

MEMBER INFORMATION FORM

OTHER ENTITY

[IMPORTANT NOTE: Any cancellation and alteration must be countersigned by Member.

Please do not sign blank Proposal form]

Plan:	<input type="checkbox"/> HDFC Life Group Jeevan Suraksha (Micro-Insurance Product) <input type="checkbox"/> HDFC Life Group Suraksha (Micro-Insurance Product)				
Sum Assured (INR)	Premium (INR)	Cover Term (mths) <input type="checkbox"/>	Moratorium Period (yrs) <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"/> %				Extra Life Benefit <input type="checkbox"/>	

Particulars of Member: Mr/Mrs. <input type="text"/>		Date of Birth/Age(yrs): dd/mm/yyyy/
Address: <input type="text"/>		Gender: M / F / Tg
Particulars of Joint Life Assured (if any): Mr/Mrs. <input type="text"/>		Date of Birth/Age(yrs): dd/mm/yyyy /
Gender: M / F / Tg Relationship with Member <input type="text"/>		Loan Account No 1. <input type="text"/> Loan Account No. 2. <input type="text"/> Loan Type <input type="text"/>
Particulars of Legal Guardian (if Member / Joint Life Assured is a minor): Mr/Mrs. <input type="text"/>		
Date of Birth/Age (yrs): dd/mm/yyyy /		Gender: M / F / Tg Relationship with Member / Joint Life Assured <input type="text"/>
PAN No.: <input type="text"/> (submit Form 60 if PAN not available)		

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

Signature/Thumb Impression of the Member
Date & Place: _____

DECLARATION OF GOOD HEALTH:

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

For Female Lives only:

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

II Do you engage or intend to engage in any business, sport or occupation of a hazardous nature? Yes No

III Do you have any history of conviction under any criminal proceedings in India or abroad? 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

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