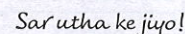


FU - Ver 1

Linked and Non Linked Individual Life Full Underwriting Plans

S000100157895

☐ 1 Plan ☐ 2 Plans ☐ 3 Plans

For Office use only

Consultant Name & Code:		
License No:	License Expiry Date :	Bancassurance Code:
Company Lead:	Lead Reference No.:	Channel Partner Cust. Id:
IA/CAO Emp No.:	IA/CAO Name:	Branch Code:
Channel Code:	FOS Code :	Telecode:

Photograph of life to be
assured* to be signed
across by the life to be
assured

*Not mandatory if life to be assured is different from the Proposer except if Life to be assured is minor

1. Proposer / Policy Owner Details (Please fill in the details of Life to be Assured if same as Proposer)

Full Name: (Leave a blank space between First, Middle & Last Name) ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Other entities _____

F	I	R	S	T							M	I	D	D	L	E								L	A	S	T					
---	---	---	---	---	--	--	--	--	--	--	---	---	---	---	---	---	--	--	--	--	--	--	--	---	---	---	---	--	--	--	--	--

[illegible]

Date of Birth (dd/mm/yyyy) <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> D D M M Y Y Y Y </div>	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Tg	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	Nationality <input type="checkbox"/> Indian <input type="checkbox"/> Non Indian
---	--	--	---

Education ☐ Post Graduation ☐ Graduate ☐ 12th ☐ 10th ☐ Illiterate ☐ Others _____ (Please specify)

Resident Status ☐ Resident ☐ NRI ☐ PIO ☐ OCI If NRI/PIO/OCI - Country of Residence _____

If you are NRI/PIO/OCI, please attach appropriate Questionnaire. - Country of Workplace

If you are our existing life assured, assignee, nominee, proposers kindly enter ☐ Policy No. ☐ Customer ID _____

Correspondence Address

<input type="checkbox"/> C/o	<input type="checkbox"/> W/o	<input type="checkbox"/> D/o	<input type="checkbox"/> S/o
------------------------------	------------------------------	------------------------------	------------------------------

[illegible]

Street /Area:

Landmark:

City/District: State: Pin Code:

Permanent Address (If different from correspondence address) / Overseas residential address for NRI / PIO / OCI

☐ C/o
 ☐ W/o
 ☐ D/o
 ☐ S/o

House/Flat No:	
----------------	--

Street /Area:

Landmark:

City/District: State: Pin Code:

Mobile:

 E-mail ID:

[illegible]

Email ID if provided, will be considered as preferred mode of communication. Preferred language of communication _____

Present Occupation ☐ Agriculture ☐ Daily Wager ☐ Housewife ☐ Retired^ ☐ Salaried ☐ Self Employed/Business ☐ Unemployed

☐ Student *Please specify course name & year of study* ☐ Others *Please specify*

Gross Yearly Income (INR)	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<i>^If Retired, please provide name of last organisation</i>
----------------------------------	--	--

[illegible]

Industry Type (<i>Cement & Baking</i>)	Exact Nature of work (<i>clerical, mechanical, supervisory job, etc.</i>)	Nature of Occupation (<i>architect, etc.</i>)

Sources of Funds : If Premium & Single Premium Top-ups, if any is equal to or more than INR 1 lakh, please enclose proof of income e.g. ITR

Salaries	Business	House Property	Capital Gains	Investments	Agriculture	Others	Total
%	%	%	%	%	%	%	100%

Income Proof (proposer)

PAN* (Proposer)

PAN Photocopy enclosed ☐ Yes ☐ No

(*mandatory if premium+top up >= INR 50,000)

Aadhaar No.

Identity Proof (Proposer)

Age Proof (Proposer)

Age Proof (Life Assured)

Do you want the policy in Demat form? ☐ Yes ☐ No

E insurance account number

If a policy is requested in demat form, it will not be given in physical form and vice versa.

