# MEMBER INFORMATIONFORM

## OTHER ENTITY

**[IMPORTANT NOTE: Any cancellation and alteration must be countersigned by Member.**
**Please do not sign blank Proposal form]**

| Plan: | ☐ HDFC Life Group Credit Suraksha (Micro-Insurance Product)<br>☐ HDFC Life Group Jeevan Suraksha (Micro-Insurance Product) |
|---|---|

Sum Assured (INR)_____ Premium (INR)_____ Cover Term (yrs)☐☐Moratorium Period (yrs) ☐☐
Premium Payment Option: Regular ☐ Single ☐Limited ☐ Premium Payment Frequency: Single ☐Yearly ☐ Half Yearly ☐ Quarterly ☐ Monthly☐
Cover Type: Single Life ☐ Joint Life ☐
Main Benefit:_____( *level / decreasing)*Interest Rate: ☐☐%

**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. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐Date of Birth/Age(yrs): dd/mm/yyyy /____
Gender: M /F/TgRelationship 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/TgRelationship with Member/ Joint Life Assured_____
Aadhar No.: ☐☐☐☐☐☐☐☐☐☐☐☐ Pan No.: ☐☐☐☐☐☐☐☐☐☐

**Nominee / Appointee Details:**

| | Name | Date of Birth | Gender | % Share | Contact No. | Relationship to |
|---|---|---|---|---|---|---|
| Nominee 1: | | dd/mm/yyyy | | | | *Member* |
| Nominee 2: | | dd/mm/yyyy | | | | |
| Appointee: | | dd/mm/yyyy | | | | *Nominee if nominee is below 18 yrs of age* |

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*
Name & Address_____
_____
Occupation_____

Signature of the Declarant

Date & Place: _____

* 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
Legal Guardian (if Member is a Minor)

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

**Note: PLEASE DO NOT SIGN BLANK FORM**