is opted for) Utility Code	Date D M M Y Y Y Y CA/CC/SB-NRE/SB-NRO/OTHER
HDFC Sar utha ke jupo! Tick (v) CREATE MODIFY CANCEL Bank a/c number With bank Name of c	ttach appointee declaration for Employer-Employee case SI/ECS/NACH Mandate (Below details O F F I C E U S E HDFC LIFE ustomers bank IFSC y X H. Yrly X Yrly ✓ As & when	Utility Code to debit (tick ✓)	Date D M M Y Y Y Y CCA/CC/SB-NRE/SB-NRO/OTHER or MICR
HDFC Sar utha ke jiyo! Tick (/) CREATE MODIFY CANCEL Bank a/c number With bank Name of c an amount of Rupees	ttachappointee declaration for Employer-Employee case SI/ECS/NACH Mandate (Below details O F F I C E U S E HDFC LIFE ### STATE OF THE PROPERTY OF THE P	Utility Code to debit (tick ✓)	Date D M M Y Y Y Y CCA/CC/SB-NRE/SB-NRO/OTHER or MICR
Tick (/) CREATE MODIFY CANCEL Bank a/c number with bank Name of c an amount of Rupees FREQUENCY Reference No. 1 Reference No. 2 lagree for the debit of mandate processors are supported by the control of mandate processors are supported by the control of	ttach appointee declaration for Employer-Employee case SI/ECS/NACH Mandate (Below details O F F I C E U S E HDFC LIFE ustomers bank IFSC y X H. Yrly X Yrly ✓ As & when	Utility Code to debit (tick Typesented DEBIT TYPE Mobile No.	Date D M M Y Y Y Y CCA/CC/SB-NRE/SB-NRO/OTHER or MICR
HDFC Sar utha ke juyo! Tick (/) CREATE MODIFY CANCEL Bank a/c number With bank Name of c an amount of Rupees FREQUENCY Reference No. 1 Reference No. 2	ttachappointee declaration for Employer-Employee case SI/ECS/NACH Mandate (Below details O F F I C E U S E HDFC LIFE HDFC LIFE US MAN WHEN JESC AS & when Application No. FOR OFFICE USE ONLY	Utility Code to debit (tick Typesented DEBIT TYPE Mobile No.	Date D M M Y Y Y Y CA/CC/SB-NRE/SB-NRO/OTHER or MICR Tixed Amount Maximum Amount

HB - 22/11/2019 - 5.1	Page 2/2			
Application No.: My MIX Code	2:			
PAYMENT DETAILS				
Initial Payment has been made from account / Debit Card / Credit Card that belongs to:				
Self Proposer Third Party: Spouse Parent Children	Sibling Grandparent Company			
■ Mode of Payment: HDFC Bank Cheque HDFC Bank DD Net Banking Debit Card	Online/Offline Credit Card Direct Debit Fund Transfer			
■ In case of Third Party Payor, enclosing Third Party Declaration & KYC	faller describer			
■ I / We confirm that the product has been clearly explained to me/us by Bank employee with 1 Bank Employee Name Employee Code:	following details: CUSTOMER'S SIGNATURE			
Specified Person Code of Bank Employee:				
DECLARATION BY SPECIFIED PERSON				
■ HDFC Bank DD/Cheque/Last four digits of Credit Card No./Online Ref. No.				
■ In case of Fund Transfer, please mention existing policy No.				
Note: Only HDFC Bank instruments are allowed. There must be a debit to the HDFC bank account of policy holder (or proposer if different from policy holder)				
■ Premium amount is in line with the customer's profile and account balance: Yes				
■ Policy Holder (proposer if different from policy holder) is KYC / AML compliant with HDFC Bank:] Yes			
Customer's income declared for the investment is in line with the bank profile of the customer:	<u></u>			
 Annual income of the customer updated in life insurance proposal is correct and verified by me. The 				
 Preferred language option selected in life insurance proposal is correct and as per my interaction comfortable in completing the verification process in this language. 	with customer. Customer would be SIGNATURE\$			
 Customer's signatures on the proposal matches with the bank records for telechannels only, the c 	confirmation is that customer			
signature matches on all points where the customer has signed. Yes				
NameSPCode	□□□ Employee Code: □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□			
DECLARATION BY SUPERVISOR				
Iconfirm that I have spoken to/met the customer for this life insurance proposal.	STAMP Name			
I confirm that the customer is aware of all product features and that the policy is sold in line with	Name			
the customer's requirements. I confirm that the entire sales solicitation from lead generation, explaining the product features to	Employee Code			
closure of sale has been done by IRDAI certified staff.				
Annual income updated in life insurance proposal by SP is correct and as per bank records				
Preferred language option selected in life insurance proposal by SP is correct.	SIGNATURE			
"I confirm that customer's signature on the proposal form matches with the bank records"				
SPNameSPCode	12 11 11 11			
DECLARATION BY CLUSTER HEAD (for policies sold to >=60 years Life Assured / Payor / Proposition that I have spoken to/met the customer for this life insurance proposal. I confirm that the customer for this life insurance proposal.	•			
the customer's requirements. The premium paying capacity of the customer for the said proposal has b				
Name	SIGNATURE			
Employee Code				
Employee code				
DECLARATION BY SALES CONSULTANT & THIRD PARTY				
I hereby declare that I have explained the contents of this application form and I have also expanderss the customer's need. I have thereby ensured that the same is completely understood	plained all the important features of the HDFC Life insurance plan to			
have truthfully recorded the answers provided to me.				
I further declare that the life to be assured / proposed Policyholder has signed / affixed his / h				
Sales Consultant:	SIGNATURES			
Name:				
Code: Date: Place:				
Third Party: (Applicable when solicitation done in regional language or thumb impression affixed / s	ignature done in regional language by customer)			
Name:Address:	SIGNATURE			
Date: Place: _				
^s Sales Hierarchy to fill in & sign the form, if SP/BC/FC / Sales Personnel is the life to be assured.				
Note: 1. Please fill Consultant Confidential Report (CCR) on POS 2. Third party is an inc	dividual who is not the life to be assured or sourcing personnel			
Renewal Payment has been made from account / Debit Card / Credit Card that belong	gs to:			
Company Self Proposer Third Party: Spouse Parent	Children Sibling Grandparent			
DECLARATION:				
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 par keep sufficient funds in the account mentioned in the mandate as on the date of execution of debit. 4. I/We hereby authorise the Ba	ty account holder, a KYC form of the account holder shall be submitted. 3. I/ We undertake to ank / 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 Life Insurance Company Limited (HDFC Life) fo instruction to my/our account. 5. I/ We hereby authorise HDFC Life, in the instance of the ECS/SI/DD/NACH failing for any reason, to	or the specific purpose of recovering my/ our HDFC Life premium/EMI payments through a debit			
through a direct debit to my/our account with the mentioned bank. 6. If the transaction is delayed or not effected at all for reas				