Is the Policyholder same as Life Assured ☐ Yes ☐ No

Relationship with Life to be Assured

Do you have any history of conviction / acquittal under any criminal proceedings in India or abroad ?

☐ Yes ☐ No

Are you taking the policy to primarily protect the disabled person ?

☐ Yes ☐ No

Are you a "Politically Exposed Person" ?

☐ Yes ☐ No

Definition of a Politically Exposed Person: Politically exposed persons are individuals who are or have been entrusted with prominent public functions in a foreign country, their family members and close relatives; for e.g. Heads of States or of Governments, Senior politicians, Senior government / judicial / military officers, Senior executives of state-owned corporations, Important political party officials, etc.

2. Details of Life to be Assured

Full Name: (Leave a blank space between First, Middle & Last Name) ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Other entities

FIRST MIDDLE LAST

Maiden Name (for married woman only)

Date of Birth (dd/mm/yyyy)

Gender

☐ M ☐ F ☐ Tg

Marital Status

☐ Single ☐ Married ☐ Widowed ☐ Divorced

Nationality

☐ Indian ☐ Non Indian

Education ☐ Post graduation

☐ Graduate

☐ 12th

☐ 10th

☐ Illiterate

☐ Others

(Please specify)

Resident Status ☐ Resident

☐ NRI

☐ PIO

☐ OCI

If NRI/PIO/OCI - Country of Residence

- Permanent Country

- Country of Workplace

If you are NRI/PIO/OCI, please attach appropriate Questionnaire.

Present Occupation ☐ Agriculture ☐ Daily Wager ☐ Housewife ☐ Retired^ ☐ Salaried ☐ Self Employed/Business ☐ Unemployed

☐ Student *Please specify course name & year of study*

☐ Others *Please specify* ^please provide name of last organisation

Aadhaar No.

Gross Yearly Income (INR)

Workplace Name and Address

Industry Type (Cement & Banking)

Exact Nature of work (clerical, mechanical, supervisory job, etc.)

Nature of Occupation (architect, etc.)

Do you have any history of conviction / acquittal under any criminal proceedings in India or abroad ?

☐ Yes ☐ No

If Life to be Assured is a student/housewife, please provide insurance details regarding parents/husband/siblings.

(Please attach a separate sheet for multiple policies if required)

Total Sum Assured of all Inforce life insurance policies

Policy No. and Name of Company

Husband's / Parent's Occupation / Income

3. Personal Details of Life to be Assured

1 a) Height Cms (or) Ft/Inches

b) Weight Kgs

c) Do you currently consume or have consumed in past any of the following

Substance Consumed	Yes / No	Consumed as	Quantity	No. of Years	Date of quitting
Tobacco	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cigar/Cigarette/Bidi/Ghewing Tobacco	Per day		
Alcohol	<input type="checkbox"/> Yes <input type="checkbox"/> No	Beer/Wine/Spirit/Others	per week		
Any Narcotics	<input type="checkbox"/> Yes <input type="checkbox"/> No				

2 Lifestyle Details of Life to be Assured

- | | | |
|----|--|--|
| a) | Do you take part in any hobbies / activities that could be considered dangerous in any way or is your occupation or business associated with any hazard (e.g. hobbies -aviation (other than as a fare-paying passenger) mountaineering deep sea diving or any form of racing or Occupation -exposure to chemical substances / hazardous materials / harmful dust or gases / explosives / working at heights / handling heavy machinery etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) | Have you resided overseas for more than 6 months continuously during the last five years, or do you intend to travel overseas in the next six months? (if Yes, please provide name of country & duration for past & future travel) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

