OB-22/11/2019-5.1 PSRF094626072196 | CANA

Customer Consent Document Avoid Policy Rejection. Fill out this form





| ADDENDUM TO ELECTRONIC PROPOSAL FO | RM carefully. | MPORTAN | Sar utha ke jiyo! |
|--|--|--|--|
| Application Number (Electronic proposal form ID nu | | this form is completed after sed insurance plan. | SALES PERSONNEL'S SIGNATURE ^{\$} |
| TO BE FILLED BY THE CUSTOMER | | | |
| Type of Insurance Plan: Protection | Investment Pension | Savings | ealth Cover Combi Plan |
| ■ Name of Insurance Plan | | ■ The premium payable is | ₹ |
| on a (S/M/Q/HY/Y) ¹ frequency for a prem | | ım Assured is ₹ | |
| Fill one of the following:(Applicable only fo | or Combi * Plan): | | |
| Health Cover: Family Floater: Sum Insured ₹ Individual Cover: Sum Insured ₹: | f,Term (| 01 / 02 Years | |
| L1: L2: | L3: | | |
| L4: L5: | L6: | | |
| Have you filled the electronic proposal form number? | / has a third party or sales official assis | ted you in filling the proposal form | vide above application (tick if yes) |
| ■ Do you agree to the I llustration/suitability of | | 3 11 | |
| ■ Do you agree to all the Terms and Conditions ■ Have you understood DEATH | MATIDITY - I OAN | - HEALTH - | # Not applicable for Term Policies * Not applicable for ULIP Policies |
| these Policy details: BENEFIT (LICK I) | BENEFIT* (tick if yes) DETAILS* | (tick if yes) BENEFIT (tick i | * Not applicable for limited & regular Term Policies |
| Have you understood the Policy provisions v This application is for a fresh insurance Policy Policy possess the application is for a fresh insurance Policy | and is neither linked with an existing | | (tick if yes) |
| Policy nor with any other financial products like For Unit Linked Policy (ULIP), DED | | TIAL WITHDRAWAL FACILITY | (tick if yes) |
| have you understood: I/We have been explained the features of this plan and und I/We understand that the returns in Unit Linked Products r | derstand that this is not a Fixed Deposit or Recurring Depo | usit but an Insurance Plan. | |
| Are you a tax resident of India only as per the Indian I/We would like to receive a Dematerialized Policy | ncome-taxlaw? Yes No (If No, please su | bmit relevant documents) | |
| I/We understand that I/We may receive calls from I lam/We are registered on NDNC registry. | IDFC Life in relation to this proposal for insurance of | or the resulting Policies. I/We give my cor | nsent to HDFC Life to make such calls even when |
| I/WeallowHDFCLifetousemyBankaccountdetails I/We agree that the answers to the above | | | |
| I/ We give consent to allow Sourcing Channel to furr I/ We declare that the content of the form and docur | ish my credentials / information (address, contact | no., email ID, loan details, income & nomi | nee) as per their/his/her records & vice versa. |
| I/We agree and understand that the insurance plan I/We agree and understand that the combi product is joi | purchased is on the basis of the need analysis done | e as per the Bank's Suitability Question i | naire (if applicable). |
| I/ We hereby agree that the recommended product is ba | | | Limited |
| Life to be Assured 1: | | Life to be Assured 2 / Proposed I | Policyholder // Appointee* // fe to be assured) (Nominee/ beneficiary is a minor) |
| Ensure yo | ou know all Policy details OMER'S SIGNATURE | 20 | CUSTOMER'S SIGNATURE |
| CO31 | OFIER 3 SIGNATORE | 2/000 | |
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| Application No.: My MIX Code: | Page 2/2 |
|---|-------------------------------|
| PAYMENT DETAILS | |
| ■ Mode of Payment: Cheque DD Net Banking Debit Card Online/Offline Credit Card Others Debit Card D | |
| ■ Initial Payment has been made from account / Debit Card / Credit Card that belongs to: Self Spouse Parent Children Sibling Grandparent Partnership Company | |
| HUF Trust Others Please specify In case of Third Party Payor, enclosing Third Party Declaration & KYC | |
| DECLARATION BY SPECIFIED PERSON | |
| Employee Code: DD/ Cheque / Credit Card No. Premium amount is in line with the customer's profile: Yes Policyholder (proposer if different from Policyholder) is KYC / AML compliant with us: Yes Customer's income declared for the investment is in line with the profile of the customer:Yes Customer's signatures on the proposal matches with our records: Yes Name SP Code | |
| | |
| DECLARATION BY SUPERVISOR I hereby confirm that the proposal is complete in all respects and relevant documents have been obtained and verified as per the available rebranch. The solicitation of the proposal is as per customer's needs. Bank's Branch Manager/ Supervisor Name Code Code | cords with the |
| DECLARATION BY TM & Above (for policies sold to >=60 years Life Assured / Payor / Proposed Policy Holder) | |
| I confirm that I have spoken to/met the customer for this life insurance proposal. I confirm that the customer is aware of all product feature policy is sold in line with the customer's requirements. The premium paying capacity of the customer for the said proposal has been established. Name SIGNAT | d. |
| Employee Code | |
| DECLARATION BY SALES CONSULTANT & THIRD PARTY | |
| DECLARATION BY SALES CONSULTANT & THIRD PARTY ■ I hereby declare that I have explained the contents of this application form and I have also explained all the important features of the HDFC Life insaddress the customer's need. I have thereby ensured that the same is completely understood by the life to be assured in la have truthfully recorded the answers provided to me. ■ I further declare that the life to be assured / proposed Policyholder has signed / affixed his / her thumb impression in my presence. SIGNATURE ^S SIGNATURE ^S | surance plan to nguage and |
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Important Note:

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, Plurjab 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 due to changes in payment frequency or any Policy related changes including reduction in 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.

HDFC Life Insurance Company Limited (HDFC Life). CIN: L65110MH2000PLC128245. IRDAI Registration No. 101. Regd. Off: 13th Floor, Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.

For queries or more information, call us on 022-68446530 (Call charges apply) | Available Mon-Sat from 10 am to 7 pm. DO NOT prefix any country code e.g. +91 or 00. | Email – service@hdfclife.com | nriservice@hdfclife.com (For NRI customers only) Visit – www.hdfclife.com