

HOUSEWIFE ADDENDUM Q -4.4

Addendum to proposal for married female applicant having no income

We thank you for applying for an HDFC Life Insurance Policy. To enable us to assess your application, kindly complete this Housewife Addendum and send it to us duly signed by the Life to be Assured and Proposed Policy Holder.

Please note: You are eligible for life insurance subject to your husband having life insurance. Incorrect information about your personal details or husband's insurance is liable to invalidate the policy at the claim stage.

Application No. / Proposal No.			
Name of the Life to be Assured			
1. Date of marriage			
2. Age of child / children, if applicable.			
3. Husband's exact occupation.			
4. Husband's annual income	Rs.		
5. Husband's total life insurance cover with HDFCSL.	Policy Number		Sum assured (Rs.)
6. Husband's total In-force life insurance cover with other insurance company/ companies. <input type="checkbox"/> Do not include Withdrawn and Lapsed policies	Name of insurance company	Policy Number	Sum assured (Rs.)
		1)	
		2)	
		3)	
		4)	
	5)		

❖ **Kindly provide photocopy of husband's insurance policy documents.**

❖ **An incomplete Questionnaire will not be considered valid.**

Declaration of Life to be Assured:

I agree and understand that the information given herein is true and complete in all respects and will form an integral part of the proposal made by me for an insurance policy from HDFC Life Insurance Company Limited and that failure to disclose any material fact known to me may invalidate the contract.

Signature/thumb impression
(Life to be Assured)

Date:.....
Place:.....

Signature/thumb impression
(Proposed Policy Holder if different from Life to be Assured)

Date:.....
Place:.....

Attestation by FC/BDM/CAM

Date:.....
Place:.....

In the case of thumb impression\ signature in vernacular language:

In case of thumb impression of the Life to be Assured the same should be attested by a person of standing whose identity can be easily established, but unconnected with the Company and this declaration should be made by him.

I hereby declare that I have explained the contents of this form to the Life to be Assured in _____ language and have truthfully recorded the answers provided to me and that the Life to be Assured has signed /affixed thumb impression(s) above after fully understanding the contents thereof.

Signature:

Date:.....
Place:.....

Name and address of the declarant

Glossary	
In-force Policy/Policies	Policy/ Policies where premium payment is not discontinued.