3 Health Details of Life to be Assured

- | | | |
|------|---|--|
| a) | Do you have any physical disability which is affecting your day to day activities? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) | Are you currently suffering from any illness, impairment, or taking any medication or pills or drugs? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) | Have you ever tested positive for HIV/AIDS or Hepatitis B or C, or have you been tested/treated for other sexually transmitted diseases or are you awaiting the results of such a test? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d) | Do you have / had any recurrent medical condition or physical disability or deformity or illness or injury that has kept you from working for more than one week in the last 5 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e) | During the last five years, have you undergone or been recommended to undergo: <input type="checkbox"/> Hospitalisation <input type="checkbox"/> Operation <input type="checkbox"/> X ray or any other investigation (excluding check-ups for employment/insurance/foreign visit) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f) | Have you ever suffered or been diagnosed or been treated for any of the following conditions? (If 'Yes', please encircle the ailment / disease) | |
| i. | Diabetes or High blood pressure or any Heart related diseases or any Blood disorder or Tuberculosis or any Respiratory disorders | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ii. | Cancer or Tumour | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| iii. | Liver disorder or Kidney disorder or any disorder of the Digestive system (stomach, pancreas, gall bladder, intestine) or any Abnormality of thyroid | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| iv. | Epilepsy, Arthritis or Back problem or Stroke or Paralysis or Multiple Sclerosis or Depression or Psychiatric disorder or any Nervous disorder or mental condition or any recurrent medical condition / disability (including eye / ear disorder) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| v. | Dengue or Swine Flu or Encephalitis | <input type="checkbox"/> Yes <input type="checkbox"/> No |

4 Family details of Life to be Assured

Are any of your family members suffering from / have suffered from / have died of Heart Disease or High Blood Pressure or Stroke or Diabetes or Kidney disease or Cancer or HIV/AIDS? If yes, provide details below.

☐ Yes ☐ No

5 To be answered by the female life to be assured

- | | | |
|----|---|--|
| a) | Do you have a history of past Abortion, Miscarriage, Caesarian section or complications during pregnancy? Or have you given birth to a child with any congenital disorder like Down syndrome? <i>(If yes, Pl complete Special Woman Plan Questionnaire)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) | Have you ever had any disease of uterus, cervix, or ovaries? Or have you ever undergone hysterectomy? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) | Are you presently pregnant? If 'Yes' how may weeks _____ <i>(Kindly attach the Pregnancy Questionnaire)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If your answer to any of the question from Q.No.1c to 5 is Yes, please provide details below

Question number	Details if marked 'Yes'
	For Q.No. 1 to 5: Please provide details such as nature of Illness/Accident, Date of Diagnosis / Event, Name of Doctor, Details of Investigations Done, whether under medical and fully recovered or not For Q.No.4, provide details on Relation to the life to be assured, disease, age of diagnosis, alive/deceased and current age or age at death

4. Previous Policy Details

- 1) Have you submitted any simultaneous applications for life insurance at any of our offices or to another life insurance company, which is still pending OR are you likely to revive lapsed policies? ☐ Yes ☐ No

Name of the company/ies	Sum Assured payable on death (INR)	Types of products	Purpose of cover	Proposed	To be revived

- 2) Please provide the details of any existing insurance cover of premium paying and/or paid up policies accepted at standard rate excluding group term insurance plan taken by your employer. (Also provide the details of any such proposals on your life / application for instatement ever accepted with extra premium, accepted on other special terms, postponed, declined or withdrawn by self)

Policy / Proposal No.	Company Name	Year of Issue / Application	Basic Sum Assured (INR)	Annual Premium (INR)	Base Plan / Rider Decision	Medical Policy	Inforce / Lapsed*

* Mention Year of Lapse / Revival applied for

- 3) Name of your family doctor:
- Address
-
- Contact No.

