

REGULATED ENTITY

Please do not sign blank Proposal form]

Plan:	<input type="checkbox"/> HDFC Life Group Credit Suraksha (Micro-Insurance Product) <input type="checkbox"/> HDFC Life Group Jeevan Suraksha (Micro-Insurance Product)			
Sum Assured (INR)	Premium (INR)	Cover Term (yrs)	<input type="checkbox"/> <input type="checkbox"/>	Moratorium Period (yrs) <input type="checkbox"/> <input type="checkbox"/>
Premium Payment Option: Regular <input type="checkbox"/> Single <input type="checkbox"/> Limited <input type="checkbox"/> Premium Payment Frequency: Single <input type="checkbox"/> Yearly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/>				
Cover Type: Single Life <input type="checkbox"/> Joint Life <input type="checkbox"/>				
Main Benefit: (level / decreasing) Interest Rate: <input type="checkbox"/> <input type="checkbox"/> %				

Particulars of Member: Mr/Mrs. Date of Birth/Age(ys): dd/mm/yyyy/_
Address: _____ Gender: M /F/Tg

Particulars of Joint Life Assured(if any): Mr/Mrs. Date of Birth/Age(ys): dd/mm/yyyy / _
Gender: M /F/Tg Relationship with Member _____ Loan Account No. _____ Loan Type _____

Particulars of Legal Guardian (if Member / Joint Life Assured is a minor): Mr/Mrs.
Date of Birth/Age(ys): dd/mm/yyyy / _ Gender: M /F/Tg Relationship with Member / Joint Life Assured _____

	Name	Date of Birth	Gender	Contact No.	Relationship to
Nominee:		<u>dd/mm/yyyy</u>			<i>Member</i>
Appointee:		dd/mm/yyyy			<i>Nominee if nominee is below 18 yrs of age</i>

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

1. Are you pregnant now? ☐ Yes ☐ No
2. If response to Qn(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

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

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 Standard 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.

* Witness Signature, Address and Occupation is along with signature of Insured Member

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.

Date & Place: _____

* Witness Signature, Address and Occupation is required along with signature of Member

Signature / Thumb Impression of the
Joint Life Assured (if any)

Signature / Thumb Impression of the
Legal Guardian (if Joint Life Assured is a Minor)

Note: PLEASE DO NOT SIGN BLANK FORM