Customer Consent Document (CCD) - HDFC Bank

ADDENDUM TO ELECTRONIC PROPOSAL FORM

Avoid Policy Rejection. Fill out this form carefully.

IMPORTANT READ CAREFULLY IMPORTANT

HDFC Life

Sar utha ke jiyo!

Application Number *(Electronic proposal form ID number)*

I, HDFC Life agent have ensured that this form is completed after discussing and agreeing on the proposed insurance plan.

SALES PERSONNEL'S SIGNATURE$

TO BE FILLED BY THE CUSTOMER

Type of Insurance Plan: *(tick correct option)* ☐ Protection ☐ Investment ☐ Pension ☐ Savings ☐ Health Cover ☐ Combi Plan

- Name of Insurance Plan _____
- The premium payable is ₹

on a (S/M/Q/HY/Y) [1] frequency for a premium paying term of ☐☐ years & the Sum Assured is ₹

([1]S- Single Premium, M- Monthly, Q-Quarterly, HY- Half Yearly, Y- Yearly)

Fill one of the following:(Applicable only for Combi * Plan):

- Health Cover : Family Floater : Sum Insured ₹ ☐☐☐☐☐☐☐☐☐☐, Term 01 / 02 Years
- Individual Cover: Sum Insured ₹:

L1: ☐☐☐☐☐☐☐☐☐ L2: ☐☐☐☐☐☐☐☐☐ L3: ☐☐☐☐☐☐☐☐☐

L4: ☐☐☐☐☐☐☐☐☐ L5: ☐☐☐☐☐☐☐☐☐ L6: ☐☐☐☐☐☐☐☐☐

- Have you filled the electronic proposal form ☐ / has a third party or sales official assisted you in filling the proposal form vide above application number? ☐ *(tick if yes)*
- Do you agree to the **Illustration** / suitability questionnaire signed by you / received by you on your email ID with above application number? ☐ *(tick if yes)*
- Do you agree to all the **Terms and Conditions** mentioned in the electronic proposal form vide above application number? ☐ *(tick if yes)*
- **Have you understood these Policy details:** **DEATH BENEFIT** ☐ *(tick if yes)* **MATURITY BENEFIT#** ☐ *(tick if yes)* **LOAN DETAILS#^** ☐ *(tick if yes)* **HEALTH BENEFIT** ☐ *(tick if yes)*

 # Not applicable for Term Policies
^ Not applicable for ULIP Policies
** Not applicable for limited & regular Term Policies*

- Have you understood the Policy provisions with regard to Pre-Closure/Surrender?* ☐ *(tick if yes)*
- This application is for a fresh insurance Policy and is neither linked with an existing Policy nor with any other financial products like credit card, loan, etc ☐ *(tick if yes)*
- **For Unit Linked Policy (ULIP), have you understood:** **DEDUCTIBLE CHARGES** ☐ *(tick if yes)* **PARTIAL WITHDRAWAL FACILITY** ☐ *(tick if yes)*

I / We have been explained the features of this plan and understand that this is not a Fixed Deposit or Recurring Deposit but an Insurance Plan.
I / We understand that the returns in Unit Linked Products may not be guaranteed and are subject to investment risks associated with capital markets.

Are you a tax resident of India only as per the Indian Income-tax law? ☐ Yes ☐ No (If No, please submit relevant documents)
I / We would like to receive a **Dematerialized Policy** ☐ Yes ☐ No ☐ NA (If Yes, please submit relevant documents)
I / We understand that I / We may receive calls from HDFC Life in relation to this proposal for insurance or the resulting Policies. I / We give my consent to HDFC Life to make such calls even when I am / We are registered on **NDNC registry**.
I / We allow HDFC Life to use my Bank account details shared by me via cancelled cheque or **NEFT** details provided by **HDFC Bank** for any future payouts.
I/We agree that the answers to the above questions are true and that this addendum forms a part of the proposal / contract between me/us and HDFC Life.
I/ We give consent to allow HDFC Bank to furnish my credentials / information (address, contact no., email ID, loan details, income & nominee) as per their/his/ her records & vice versa.
I / We declare that the content of the form and document has been fully explained to me and I / We have fully understood the significance of the proposed contract.
I / We agree and understand that the insurance plan purchased is on the basis of the need analysis done and as suggested by **HDFC Bank Suitability Questionnaire** (if applicable).
I / We agree and understand that the *combi product is jointly offered by Apollo Munich Health Insurance Co. Ltd. and HDFC Life Insurance Company Limited*
I / We hereby agree that the recommended product is based on the information provided by me which was part of the suitability questionnaire.

