0C-22/11/2019-5.1 PSRF094226072196 | CANA

✓ Until Cancelled

Customer Consent Document Avoid Policy Rejection. Fill out this form





3. Name as in bank records

ADDENDUM TO ELECTRONIC PROPOSAL FO	carefully.	IM	PORTHY Sar utha ke jiyo!	
Application Number (Electronic proposal form ID n		ed that this form is completed after	CALES DEDCOMMENTS CICMATURES	
rippinearion value (Eccaolic proposor) of many	discussing and agreeing on th	e proposed insurance plan.		
TO BE FILLED BY THE CUSTOMER				
Type of Insurance Plan: Protection	Investment	ion Savings	Health Cover Combi Plan	
■ Name of Insurance Plan		The premium pay	able is ₹	
on a (S/M/Q/HY/Y) ¹ frequency for a pre	mium paying term of years 8	x the Sum Assured is ₹		
(¹ S- Single Premium, M-Monthly, Q-Quarterly, HY-Half Yearly, Y Fill one of the following:(Applicable only f	- Yearly)			
■ Health Cover : Family Floater : Sum Insured		,Term 01 / 02 Years		
■ Individual Cover: Sum Insured ₹:			٦	
L1: L2: L5:		5:		
Have you filled the electronic proposal form / has a third party or sales official assisted you in filling the proposal form vide above application (tick if yes)				
number? Do you agree to the Illustration/suitability questionnaire signed by you/received by you on your email ID with above application number? (tick if yes)				
■ Do you agree to all the Terms and Conditions mentioned in the electronic proposal form vide above application number? (tick if yes)				
■ Have you understood these Policy details: BENEFIT (tick if yes) MATURITY (tick if yes) BENEFIT (tick if yes) MATURITY (tick if yes) BENEFIT (tick if yes) # Not applicable for Term Policies Not applicable for Term Policies Not applicable for Term Policies * Not applicable for Will Policies * Not applicabl				
■ Have you understood the Policy provisions			* Not applicable for limited & regularTerm Policies (tick if yes)	
 This application is for a fresh insurance Policy Policy nor with any other financial products I 	y and is neither linked with an existing	•••	(tick if yes)	
■ For Unit Linked Policy (ULIP),	DUCTIBLE CHARGES (tick if yes)	PARTIAL WITHDRAWAL FACIL	ITY (tick if yes)	
I/We have been explained the features of this pla	an and understand that this is not a Fixed D	Deposit or Recurring Deposit but an Insur	ance Plan.	
I / We understand that the returns in Unit Linked I Are you a tax resident of India only as per the Indian			ch capital markets.	
I/We would like to receive a Dematerialized Policy	Yes No (If Yes, please submit rele	vant documents)	LIDECL'S to make the library to the second s	
I/We understand that I/We may receive calls from HDFC Life in relation to this proposal for insurance or the resulting Policies. I/We give my consent to HDFC Life to make such calls even when Iam/We are registered on NDNC registry.				
	questions are true and that this ac	ldendum forms a part of the propo	osal / contract between me/us and HDFC Life.	
I/We give consent to allow Sourcing Channel to furr I/We declare that the content of the form and docu			& nominee) as per their/his/her records & vice versa.	
I/We agree and understand that the insurance plar I/We agree and understand that the <i>combi product is jo</i>				
I/We hereby agree that the recommended product is ba		vas part of the suitability questionnaire.		
Life to be Assured 1.		Life to be Assured 2 / Pro	pposed Policyholder // Appointee* // ent from life to be assured) (Nominee/ beneficiary is a minor)	
	ou know all Policy details		CUSTOMER'S SIGNATURE	
cus (nbload cus.	TOMER'S SIGNATURE	ich Inbload		
Please affix / upload CUS		Please affix I upload passport size passport size		
photos		photos		
pho or mention the mention the		photo or mention the mention the wing client ID		
existin.	Disco	mention the existing client 10	Name:	
Date:	Place: son should be appointed to receive the		Date: Place: event of death of the Life to be Assured during the	
period when the nominee is a minor. (Please attacles $-$	nappointee declaration for Employer-Employe	e case) >	event of death of the Life to be Assured during the $ ightharpoonup ightharpoon$	
		etails to be filled only if SI/ECS is opted fo		
Life UMRN FOR	0 F F I C E U S E	ONLY	Date D M M Y Y Y	
Sarutha ke jiyo! Tick (🗸) Sponsor Bank Code		Utility Code		
CREATE / I/We hereby authorize	HDFC LIFE	to debit (tick ✓)	SB/CA/CC/SB-NRE/SB-NRO/OTHER	
CANCEL				
Bank a/c number Name of custo	mers hank		- MCD	
with bank Name of customers bank IFSC or MICR				
an amount of Rupees				
The Quite First Teacher Control of the Control of t	Application No.			
Reference No. 1	FOR OFFICE USE ONLY	Mobile No. L		
-	ng charges by the bank whom I am authorizing to debit	my account as per latest schedule of charges of the l	bank.	
PERIOD —	Signature Primary Account holder	Signature Primary Account ho	older Signature Primary Account holder	
From D D D D D D D D D D D D D D D D D D D				
- x x x x x x x x				

