

Application No.:

My MIX Code:

PAYMENT DETAILS

■ **Initial Payment has been made from account / Debit Card / Credit Card that belongs to:** please specify
 Self Spouse Parent Children Sibling Grandparent Employer Others (acceptance subject to AML guidelines)

■ **Mode of Payment:** Cheque DD Net Banking Others
 Debit Card Online/Offline Credit Card Direct Debit

■ **In case of Third Party Payor, enclosing** Third Party Declaration & KYC

a) I hereby confirm that I am aware that enrolment to this product is purely voluntary and is not linked to me availing of any other facility from the HDFC FIRST Bank .
 b) I hereby confirm that the premium towards my insurance cover will not be borne by any third party entity / person(s), with the exception of my spouse, parents, grandparents, children or siblings.
 c) I hereby authorise HDFC Life to share the Bonus / Fund statement of this policy with HDFC FIRST Bank .

CUSTOMER'S SIGNATURE

DECLARATION BY SPECIFIED PERSON

■ Employee Code: DD/ Cheque / Credit Card No.

■ To the best of my knowledge, I would like to highlight the following additional information regarding the customer's KYC/AML, source of income, premium paying capacity, etc., that may be deemed relevant with regards to this insurance proposal.

■ Customer's signatures on the proposal matches with our records: Yes

Name
 SP Code

SIGNATURE⁵

DECLARATION BY TM & Above (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.

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: _____

SIGNATURE⁵

SIGNATURE

⁵ 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

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

Self Spouse Parent Children Sibling Grandparent Employer
 Others please specify _____ (acceptance subject to AML guidelines)

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 may be 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 levies 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 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/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.

HDFC Life Insurance Company Limited (HDFC Life). CIN: L65110MH2000PLC128245. IRDAI Registration No. 101.

Regd. Off: Lodha Excelus, 13th Floor, Apollo Mills Compound, N. M. Joshi Marg, Mahalaxmi, Mumbai - 400 011. For queries or more information, call us on 1860-267-9999 (Local charges apply).

DO NOT prefix any country code e.g. +91 or 00. Available Mon-Sat from 10 am to 7 pm | Email - service@hdfclife.com | nriservice@hdfclife.com (For NRI customers only) | Visit - www.hdfclife.com