MEMBER INFORMATIONFORM

REGULATED 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) ☐ 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*

PAYMENT AUTHORISATION (if applicable)
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 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.

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* Signature of the Declarant
Name & Address__________________
________________________________ Date & Place: __________
Occupation__________________________

* 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