

	MEMBER	NON REG	ULATE	D ENTITY	7		C			
Diama	Please	do not sig	n blan	k Proposal	l fori	<u>n]</u>		at a st Dla		
Plan:	HDFC Group Term Insurance	Plan DFC Life Group Credit Protect				□ HDFC Life Group Credit Protect Plus				
Option/Rider:	 Accidental Death Benefit Total Permanent Disability 			N.A.		□ Life Option □Extra Life Option □Terminal Life Option				
	□Total Permanent and Partial Disability						□ Critical Life Option 1 □Critical Life Option 2			
□HDFC Life Group Critical Illness Plus Rider							ritical Life Option 3 Critical Life Option 4 fe Disability Option			
Sum Assured (INR) Premium (INR Main benefit: level / decreasing			$\square\%$			Moratorium Perio	od (mor	ths)	
Particulars of	Life Assured: Mr/Mrs.				ing opi					
Address:										
Nominee / Ap	pointee Details:									
				С	Contact No. Relationship to					
Nominee: Appointee:		dd/mm/y dd/mm/y					Life Assure Nominee if nominee is bel		ofage	
-	TAILS OF LIFE TO BE ASSURED:	46/1111/	<u>,,,,</u>				U.			
tumor, gro system or a bones or	ever suffered or are currently suffering fi wth or cyst of any kind (c) Stroke, paraly any kind of physical disabilities (d)Asthm joints, arthritis or blood disorder(anem mach, pancreas, gall bladder, intestine),	sis, Epilepsy a, Tuberculo nia) or any	, any p osis or o endoci	sychiatric / 1 other lung di rine disorde	menta sorde er (f)	al disorder, dis er (e) Diseases Diseases of	sorder of brain/nervous or disorder of muscles, the kidney, digestive			
 During the last 5 years have you undergone any major surgery or been hospitalized for more than one week? Do you take part in any adventurous sports or hobbies? (like paragliding, mountaineering, deep sea diving, motor racing, bungee jumping, etc.) 										
 4 Do you smoke more than 10 cigarettes a day? 5 Has more than one of your parents and siblings died before the age of 60 years as a result of heart attack, stroke, cancer, 										
 6 Are you taking any medication or has a doctor ever attended to you for any conditions, diseases or impairment not mentioned 										
 above (except for cough or cold)? 7 For Female Lives: (a) Are you presently pregnant? (b) Do you have a history in the past of an abortion, miscarriage or caesarian section due to complications during pregnancy or due to any other cause? (c) Have you given birth to a child with any congenital disorder such as Down Syndrome, congenital heart disease, etc? (d) Have you ever had any disease of breast, 										
 uterus, cervix, ovaries or any other part of the reproductive system? 8 Have you ever been declined, deferred, and accepted at special terms, had cover reduced or had exclusion imposed for any life, health or accident insurance cover? 										
9 Do you have any history of conviction under any criminal proceedings in India or abroad?										
Date & Place: Signature/Thumb impression of the Insured Member										
any untrue state name of the po I confirm that provisions that shall be bindin above and any levy or charges that HDFC Lift thereof that he provisions of t	gree and confirm that these statements ar ement are contained herein or there has b licyholder may be treated as void as far as I have read and understood, the rules an govern the policy to be issued by insurer g on me. I authorise the policyholder to changes to the same, pay the premium p including any indirect tax may be charge fe Insurance Company Ltd has the right e shall not raise any claims thereof. I the Insurance Act 1938 as amended from Insurer issue on its normal terms and cond	been any nor a I am concern and any addi trin the name disclose to transform ayable on m ed to me eith to reject a understand to n time to time	a disclos rned. tional r e of the the insu- ny beha- ner now proposa- he sign me and	sure of any r ules of the p policyholde arer such par lf /collected or in future al without gi	nater plan, er and rticula from by th iving the c	ial fact, the pol the standard H I on my life, an ars as they ma me to the Insu- ne insurer and I reasons theret contract and th	icy to be issued by the Policy provisions and a ad I agree and confirm y require including the urer. I understand that agree to pay the same o and client to give a e contract will be gov	insurer my addi that the details any sta . I unden rerned b	in the tional same given tutory rstand taking by the	
Name & Addre	nb impression of Witness*			-		-	n of the Insured Membe	er		
Occupation Date & Place:										

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



Declaration to be made by a 3rd person where: a) The insured member has affixed his/her thumb impression; OR b) The insured member has signed in vernacular; OR c) The insured member has not filled the application. I hereby declare that I have explained the contents of this application form to the insured member in language and have truthfully

recorded the answers provided to me. I further declare that the insured member has signed/affixed his/ her thumb impression in my presence.

Name and address of Declarant_

Signature of the Declarant Declaration made by life to be assured: I hereby declare that the content of the form and document has been fully explained to me and I have fully understood the significance of the proposed contract.

Signature/Thumb impression of life to be assured