ADDENDUM HUF -Q 4.4



Addendum for HUF

We thank you for applying for an HDFC Life Insurance	Policy. To enable us to assess you	r applicatio	— n, kindly send this form answer	ed by the HUF Karta.
Application No. / Proposal No.				
Name of Life to be Assured:				-
I Mr./ Ms. being the Karta of HUF declare that the HUF the HUF income.	proposes to take life insurance Po	licy from H	DFC Life Insurance Company Lin	nited Premiums shall be payable from
Name of Karta of HUF: Date of birth of Karta: D D M M Y Y Y Y				
Members of HUF including Karta	Relationship with Karta	Age	Total existing individual life insurance	Life insurance under HUF
1.				
2.				
3.				
4.				
5.				
Details of HUF Bank account (s):				
Name of Bank (s):				
Nature of Account: Saving Account Current Account				
Yearly income of HUF from all sources:				
An incomplete Questionnaire will not be considered valid				
Declaration of Karta of HUF:				
I agree that this addendum will constitute part of the application for life assurance and that failure to disclose any material fact known to me may invalidate the contract. The Policy will belong to the HUF. Life assured is not entitled to nominate or assign the Policy. I also agree that no loan under the Policy will be raised, except as permissible by law.				
				SIGN HERE
Date:Place:				
			Sign	nature/thumb impression (HUF Karta)
☐ In the case of thumb impression\ signature in v	ernacular language:			
In case of thumb impression of the HUF Karta 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 HUF Karta in language and have truthfully recorded the answers provided to me and that the HUF Karta has signed /affixed thumb				
impression(s) above after fully understanding the c	ontents thereof.		_	
				SIGN HERE
Date :Place :			L	
				Signature
Name and address of the declarant:				
In case of further clarification please contact your FC/ BDM/ CAM/ HDFCSL Branch office.				
HDFC Life Insurance Company Limited. CIN: L65110MH20 Regd. Off: 13th Floor, Lodha Excelus, Apollo Mills Compound,				

For queries or more information, Call 1860-267-9999 (local charges apply). DO NOT prefix any country code e.g. +91 or 00. Available Mon-Sat from 10 am to 7 pm | Email – service@hdfclife.com | nriservice@hdfclife.com (For NRI customers only) | Visit – www.hdfclife.com