2. Name as in bank records

1. Name as in bank records

05 33/44/3040 54	Page 2/2
0C - 22/11/2019 - 5.1 Application No.:	My MIX Code:
PAYMENT DETAILS	Hy HIX code.
■ Mode of Payment: Cheque DD Net Banki Others please specify	ing Debit Card Online/Offline Credit Card
■ Initial Payment has been made from account / Debit Card / C Self Spouse Parent Children Siblin HUF Trust Others please specify	
■ In case of Third Party Payor, enclosing Third Party Deck	aration & KYC
CONSULTANT CONFIDENTIAL REPORT (CCR)	
in last 5 years? Yes No If 'Yes' please give details: I hereby declare that I have personally met the life to be assured and a have complied with the Code of Conduct as stated in regulations fram with the Company applicable to the policy to be issued. I herby confirm confirm that the applicable AML and KYC guidelines have been adhered I declare that I have explained all the contents of this proposal form, in explained that the statement(s), information and response(s) submitt will form the basis of the contract of insurance between the company at I have further explained that if any untrue statement(s)/informatic	red from any illness or injury or undergone any operation, surgery or medical examination all statements mentioned above are true and correct to the best of my knowledge and belief. I need by the Insurance Regulatory & Development Authority and the provisions of my contracts in verifying the copies of all the documents submitted herewith against the originals. I hereby to, to the best of my knowledge and the current/permanent address have been verified by me. cluding the nature of the questions contained in this proposal form to the proposer. I have also ted by him/her in this proposal form to questions contained herein or any details sought herein and the proposer, if this proposal is accepted by the Company for issuance of a Policy. On/response(s) is/are contained herein/including any addendum(s), affidavits, statements, and the proposal is accepted by the Company for issuance of a Policy.
disclosure of any material fact, the policy issued in his/her favour pur under the Policy may be forfeited to the Company.	right to vary the benefits which may be payable and furthermore if there has been a non-suant to this proposal may be treated by the Company as null and void and all premiums paid SALES PERSONNEL'S SIGNATURE ^S
Consultant's Name	
Consultant's Code Branch	<u> </u>
Date Place	
I confirm that I have spoken to/met the customer for this life insu	I to >=60 years Life Assured / Payor / Proposed Policy Holder) Irance proposal. I confirm that the customer is aware of all product features and that the mpaying capacity of the customer for the said proposal has been established.
policy is sold in line with the customer's requirements. The premiur Name Employee Code	SIGNATURE
NameEmployee Code DECLARATION BY SALES CONSULTANT & THIRD PARTY	
NameEmployee Code DECLARATION BY SALES CONSULTANT & THIRD PARTY	on form and I have also explained all the important features of the HDFC Life insurance plan to is completely understood by the life to be assured in language and
Name Employee Code DECLARATION BY SALES CONSULTANT & THIRD PARTY I hereby declare that I have explained the contents of this applicatio address the customer's need. I have thereby ensured that the same have truthfully recorded the answers provided to me. I further declare that the life to be assured / proposed Policyholder b presence. Sales Consultant: Name:	on form and I have also explained all the important features of the HDFC Life insurance plan to is completely understood by the life to be assured in language and has signed / affixed his / her thumb impression in my
Name Employee Code DECLARATION BY SALES CONSULTANT & THIRD PARTY I hereby declare that I have explained the contents of this applicatio address the customer's need. I have thereby ensured that the same have truthfully recorded the answers provided to me. I further declare that the life to be assured / proposed Policyholder have sales Consultant: Name: Code: Da Third Party: (Applicable when solicitation done in regional language or thumb in Name: Address:	in form and I have also explained all the important features of the HDFC Life insurance plan to is completely understood by the life to be assured in language and has signed / affixed his / her thumb impression in my SIGNATURE impression affixed / signature done in regional language by customer) SIGNATURE
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communicate my / our tunding account number and any other account details (as may be necessary) to HDFC Life in the instance of many Limited (HDFC Life) for the specific purpose of recovering my/ our HDFC Life premium/EMI payments through a debit 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 authorise the Bank/ Tech Process Solutions Ltd /BIII desk to recover the premium/EMI apyable through a direct debit to my/our account with the mentioned bank. 6. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I will not hold HDFC Life has hor the other Intermediaries responsible. 7. I/We agree that for changing the premium/EMI amount, 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 orange 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 deal with my 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. I/We hereby authorise the Policy agreement. 9. If we agree that in the event of the Bank being unable to time, on the premium/EMI stated above and for this purpose, no further or revised authority is required by my our Saccount of 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 amount to be debited from my Policy to above through participation in Electronic

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, 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 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.