HDFC Life
Sar utha ke jiyo!

MEMBER INFORMATION FORM

REGULATED ENTITY

[IMPORTANT NOTE: Any cancellation and alteration must be countersigned by Member]
{Please do not sign blank Proposal form}

Plan:	☐ HDFC Life GroupJeevan Suraksha (Micro -Insurance Product ☐ HDFC Life Group Suraksha (Micro -Insurance Product)

Sum Assured (INR)_____ Premimum (INR)_____ Cover Term (mths) ☐☐ Moratorium Period (yrs) ☐
Premium Payment Option: Regular ☐ Single ☐ Limited ☐ Premimum Payment Frequency: Single ☐ Yearly ☐ Half Yearly ☐ Quarterly ☐ Monthly ☐
Cover Type: Single Life ☐ Joint Life ☐
Main Benefit :_____ *(level / decreasing)* Interest Rate: ☐☐ % Extra Life Benefit ☐

Particulars of Member : Mr/Mrs. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Date of Birth/ Age(yrs): dd/ mm/ yyyy /
Address: _____ Gender : M /F/T g
Particulars of Joint Life Assured (if any): Mr/Mrs.☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Date of Birth/ Age(yrs): dd/ mm/ yyyy /
Gender : M /F/T g 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. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Date of Birth/ Age (yrs): dd/ mm/ yyyy / Gender : M /F/T g Relationship with Member / Joint Life Assured_____
PAN NO. : ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ (submit form 60 if PAN not available)

Nominee / Appointee Details:

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

(I.) Declaration of good health

1. Are you in sound state of health? ☐ Yes ☐ No
2. Have you ever undergone, or expect to undergo any surgical procedure for any illness ailment disease or disability? ☐ Yes ☐ No
3. Have you ever suffered from, or are suffering from any disease/ailment requiring any form of medication for more than 7 consecutive days, or been absent from work for more than 7 day? ☐ Yes ☐ No

For Female Lives only :

1. Are you pregnant now?☐ Yes ☐ No
2. If reponse to Qn(1) is yes, please mention how many weeks_____ (Please attach pregnancy questionnaire)
3. Have you ever sufferd from any disease of the breast, uterus, cervix, oyaries 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
(III.) 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 taken 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 authorise 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 from 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_____
_____ Date & Place:_____
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.

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)

Note: PLEASE DO NOT SIGN BLANK FORM

HDFC Life Insurance Company Limited (HDFC Life). CIN: L65110MH2000PLC128245. IRDAI Registration No. 101.
Regd. Off: 13th Floor, Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalarmi, Mtimbai - 400 011.
For queries or more information, call us on **022-68446530** (Call charges apply). Available Mon-Sat from 10 am to 7 pm. DO NOT prefix any country code e.g. +91 or 00.
Email — **service@hdfclife.com** | **nriservice@hdfclife.com** (For NRI customers only) Visit — **www.hdfclife.com**