Full Name: (Leave a blank space between First, Middle & Last Name) ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Other entities _____

F	I	R	S							M	I	D	D	L	E					L	A	S	T						
---	---	---	---	--	--	--	--	--	--	---	---	---	---	---	---	--	--	--	--	---	---	---	---	--	--	--	--	--	--

Date of Birth (dd/mm/yyyy)	Gender	Relationship with Life to be Assured	Contact Number
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Tg	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Tg	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Friend <input type="checkbox"/> Other	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0

[illegible]

1. **Objective of Insurance** ☐ Savings ☐ Protection ☐ Both ☐ Others _____ (Please specify)

2. **Mode** (for regular / limited premium paying plan) ☐ Yearly ☐ Half Yearly ☐ Quarterly ☐ Monthly

3. **Product Details**

3a) For YoungStar Udaan, Classic Waiver Plan Option	<input type="checkbox"/> Aspiration	<input type="checkbox"/> Academia	<input type="checkbox"/> Career
3b) For YoungStar Super Premium, also choose Benefit Option		<input type="checkbox"/> Save Benefit	<input type="checkbox"/> Save-n-Gain Benefit
3c) For Sampoon Nivesh, also choose Benefit Option	<input type="checkbox"/> Classic Benefit	<input type="checkbox"/> Classic Plus Benefit	<input type="checkbox"/> Classic Waiver Benefit

Product Name	Rider Name	Rider Policy Term (in years)	Rider Premium Pay Term (in years)	Rider Sum Assured (in INR)	Modal Premium (in INR)

6. Commencement date^

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Backdating Charges (INR) _____
 (^only for non linked plan - Has to be within the same financial year)

[illegible]

Payer Details :	<input type="checkbox"/> Self	<input type="checkbox"/> PPH	<input type="checkbox"/> Spouse	<input type="checkbox"/> Parents	<input type="checkbox"/> Grand Parents	<input type="checkbox"/> Others _____ (Please specify)		
Payment Details :	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Demand Draft	Amount in (INR) _____			
Drawn on (Bank name & branch)	_____							
Cheque / DD No.	_____		Date	<div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> </div>		Bank A/c No.	_____	

1. Account Type	<input type="checkbox"/> Current	<input type="checkbox"/> Savings	<input type="checkbox"/> NRI / NRE	2. Bank Name	<input type="text"/>
3. Account Number	<input type="text"/>			4. Bank Branch	<input type="text"/>
5. IFSC Code	<input type="text"/>				

Signature of Proposer

I declare that:

i. I have received and fully understood the Product Brochure and Benefit Illustration of the plan of insurance under which I have applied for a Policy on the Life to be Assured as specified in Section 7 of this Proposal Form. I accept that the investment rates assumed under the Benefit Illustration are not guaranteed. ii. I have replied to the questions, and have made the statements in respect of the matters sought for, in the Proposal Form and I understand and agree that the replies given and statements made in the Proposal Form together with any documents submitted by me for processing my application for insurance shall be the basis of the contract between me and HDFC Standard Life Insurance Company Limited ("the Company"). All documents submitted by me along with this Proposal Form are authentic, valid, and where relevant true copies of originals for the purpose of this Proposal Form have been submitted. iii. I understand and agree that in case of misrepresentation and suppression of material facts the policy contract shall be treated in accordance with the Sec 45 of Insurance Act, 1938 as amended from time to time. iv. I shall be bound to notify the Company forthwith, in writing, of any change in my health, occupation or income between the date of this Proposal Form and the date of acceptance of my proposal for insurance, as communicated in writing to me by the Company. v. I have deposited the first premium along with this Proposal Form, and the premiums payable under the Policy that may be issued in pursuance of this proposal for insurance, will be paid, strictly in accordance with the law of the land. Amounts paid, otherwise than from my account shall be permitted only if an insurable interest can be established. vi. All the premiums will be paid in accordance with Prevention of Money Laundering Act 2002 (as amended from time to time) or any other applicable laws.

