

ADDENDUM TO ELECTRONIC PROPOSAL FORM



Application Number (Electronic proposal form ID number)	Proposal Number:
Life to be Assured 1: Name: _____ <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> Please affix passport size photograph </div>	Life to be Assured 2 (In case of joint life proposal) / Proposed Policy Holder (If different from life to be assured): Name: _____ <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> Please affix passport size photograph </div>

1. 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you agree to the illustration signed by you / received by you on your email i.d. with above application number.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you agree to all the terms and conditions mentioned in the electronic proposal form vide above application number.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you understood the Deductible Charges.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you understood the Death Benefit.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you understood the Maturity Benefit.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you understood the policy provisions with regard to Surrender.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Please provide your Contact Number: Telephone Number <input style="width: 100px;" type="text"/>	Mobile Number <input style="width: 100px;" type="text"/>

I/We agree that the answers to the above questions are true and that this addendum then forms a part of the proposal / contract between me/us and HDFC Life. I/ We give consent to allow sourcing Bank/Agent/Broker to furnish my contact credentials as per their/his/her records. I declare that the content of the form and document has been fully explained to me and I have fully understood the significance of the proposed contract.

Date: _____ <input style="width: 150px;" type="text"/>	Date: _____ <input style="width: 150px;" type="text"/>
Place: _____ <input style="width: 150px;" type="text"/>	Place: _____ <input style="width: 150px;" type="text"/>
Signature/Thumb impression of Life to be Assured **	Signature/Thumb impression of Proposed Policy Holder */ Life to be Assured 2 (in case of joint life proposal)

*** Proposed policy holder only if different from life to be assured.**
****The declaration to be signed by the legal guardian if life to be assured is a minor.**
Please Note: We shall be getting in touch with you to reiterate the policy features. Request you to attend the call and give a patient hearing. This call is essential for issuance of your insurance policy.

Declaration to be made by Financial Consultant / Sales Representative / Specified Person:

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 and 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.

Name and Agency Code <input style="width: 150px;" type="text"/>	Signature <input style="width: 150px;" type="text"/>
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In case the nominee / beneficiary is a minor, a person should be appointed to receive the money secured by the policy in the event of death of the life to be assured during the minority of the nominee.

Name of the Appointee: _____	Signature: <input style="width: 150px;" type="text"/>
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For Office Use Only (To be filled by the Branch Operations Officer)

Received At: _____	Branch Code: _____	Received On: _____
Payment Details: <input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/> DD <input type="checkbox"/> Online Credit Card <input type="checkbox"/> Offline Credit Card		
Consolidated Payment: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cheque /DD Number: _____	Receipt Number: _____
Client ID: _____		
Comp/Feb/Int/1923	Remarks: _____	