

MEMBER INFORMATION FORM

REGULATED ENTITY

[IMPORTANT NOTE: Any cancellation and alteration must be countersigned by Member.

Please do not sign blank Proposal form]

Plan:	<input type="checkbox"/> HDFC Life Group Jeevan Suraksha (Micro-Insurance Product) <input type="checkbox"/> HDFC Life Group Suraksha (Micro-Insurance Product)		
Sum Assured (INR)	Premium (INR)	Cover Term (mths) <input type="checkbox"/>	Moratorium Period (yrs) <input type="checkbox"/>
Premium Payment Option: Regular <input type="checkbox"/> Single <input type="checkbox"/> Limited <input type="checkbox"/>			
Premium Payment Frequency: Single <input type="checkbox"/> Yearly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/>			
Cover Type: Single Life <input type="checkbox"/> Joint Life <input type="checkbox"/>			
Main Benefit: _____ (level / decreasing) Interest Rate: <input type="checkbox"/> <input type="checkbox"/> %			Extra Life Benefit <input type="checkbox"/>

Particulars of Member: Mr/Mrs. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Date of Birth/Age(yrs): <u>dd/mm/yyyy/</u>
Address: _____		Gender: <u>M / F/Tg</u>
Particulars of Joint Life Assured (if any): Mr/Mrs. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Date of Birth/Age(yrs): <u>dd/mm/yyyy /</u>		Gender: <u>M / F/Tg</u>
Relationship with Member _____		Loan Account No. 1. _____
Loan Account No. 2 _____		Loan Type _____
Particulars of Legal Guardian (if Member / Joint Life Assured is a minor): Mr/Mrs. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Date of Birth/Age(yrs): <u>dd/mm/yyyy /</u> Gender: <u>M / F/Tg</u> Relationship with Member / Joint Life Assured _____		
PAN No.: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (submit Form 60 if PAN not available)		

Nominee / Appointee Details:						
	Name	Date of Birth	Gender	% Share	Contact No.	Relationship to
Nominee 1:		<u>dd/mm/yyyy</u>				Member
Nominee 2:		<u>dd/mm/yyyy</u>				Member
Appointee:		<u>dd/mm/yyyy</u>				Nominee if nominee is below 18 yrs of age

PAYMENT AUTHORISATION (if applicable)

I do hereby declare that I have received a loan from M/s _____ (“Master Policyholder”). In order to secure the said loan I have taken the above referenced policy from HDFC Life Insurance Company Limited (“HDFC Life”). In consideration of receiving the said loan I hereby authorize HDFC Life to make payment of Outstanding Loan Balance amount to Master Policyholder by deducting from the claim proceeds payable on happening of the contingent event covered by the Group Life Insurance Scheme/ Policy referenced above.

Signature/Thumb Impression of the Member

Date & Place: _____

Declaration to be made by a 3rd person where: a) The Member has affixed his/her thumb impression; OR b) The Member has signed in vernacular; OR c) The Member has not filled the application.

I hereby declare that I have explained the contents of this application form to the Member in _____ language and have truthfully recorded the answers provided to me. I further declare that the Member has signed/affixed his/ her thumb impression in my presence.

Signature/Thumb impression of Witness* _____	Signature of the Declarant _____	Name & Address _____
Occupation _____	Date & Place: _____	

* Witness Signature, Address and Occupation is required along with signature of Member

Declaration made by Legal Guardian if any of the Member or Joint Life Assured is a minor: I 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 knowledge.

Signature / Thumb Impression of the Legal Guardian (if Member is a Minor)	Signature / Thumb Impression of the Legal Guardian (if Joint Life Assured is a Minor)
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Note: PLEASE DO NOT SIGN BLANK FORM