I agree and authorize:

i. That the Company will be on risk in pursuance of this proposal for insurance only after the risk under the Proposal Form is accepted by the Company and such acceptance is communicated to me in writing by the Company. ii. That the Company shall be entitled to retain the premium paid along with the Proposal Form as an interest free initial deposit to be adjusted against premium payable upon issuance of the Policy. In the event the proposal for insurance is not accepted by the Company the aforesaid deposit shall be refunded without any interest subject to deductions for medical costs and processing charges, if any. iii. My past and present employers / business associates, any doctor/medical examiner / hospital / laboratory / clinic / insurance company (notwithstanding any usage or custom or rules/ regulations of such hospital or laboratory or clinic) to disclose and furnish such documents regarding my employment/business, my health and habits or health and habits of the Life to be Assured (without taking the prior consent of my family or of any member thereof) to the Company as it may require either for the purpose of processing my proposal for insurance or at any time thereafter for any other purpose in relation to the Policy that may be issued in pursuance of this proposal for insurance. iv. That the Company may, without any reference to me or my family or any member thereof, furnish any details/ information furnished in this Proposal Form to any judicial or statutory or other authority or to any insurer or reinsurer in connection with the processing of this proposal for insurance or for any other purpose (for e.g. settlement of a claim). v. That in addition to postal or courier service, the Company may, at its discretion use any electronic media / registered email id, for communicating with me.

vi. That I have voluntarily given my consent to collect, process, receive, possess, store, deal or handle my/our sensitive personal data or information [as defined in the Information Technology (Reasonable security practices and procedures and sensitive personal data or information) Rules 2011 as amended from time to time], Data with third parties/ vendors associated with the Company for various purposes and outsourced activities exclusively related to issuance/servicing/settlement of claim as required under the Policy.

[illegible]

PLEASE DO NOT SIGN ON BLANK PROPOSAL FORM

Name: DOB Amount of Insurance

Within the last 5 years, I have neither been hospitalized for, required medication or treatment for, nor consulted a physician (to include a follow-up visit) due to, or as a result of, any of the following: alcohol or drug abuse, heart or circulatory disorder, stroke, cancer or leukemia, diabetes, high blood pressure, chronic kidney or liver disease, mental, nervous or neurological disorders, lung disorders, AIDS (acquired immune deficiency syndrome), ARC (AIDS related complex), or had tests indicating exposure to the AIDS virus.

☐ Yes ☐ No

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Signature of the spouse

Declaration to be made by a 3rd person where: The life to be assured/proposed policyholder has affixed his/her thumb impression; OR the life to be assured/proposed policyholder has signed in vernacular; OR the life to be assured/proposed policyholder has not filled the application OR/AND The spouse of the life to be assured/proposed policyholder has affixed his/her thumb impression or signed in vernacular the Declaration of Good Health applicable under Elite Option of Smart Woman Plan.

I hereby declare that I have explained the contents of this application form to the life to be assured / proposed policyholder in _____ language and have truthfully recorded the answers provided to me. I further declare that the life to be assured/proposed policyholder has signed/affixed his/ her thumb impression in my presence.

Name and address of Declarant

Signature

Declaration made by life to be assured/proposed policyholder

I hereby declare that the content of the form and document has been fully explained to me and I have fully understood the significance of the proposed contract.

Signature/Thumb impression of life to be assured/proposed policyholder

Signature/Thumb impression of Witness

13. Sections of the Insurance Act 1938 as amended from time to time

Section 41 – Prohibition of rebates: (1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer: Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer. (2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Section 45 – 1. No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later. 2. A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based. 3. Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer: Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive. 4. A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based: Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation. 5. Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

Consultant Confidential Report

Do you have any information of life to be assured having suffered from any illness or injury or undergone any operation, surgery or medical examination in last 5 years ? ☐ Yes ☐ No.

If 'Yes' please give details:

I hereby declare that I have personally met the life to be assured and all statements mentioned above are true and correct to the best of my knowledge and belief. I have complied with the Code of Conduct as stated in the regulations framed by the Insurance Regulatory & Development Authority of India and the provisions of my contracts with the Company applicable to the policy to be issued. I hereby confirm verifying the copies of all the documents submitted herewith against the originals. I hereby confirm that the applicable AML and KYC guidelines have been adhered to, to the best of my knowledge and the current/permanent address has been verified by me.

