

MEMBER INFORMATION FORM

REGULATED ENTITY

 $[IMPORTANT\ NOTE:\ Any\ cancellation\ and\ alteration\ must\ be\ countersigned\ by\ Member.$

Please do not sign blank Proposal form ☐ HDFC Life Group Jeevan Suraksha (Micro-Insurance Product) Plan: ☐ 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 \square Joint Life \square 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. 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.: DDDDDDDDDD (submit Form 60 if PAN not available) **Nominee / Appointee Details:** % Share Name Date of Birth Gender Contact No. Relationship to Nominee 1: Member dd/mm/yyyy Nominee 2: dd/mm/yyyy Nominee if nominee is below 18 vrs of age Appointee: dd/mm/yyyy PAYMENT AUTHORISATION (if applicable) I do hereby declare that I have 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 authorize 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 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 Signature / Thumb Impression of the Legal Guardian (if Member is a Minor) Legal Guardian (if Joint Life Assured is a Minor) Note: PLEASE DO NOT SIGN BLANK FORM