

MEMBER ENROLLMENT FORM –SMQ NON-REGULATED ENTITY

	Plan: HDFC Life Group Term Insurance Plan				□ HDFC Life Group Credit Protect Plus							
	□ Accidental Death benefit □ Life Option □Extra Life Option					□ Level □ Decreasing*						
	□ Total Permanent Disability benefit * □ Terminal Life Option □ Critical Life Option □ Cri								*Rate of I	nterest	%	
		fe Group Critical Illness		□Critical Life Option 2 □ Critical Life Option □Critical Life Option 4 □ Life Disability Optio								
		□ Additional □ Accel			Life Option			optio	1			
*Note that c	*Note that only one of "Total Permanent Disability benefit" and "Total and Partial Permanent Disability benefit" may be chosen											
Sum Assured (INR) Premium (INR) Policy Mor			Moratoriu	Moratorium Period (month) Loan Accoun			count N	No. Loan Type				
built i issuit	Term(month)								Louir Type			
Particulars	Particulars of Primary Life Assured: Mr/Mrs.											
Date of Birth/Age(yrs): $\frac{dd/mm/yyyy}{2}$ Gender: $M/F/Tg$												
Address: Gender: M/F/1g												
Particulars	of Second	ary/ Joint* Life Assure	d Mr/Mrs.					\Box				
	Particulars of Secondary/ Joint* Life Assured Mr/Mrs. Mr/Mrs. Date of Birth/Age(yrs): dd/mm/yyyy / Gender: M/F											
Relationship	p with Prim	ary Life Assured				21101/116	(j15). <u>eser</u>	<u></u>	<i></i> ,	_ 001100		
*Joint Life is or	nly applicable	for HDFC Life Group Credit Pr	rotect Plus									
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Nominaa	Name Date of Birth Gender Contact No.							Relationship to				
Nominee: dd/mm/yyyy Appointee: dd/mm/yyyy								Non	ominee if nominee is below 18 yrs of age			
								1	Primary Life Second		Second	lary /
							10		Joint	T :Fo		
									AS	sured		
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Signature/Thumb impression of the Secondary/ Joint Life Assured Member _____ Date & Place:_____

Page **1** of **2**



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 * Witness Signature, Address and Occupation	Signature / Thumb Impress Life Assured Member Date & Place: is along with signature of Insu		Signature / Thumb Impression of the Secondary/ Joint Life Assured Member Date & Place:
Declaration made by Declarant where Memb a) affixed his/her thumb impression; OR		OR c) not fil	lled the application
"I hereby declare that I have fully explained the	he above questions and content the answers given by the Mem	nts of the Member ber and the Seconda	Enrollment Form to the Member and the Joint Life ry / Joint Life Assured (if any) and that the Member
Signature of the Declarant	Add	ress of the Declarant	t
Name of the Declarant		upation of the Declar	
Signature of the Witness Name of the Witness	Add	ress of the Witness_ upation of the Witne	
"I/We certify that the contents of the form and d I/We have understood the significance of the pro Signature/Thumb impression of Member Signature / Thumb Impression of the Secondary.	oposed contract.	Name, of Declarat	/ Mrs.: and nt clarant clarant
Declaration made by Legal Guardian if any of document filled up by the Member or Joint Life			We hereby declare that the content of the form and
	nature / Thumb Impression of aardian (if Member is a Minor)		ignature / Thumb Impression of the lian (if Secondary / Joint Life Assured is a Minor)