I declare that I have explained all the contents of this proposal form, including the nature of the questions contained in this proposal form to the proposer. I have also explained that the statement(s), information and response(s) submitted by him/her in this proposal form to questions contained herein or any details sought herein will form the basis of the contract of insurance between the Company and the proposer, if this proposal is accepted by the Company for issuance of a policy.

I have further explained that if any untrue statement(s)/information/response(s) is/are contained herein/including any addendum(s), affidavits, statements, submission furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and furthermore if there has been a non-disclosure of any material fact, the policy issued in his/her favour pursuant may be treated by the Company as null and void and all premiums paid under the policy may be forfeited to the Company.

Date: _____ Place: _____

*SDM to fill in the CCR, if FC is the life to be assured.

(Signature of the Consultant)

ELECTRONIC CLEARING SERVICE (ECS)/ DIRECT DEBIT/ STANDING INSTRUCTION APPLICATION FORM



To The Branch Manager,

Bank: _____
Branch: _____

Plan type: HDFC Bank- ☐ Unit Linked (50200000003412) ☐ Conventional (50200000003402),
Ratnakar Bank- ☐ Unit Linked (409000066625) ☐ Conventional (409000066632)

Application No. / Policy No.	Frequency	Amount (₹)	Amount (in words)	Start Date	End Date
				For office use only	For office use only
				For office use only	For office use only
				For office use only	For office use only

I/We, the undersigned, hereby opt for the below mentioned option towards my policy premium payments (Tick whichever is applicable)

Instruction for premium payment through: ☐ ECS ☐ Direct Debit ☐ Standing Instruction

Name of Account Holder (as mentioned in Bank Account) _____

CBS Account No. _____ IFSC Code: _____

Contact Nos.: _____

E-Mail ID: _____

Bank Name _____

Branch Name & Address _____

MICR Code: _____ 9 digit code as appearing on the Cheque copy issued by bank. Please attach a copy of cancelled Cheque for verifying MICR code.

Account Type: ☐ Current Account ☐ Saving Account ☐ NRE ☐ Other

Primary Account Holder's Signature _____ Policyholder's Signature _____ Joint Account Holder's Signature 1 _____ Joint Account Holder's Signature 2 _____
(If Primary Account holder differs from Policyholder)

☐ Yes, I have attached a blank cancelled cheque/ Photocopy of the same
Certified that the particulars furnished above are correct and as per our records.

BANK STAMP _____
Signature of Authorised Bank Official _____
Date DD/MM/YYYY _____

Incase of Current A/c please affix Proprietary Firm / Company Stamp

Company Seal

*Kindly check overleaf for more details. Kindly submit this mandate 30 days prior to the premium due date
Declaration to be made by a third person where:

The life assured has affixed his/her thumb impression / has signed in vernacular / has not filled the application.
I hereby declare that I have explained the contents of this application form to the life to be assured
in _____ language and have truthfully recorded the answers provided to me. I further declare
that the life to be assured has signed/affixed his/her thumb impression in my presence.

Declarant Name: _____ Signature _____
Date: _____ Place: _____

Relationship with Policyholder (Please tick):

☐ Spouse ☐ Parent ☐ Sibling ☐ Child ☐ Grandparents
☐ Employer for Employee ☐ Company for a Director

Joint A/c holder's name: _____

The ECS/ Direct Debit request will get rejected if:

1. The above account details do not tally with your bank records. 2. A cancelled/photocopied cheque is not attached. 3. Relationship with the policyholder not mentioned on mandate.