"HDFC Bank Limited ("HDFC Bank") is registered with Insurance Regulatory & Development Authority of India (IRDAI) as a Composite Corporate Agent (IRDAI Registration No.CA0010), currently having an arrangement with three insurance companies viz HDFC Life Insurance Company Limited, TATA AIA Life Insurance Co Ltd and Birla Sun Life Insurance Co Ltd for distribution of Life Insurance products"

Life to be Assured 1:

Please affix / upload passport size photograph or mention the existing client ID

Ensure you know all Policy details

CUSTOMER'S SIGNATURE

Name: _____

Date: _____ Place: _____

Life to be Assured 2 ☐ **/ Proposed Policyholder** ☐ **/ Appointee*** ☐

(In case of joint life proposal) (If different from life to be assured) (Nominee/ beneficiary is a minor)

Please affix / upload passport size photograph or mention the existing client ID

CUSTOMER'S SIGNATURE

Name: _____

Date: _____ Place: _____

* If the nominee / beneficiary is a minor, a person should be appointed to receive the amount secured by the Policy in the event of death of the Life to be Assured during the period when the nominee is a minor. (Please attach appointee declaration for Employer-Employee case)

SI/ECS/NACH Mandate (Below details to be filled only if SI/ECS is opted for)

HDFC Life *Sar utha ke jiyo!*

UMRN F O R O F F I C E U S E O N L Y Date D D M M Y Y Y Y

Tick (✓)
CREATE ✓
MODIFY
CANCEL

Sponsor Bank Code _____ Utility Code _____

I/We hereby authorize **HDFC LIFE** to debit (tick ✓) **SB/CA/CC/SB-NRE/SB-NRO/OTHER**

Bank a/c number _____

with bank Name of customers bank IFSC _____ or MICR _____

an amount of Rupees _____ ₹

FREQUENCY ~~☒ MONTHLY ☒ Qtly ☒ H. Yrly ☒ Yrly~~ ☑ As & when presented DEBIT TYPE ~~☒ Fixed Amount~~ ☑ Maximum Amount

Reference No. 1 Application No. Mobile No. _____

Reference No. 2 FOR OFFICE USE ONLy Email ID _____

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD

From D D M M Y Y Y Y

To x x x x x x x x

Or ☑ Until Cancelled

Signature Primary Account holder | Signature Primary Account holder | Signature Primary Account holder

1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

This is to confirm that the declaration/terms has been carefully read, understood and made by me/us. I am authorizing the User entity /corporate to debit my account.
I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/ammendement request to the User entity/corporate of the bank where I have authorized the debit

Application No.: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ My MIX Code: _____

PAYMENT DETAILS

- **Initial Payment has been made from account / Debit Card / Credit Card that belongs to:**
  Self ☐ Proposer ☐ **Third Party**: Spouse ☐ Parent ☐ Children ☐ Sibling ☐ Grandparent ☐ Company ☐
- **Mode of Payment:** HDFC Bank Cheque ☐ HDFC Bank DD ☐ Net Banking ☐ Debit Card ☐ Online/Offline Credit Card ☐ Direct Debit ☐ Fund Transfer ☐
- **In case of Third Party Payor, enclosing** Third Party Declaration & KYC ☐
- **I / We confirm that the product has been clearly explained to me/us by Bank employee with following details:**
  Bank Employee Name _____ Employee Code: ☐☐☐☐☐☐☐☐☐☐
  Specified Person Code of Bank Employee: ☐☐☐☐☐☐☐☐☐☐☐☐

