

### Armed Services Questionnaire

We thank you for applying for an HDFC Life Insurance Policy. To enable us to assess your application, kindly send this Armed Services Questionnaire answered by the Life to be Assured and duly signed by the Life to be Assured and Proposed Policy Holder, if any.

Application No / Proposal No	
Name of Life to be Assured	

1 Name of rank or designation in full.	
2. Kindly provide exact nature of duties	
3. Which branch of armed services are you into?	
4. Kindly mention exact place and state where you are currently posted.	
5. Are you involved in any hazardous activities? E.g. aviation, diving, parachuting, bomb disposal, sub-marine, special service groups, etc.  If yes, please mention activity you are involved in and length of the service.	Yes / No
6. Are you currently serving in, or under orders to proceed to any troubled areas?  If yes, please mention area and relevant dates of posting.	Yes / No
7. What is the state of your health as reported in the last medical check up?	
8. If working in Navy, are you required to work in a submarine?	Yes / No
9. Do you fly as a pilot or passenger or crew in any armed services airplane?  If yes, please answer to question (9.a to 9.j)	Yes / No
9.a. Which is the branch of service and rank?	
9.b. In which classes of aircraft do you expect to fly?	
9.c. Exact purpose of flying?	
9.d. Expected numbers of flying hours p.a. as a pilot?	
9.e. Please tick type of aircraft flown	<input type="checkbox"/> Rotary wing aircraft <input type="checkbox"/> Fixed wing aircraft <input type="checkbox"/> Fast jets

9.f. If flying other than as a pilot, mention your precise capacity (e.g. navigator, aircrew, etc.).	
9.g. Expected numbers of flying hours p.a. as aircrew?	
9.h. Are you involved in any low level flying or flights between unrecognised airfields?  If yes, please provide details of low level of flight undertaken and expected to be undertaken in future.	Yes / No
9.i. Are you involved in any kind of flying instruction?  If yes, please mention frequency and number of hours per annum.	Yes / No
9.j. Please give details of any other flying activities you may participate in now or intend to in the future.	

❖ **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:.....

**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 \_\_\_\_\_

**HDFC Life Insurance Company Limited.** CIN: L65110MH2000PLC128245. IRDAI Registration No. 101.

**Regd. Off:** 13th Floor, Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.

For queries or more information, call us on **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 |

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