For Office Use Only:

Date DD/MM/YYYY _____

Scanning Cabinet _____ Received By _____

Remarks _____

STAMP
&
TIME

ACK

CUSTOMER ACKNOWLEDGMENT



Date: _____ Application Number or Policy Number _____

Plan Name _____ Frequency of Payment _____ Term _____

Cheque / DD _____ Amount (₹) _____ Bank _____

☐ Age Proof ☐ Income Proof / Financial Questionnaire (if required) ☐ Residence Proof ☐ Identity Proof

☐ Medical Questionnaires (if required) ☐ Know Your Customer Form (Only if life to be assured and proposer are different)
Other requirements (LIST)

1. _____ 2. _____ 3. _____

I, _____ have collected the above documents and will be submitting
it to the nearest HDFC Life branch for further processing.

(Signature of Financial Consultant)

(Financial Consultant contact number)

(Financial Consultant Code)

- This is NOT A PAYMENT RECEIPT but only a proof of the documents received from you. • All cheques/DD should be crossed and drawn in favour of HDFC Life
- If payment is not made by way of Cheque/DD, Kindly make cash payment at an HDFC Life branch and collect your initial deposit receipt.
- This acknowledgement does not in any way constitute acceptance or commencement of risk.

Dear _____, we acknowledge the receipt of your SI/ECS mandate and it will be processed within 30 days from today. After attaching the same in our system, we will forward it to your bank for further processing. In case of rejection, the same would be communicated to you; or else it would mean that your mandate is lodged in successfully. Effective the next due date the premium would be debited from your bank account. Thank you for choosing direct debit as your premium payment option.

Acknowledgement received _____

(Signature of the Customer)

Branch Stamp

Continued Over leaf

DECLARATION:

1. I/ We hereby declare that the particulars given above are correct and complete. 2. I/We hereby declare that in case of a third party account holder, a KYC form of the account holder shall be submitted. 3. I/ We undertake to keep sufficient funds in the account mentioned in the mandate as on the date of execution of debit. 4. I/ We hereby authorise the Bank / Tech Process Solutions Ltd / Bill desk / any other intermediaries to communicate my / our funding account number and any other account details (as may be necessary) to HDFC Life Insurance Company Limited (HDFC Life) for the specific purpose of recovering my/ our HDFC Life premium payments through a debit instruction to my/ our account. 5. I/ We hereby authorise HDFC Life, in the instance of the Standing Instruction/ ECS/ Direct Debit failing for any reason, to authorise the Bank/ Tech Process Solutions Ltd /Bill desk to recover the premium payable through a direct debit to my/our account with the mentioned bank. 6. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I will not hold HDFC Life, the Bank or the other Intermediaries responsible. 7. I/ We agree that for changing the premium amount as per my requirement, I/ We will furnish a fresh mandate for such change in the premium amount, which will supersede all other mandates previously given. 8. I/ We agree that in the event of any violation by me/ us of any undertaking confirmed in the agreement herein, shall amount to an event of default in the terms of the Insurance Policy and HDFC Life shall be entitled to invoke the remedies available to it in terms of the policy agreement. 9. I/ We agree that in the event of the Bank being unable to debit my account for want of sufficient funds or for any other reason, HDFC Life shall be entitled to deal with my policy in the manner as described in the policy provisions, unless the payment is received by any alternate mode on or before the specified date. 10. I/ We hereby authorise my/ our Bank to debit my/ our account with the amount of service tax and other levies as maybe stipulated by the Government, from time to time, on the premium stated above and for this purpose, no further or revised authority is required by my/ our Bank. 11. I/We hereby authorise that in the instance of a transaction failure towards an ECS request, HDFC Life can represent twice the transaction to my /our account for realising this premium. 12. I/ We wish to avail the ECS / Direct Debit / SI facility and hereby express my unconditional consent to debit premium of my policy to above through participation in Electronic Clearing System (ECS) Direct Debit. I/ We understand and agree that premium amount to be debited from my account may vary due to taxes and other statutory leaves as may be applicable from time to time. 13. I/ We understand and accept that the transaction will be effected on the policy on the due date (provided the day is a working day). I/ We agree to discharge the responsibility expected of me/ us as participants under the scheme. I take full responsibility of correctness of the details filled herein. 14. I/ We authorise the above mentioned bank to debit my bank account if my/our ECS mandate is active and until I give a written request for cancellation of ECS/Direct Debit/SI. 15. In the future, if I/We opted out of ECS/Direct Debit mode there may be an increase in premium amount. 16. I/ We understand and agree that the submission of this form does not mean that the request will be processed. I/ We understand that any payout under the policy shall be strictly in accordance with the policy terms and conditions. Also, any payment shall be subject to realisation of the last renewal premium payment. 17. I/ We also understand and agree that the Company reserves the right to use any payout option. 18. For SI with HDFC Bank/Ratnakar Bank, premium will be debited from your account on the debit date. However, if the 1st attempt is unsuccessful, 3 more attempts will be made within grace period. 19. I/ We authorise the above mentioned bank to debit the amount from my bank account if my ECS/SI/DD is active, until I give a written request for cancellation of the Mandate.

