

MEMBER INFORMATION FORM

REGULATED ENTITY

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[IMPORTANT NOTE: Any cancenation and alteration must be countersigned by Member. Please do not sign blank Proposal form]						
Plan: HDFC Life Group Jeevan Suraksha (Micro-Insurance Product) HDFC Life Group Suraksha (Micro-Insurance Product)						
Sum Assured (INR) Premium (INR) Cover Term (mths) □ Moratorium Period (yrs) □						
Premium Payment Option: Regular 🗆 Single 🗆 Limited 🗆 Premium Payment Frequency: Single 🗆 Yearly 🗆 Half Yearly 🗆 Quarterly 🗆 Monthly						
Cover Type: Single Life \Box Joint Life \Box						
Main Benefit: Extra Life Benefit						
Particulars of Member: Mr/Mrs. Date of Birth/Age(yrs): dd/mm/yyyy/ Address:						
Nominee / Appointee Details:						
Ttommee / Tippomee Detuns	Name	Date of Birth	Gender	% Share	Contact No.	Relationship to
Nominee 1:	Name	dd/mm/yyyy	Ochidei	70 Share	Contact No.	Member
Nominee 2:		dd/mm/yyyy				Member
Appointee:		dd/mm/yyyy				Nominee if nominee is below 18 yrs of age
 Are you pregnant now? Yes No If response to Qn(1) if yes, please mention how many weeks (Please attach pregnancy questionnaire) Have you ever suffered from any disease of the breast, uterus, cervix, ovaries or any other part of the reproductive system? Yes No II Do you engage or intend to engage in any business, sport or occupation of a hazardous nature? Yes No II Do you have any history of conviction under any criminal proceedings in India or abroad? Yes No IV Have any proposal for insurance, or revival of policy on your life to this company or any other insurance company been postponed/declined/accepted on terms other than proposed? Yes No 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. 						
Date & Place:			_		Signature/	Thumb Impression of the Member
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 inlanguage 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 W	Date & Pl	of the Declarant ace:	Name & A	ddress		
Occupation						
* 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.						
		gnature / Thumb gal Guardian (if M	-			e / Thumb Impression of the n (if Joint Life Assured is a Minor)
					Note: PLEAS	E DO NOT SIGN BLANK FORM