MEMBER INFORMATION FORM

OTHER ENTITY

[IMPORTANT NOTE: Any cancellation 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 ☐ 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/Tg
Particulars of Joint Life Assured(if any)**:** Mr/Mrs. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Date of Birth/Age(yrs): dd/mm/yyyy /____
Gender: M /F/Tg __Relationship with Member ______________Loan Account No 1. _______ Loan Account No. 2_______LoanType_________
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/Tg __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*

Signature/Thumb Impression of the Member
Date & Place: _______________________

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 days? ☐ Yes ☐ No

For Female Lives only:

1. Are you pregnant now? ☐ Yes ☐ No
2. If response to (1) if yes, please mention how many weeks __________ (Please attach pregnancy questionnaire)
3. 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
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

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 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