Important Note:

1. Any cancellation, correction, alteration etc. should be countersigned by the Account Holder. 2. For SI cases (HDFC Bank/Ratnakar Bank), the NAV allotted will be the date on which the bank gives a confirmation of the debit. 3. For ECS, NAV would be allocated on the basis of the debit date. 4. Direct debit facility (non ECS location) is offered by ICICI Bank, Citibank, Union Bank of India, Bank of Baroda, State Bank of India, Axis Bank and J&K Bank only. 5. For Direct Debit, NAV will be provided for the day when the payment is received in the HDFC Life account. 6. Request for de-activation of Auto debit facility has to be submitted at least 15 days prior to the next premium due date. 7. The premium will be debited starting from the premium due date which occurs after the date of this mandate. Till the last premium due date unless the mandate is revoked. 8. In case of any increase or decrease in premium amount due to changes in payment frequency or any policy related changes including reduction in premium*, the existing debit instruction will be de-activated. Hence, a fresh Auto Debit Mandate is required to be submitted at any HDFC Life branch at least 30 days prior to the next premium due date.

* Reduction in premium is a product-specific alteration

Easy Premium Payment

Online Payment	Credit Card Auto Debit	Bill Pay	MP Online
Standing Instructions (SI)	Automated Voice Guided Payment	Axis Bank	HDFC Life branches
Electronic Clearing Service (ECS)	Mobile Payment	YES Bank	Post or Courier
Direct Debit Facility Non-ECS locations	E-Collect	Easy Bill	Drop Box

Easy Premium Payment:-

For more information, contact us or visit www.hdfclife.com>CustomerService> Premium Payment options

It's quick, safe & easy... It's **My Account!**



View: View important policy details

Track: Track your application or transaction status

Pay: Pay premiums & get instant acknowledgements

Access: Premium Notices, Premium Receipts, Annual Premium Statements or Unit Statements

Transact: Do an online Fund Switch, Premium Redirection, Top Up, Revival, Payment Frequency Change, Update contact details

Alerts: Subscribe for SMS & email alerts on preferred services or transactions.

To register, log onto www.hdfclife.com>Login: **Customer Registration** or Contact us

Easy Connect:-

For queries or more information, call us on our help line 18602679999 (toll free). Available all seven days, 9.00 AM to 9.00 PM). DO NOT prefix any country code e.g. +91 or 00 | Email - service@hdfclife.com | SMS SERVICE to 5676727 (charges apply) | Visit - www.hdfclife.com.

Information on the go with **SMS On The Move.**



Use keywords to

Locate HDFC Life branches
Get policy details – Sum Assured, Policy Status, Next Premium Due Date, Premium Amount, Units held, Net Asset Value (NAV), Fund Value, etc.

For more information, log onto www.hdfclife.com>Customer Service>SMS On The Move

To register, SMS **REG <space> <policy number>** to **5676727** or call us on our helpline **1860 267 9999** (local charges apply; Available all 7 days from 9am to 9pm). DO NOT prefix any country code e.g. +91 or 00.