CUSTOMER'S SIGNATURE

DECLARATION BY SPECIFIED PERSON

- HDFC Bank DD/Cheque/Last four digits of Credit Card No./Online Ref. No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
- In case of Fund Transfer, please mention existing policy No. ☐☐☐☐☐☐☐☐
  Note: *Only HDFC Bank instruments are allowed. There must be a debit to the HDFC bank account of policy holder (or proposer if different from policy holder)*
- Premium amount is in line with the customer's profile and account balance: ☐ Yes
- Policy Holder (proposer if different from policy holder) is KYC / AML compliant with HDFC Bank: ☐ Yes
- Customer's income declared for the investment is in line with the bank profile of the customer: ☐ Yes
- Annual income of the customer updated in life insurance proposal is correct and verified by me. The same is also updated in bank records. ☐ Yes
- Preferred language option selected in life insurance proposal is correct and as per my interaction with customer. Customer would be comfortable in completing the verification process in this language.
- Customer's signatures on the proposal matches with the bank records for telechannels only, the confirmation is that customer signature matches on all points where the customer has signed. ☐ Yes

SIGNATURE$

Name _____ SP Code ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Employee Code: ☐☐☐☐☐☐☐☐☐☐

DECLARATION BY SUPERVISOR

I confirm that I have spoken to/met the customer for this life insurance proposal.
I confirm that the customer is aware of all product features and that the policy is sold in line with the customer's requirements.
I confirm that the entire sales solicitation from lead generation, explaining the product features to closure of sale has been done by IRDAI certified staff.
Annual income updated in life insurance proposal by SP is correct and as per bank records
Preferred language option selected in life insurance proposal by SP is correct.
" I confirm that customer's signature on the proposal form matches with the bank records"
_____ SP Name _____ SP Code ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

STAMP

Name _____
Employee Code ☐☐☐☐☐☐☐☐

SIGNATURE

DECLARATION BY CLUSTER HEAD (for policies sold to > =60 years Life Assured / Payor / Proposed Policy Holder)

I confirm that I have spoken to/met the customer for this life insurance proposal. I confirm that the customer is aware of all product features and that the policy is sold in line with the customer's requirements. The premium paying capacity of the customer for the said proposal has been established.

Name _____
Employee Code ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

SIGNATURE

DECLARATION BY SALES CONSULTANT & THIRD PARTY

- I hereby declare that I have explained the contents of this application form and I have also explained all the important features of the HDFC Life insurance plan to address the customer's need. I have thereby ensured that the same is completely understood by 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 / proposed Policyholder has signed / affixed his / her thumb impression in my presence.

SIGNATURE$

Sales Consultant:
Name: _____
Code: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Date: _____ Place: _____

Third Party: (Applicable when solicitation done in regional language or thumb impression affixed / signature done in regional language by customer)
Name: _____
Address: _____
_____ Date: _____ Place: _____

SIGNATURE

$ *Sales Hierarchy to fill in & sign the form, if SP / BC / FC / Sales Personnel is the life to be assured.*

Note: 1. Please fill Consultant Confidential Report (CCR) on POS 2. Third party is an individual who is not the life to be assured or sourcing personnel

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Renewal Payment has been made from account / Debit Card / Credit Card that belongs to:

Company ☐ Self ☐ Proposer ☐ **Third Party**: Spouse ☐ Parent ☐ Children ☐ Sibling ☐ Grandparent ☐

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 ECS/SI/DD/NACH 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 taxes 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/SI/DD/NACH 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/SI/DD/NACH. **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 debit date. However, in case of failure, we will debit your account anytime again upto 180 days from date of debit. **19**. I/ We authorise the above mentioned bank to debit the amount from my bank account if my ECS/SI/DD/NACH 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, Punjab National 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. **9**. In case of PBD option the NAV will be allocated as per preferred billing date and not premium due date. **10**. Grace period in case of PBD will start from premium due date only and not from Preferred billing date.

* Reduction in premium is a product-specific alteration.