Intermediaries responsible. 7. I/ We agree that for changing the premium/EMI amount as per my requirement, I/ We will furnish a fresh mandate for such change in the premium/EMIamount, 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 move the remember shall be remembered to the 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. If We hereby authorise my/ our Bank to debit my/ our account with the amount of taxes and other levies as maybe stipulated by the Government, from time to time, on the premium/EMI 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 represent twice the transaction to my/our account for realising this premium/EMI. 12. I/We wish to any during the art in the instance of a trained with the instance of a trained to a trained with the wish to avail the EC/SFQIDD/NACH facility and hereby express my unconditional consent to debit premium/EMI of my Policy to above through participation in Electronic Clearing System (ECS). Direct Debit. I. We understand and agree that premium/EMI amount to be debited from my account may vary due to taxes and other statutory levies as may be applicable from time to time. 13. I/ We understand and accept that the transaction will be effected on the Policy on the due date (provided the day is a working day). I/ We agree to discharge the responsibility expected of me/ us as participants under the scheme. I take full responsibility of correctness of the details filled herein. 14. I/ We authorise the above mentioned bank to debit my bank account if my/our ECS mandate is active and until I give a written request for cancellation of ECS/SI/DD/NACH. 15. In the future, if I/We outhors that the submission of this form does not mean that the request will be processed. I/ We understand that any payout under the Policy shall be strictly in accordance with the Policy terms and conditions. Also, any payment shall be subject to realisation of the last renewal premium/EMI payment. 17.1/ We also understand and agree that the Company reserves the right to use any payout option. 18. For SI with HDFC Bank/Ratnakar Bank, premium will be debited from your account on debit date. However, in case of failure, we will debit your account anytime again upto 180 days from date of debit. 19. I/ We authorise the above mentioned bank to debit the amount from my bank account if my ECS/SI/DD/NACH is active, until I give a written request for cancellation of the Mandate. 20. I authorise the Company to deduct all the outstanding premium along with interest (in case of non Unit Linked Products) for the purpose of revival. I am aware that in case of Conventional products, company may deduct the Mortality and the other charges for the period while the policy was in lapsed stage. I understand that the Company reserves the right to refuse revival of the policy 21. In case a preferred day of debit is selected, the debit attempt will done on the Preferred Billing Date instead of the premium due date. 22. In case of EMI collection for Loan-Against-Policy, the Company may process debit attempts post the EMI due date to recover pending payments.

1. Any cancellation, correction, alteration etc. should be countersigned by the Account Holder. 2. For SI cases (HDFC Bank/Ratnakar Bank), the NAV allotted will be the date on which the bank gives a confirmation of the debit. 3. For ECS, NAV would be allocated on the basis of the debit date. 4. Direct debit facility (non ECS location) is offered by ICICI Bank, Citibank, Union Bank of India, Bank of Baroda, State Bank of India, Axis Bank, Punjab National Bank and J&K Bank only. 5. For Direct Debit, NAV will be provided for the day when the payment is received in the HDFC Life account. 6. Request for de-activation of Auto debit facility has to be submitted at least 12 days prior to the next premium/EMI due date. 7. The premium/EMI will be debited starting from the premium/EMI due date which occurs after the date of this mandate. Till the last premium/EMI due date unless the mandate is revoked. 8. In case of any increase or decrease in premium/EMI amount due to changes in payment frequency or any Policy related changes including reduction in premium/EMI*, the existing debit instruction will be de-activated. Hence, a fresh Auto Debit Mandate is required to be submitted at any HDFC Life branch at least 30 days prior to the next premium/EMI due date. 9. In case of PBD option the NAV will be allocated as per preferred billing date and not premium/EMI due date. 10. Grace period in case of PBD will start from premium/EMI due date only and not from Preferred billing date.

* Reduction in premium/EMI is a product-specific alteration.