



Yes

Yes No

Yes

MEM	BEK ENKULLMEN	Short Medical Question	e Group Creait Prote naire	ect Plus		L ite
IMPORTANT NOTE:	Any cancellation and alteration	-	be Insured. Please do not sign blank I	Proposal form.	Sar	utha ke jiyo!
Options:	V '	ra Life Terminal Life tion Option	Critical Life Option 2	Critical Life Option 3	Critical Life Option 4	Life Disability Option
	Base Sum Assured (₹)	Rider Sum Assured (₹)	Single Premium (₹)	Premium Payment Term (m		olicy months)
Life to be Assured	5000000	5000000	71508	SINGLE	-	120
Master Policy Hold Moratorium Period Loan type: <u>Educa</u>	(month) 3 6 Main ber	Services Limited Master Ponefit (level / decreasing): decreasing DD MM YYYY Loan amount		Applicant Sta for decreasing option) Number <u>A2403280247</u>	tus: Primary borrower Loan Term (month:	Co Borrower
Personal Details	of Life to be Assured					
	Ms. Dr. G H A V D D 1 2 0 3 2 0 0 1	A B R A M	DDLE PAN:	F K W P D	A S T	
	C T O R 8 Indian Non Indian (For Stude	2 PLATIN VAISHALU State UTT Resident status: VResident nts & Education Loan, study to be entered)	AR_PRADE	SH	M P R A S T Pincode 2 0 1 road please attach appropria	0 1 0 Ite Questionnaire)
Education:	Post Graduate 🗸 Gra	duate Diploma 12th pass	10th pass Below 10th	Illiterate		
Present Occupation (if you are working in Gross Annual Incom	the Navy / Police / Army/Air force / Fire S	ed Professional Armed Forces ervice, please attach appropriate question		vice Retired 🗸	Student Housewife	Unemployed
Nominee / Appoin	tee.					
Full Name		Date of Birth	Relationship to		Share (%)	
Nominee 1: LOKESI	I DADDA		LFATHER Assured			
Nominee 2:	1 DABKA	[10/02/1973′ Y Y Y			100 %	
		DD MM YYYY	Life to be Assured			
Appointee 1:		DD MM YYYY	Nominee (If nominee is below 18 yrs o	or age)	N/A	
Particulars of Legal (Guardian (if Life to be Assured is a r	ninor): Mr/Mrs.				
Date of Birth:	D M M Y Y Y	Gender: M	F Transgender	Relationship with Life t	o be Assured	
						1:6-4-5-4
Epilepsy, any p lung disorder (sychiatric / mental disorder , disor e) Diseases or disorder of muscles,	der of brain/nervous system or any l bones or joints, arthritis or blood dis	or any other heart disease (b) Cancer, tr kind of physical disabilities (d)Asthma, T order(anemia) or any endocrine disorder tis B or C or HIV/AIDS infection (g) Diabe	luberculosis, pulmonary o r, congenital disorder, gen	bstructive disease or other etic disorder (f) Diseases of	Life to be Assured Yes No
		najor surgery or been hospitalized fo				Yes No
		. , , , , , , , , , , , , , , , , , , ,	ring, deep sea diving , motor racing, bung	3 , 1 3 ,		Yes No
			uches of tobacco per day and/or consun	ne alcohol more than 5 un	its a day?	Yes No
<u> </u>	ml Wine or 150 ml Spirits or 370 ml		sult of heart attack, stroke, cancer, diab	iotos HIV/2		Vos DNs
			, diseases or impairment not mentioned		or cold)?	Yes No
7. For Female Live	es: (a) Are you presently pregnant?	(b) Do you have a history in the past of the child with any congenital disorder s	of an abortion, miscarriage or caesarian such as Down Syndrome, congenital hea	section due to complicatio	ns during pregnancy or due	Yes No
		·	ced or had exclusion imposed for any ins			Yes No
9. Have you ever	been or currently being investigate	d, charge sheeted, prosecuted or co	nvicted or acquittal or having pending c	harges in respect of any c	riminal/civil offences in any	Voc No

Declaration of Life to be Assured

court of law in India or abroad?

handling heavy machinery etc.)

If yes, please specify sum assured. Rs.

• lunderstand, agree and confirm that these statements and this declaration are basis of the contract between the insurer and the policyholder. Subject to Section 45 of the Insurance Act 1938 as amended from time to time, if any untrue statements are contained herein or there has been any non disclosure of any material fact, the policy to be issued by the insurer in the name of the policyholder may be treated as void as far as I am concerned.

10. Is your occupation or business, associated with any hazard (e.g. exposure to chemical substances/hazardous materials/harmful dust or gases/ explosives/ working at heights/

- treated as void as far as I am concerned.

 I confirm that I have read and understood, the rules and any additional rules of the plan, the standard policy provisions and any additional provisions that govern the policy to be issued by insurer in the name of the policyholder and on my life, and I agree and confirm that the same shall be binding on me.

 I authorise the policyholder to disclose to the insurer such particulars as they may require including the details given above and any changes to the same, pay the premium payable on my behalf /collected from me to the insurer.

11. Do you have any group risk cover as a scheme member through the same Master Policy holder (lender) or any other Master Policy holder where HDFC Life is an insurer?

- I understand that any statutory levy or charges including any indirect tax may be charged to me either now or in future by the insurer and I agree to pay the same.
 I understand that HDFC Life Insurance Company Limited (HDFC Life) has the right to reject a proposal without giving reasons thereto and confirm to give an undertaking that I shall not raise any claims thereof.
- of lunderstand the significance of the contract and that the contract will be governed by the provisions of the Insurance Act 1938 as amended from time to time and that the same will not commence until written acceptance of this application issued by the insurer on its normal terms and conditions is received.

For queries or more information, call us on 1860-267-9999 (Local charges apply) | 022-68446530 (STD charges apply). Available Mon-Sat from 10 am to 7 pm. DO NOT prefix any country code e.g. +91 or 00. Email – service@hdfclife.com | nriservice@hdfclife.com (For NRI customers only) Visit – www.hdfclife.com

the decision of the Company idropped, deferred, declined o terms and conditions of the pc I hereby declare that the conte I understand and agree that in treated as invalid by the insur Understand that any If any of date when the member enroln member's enrolment shall be conditioned any past or present employer.	n underwriting risk or (ii) if the pracepted on terms other than a blicy. ent of the form and document has case any error, omission, incorreer and the claim payout shall not the requirement's raised by the inent details were shared by the leemed as withdrawn. In dauthorize the Company or any not authorize the Company or any accompany	oroposal for assurance or an application s proposed, I shall forthwith intimate the s been fully explained to me and I have for to information, blank forms, etc. are det be processed. nsurer including further requirements proposed Master Policy Holder (MPH) with the insection of its authorized representatives to see to fits authorized representatives to see to my physical or mental health and seel	here is an adverse change in my occupation, financial for revival of the policy made to any insurer on my lessame to the company in writing and failure to do so ully understood the significance of the proposed contected at the claim stage because of lapses on the pare ertaining to medical tests/reports/investigations are urre, the received premium amount for the said enroles medical information from any doctor or from a hosping information from any insurance company to which	ife or the Life to be assured is withdrawn or o shall lead to a decision as per the applicable cract. It of the scheme member, such claims shall be not completed within three months from the ment, would be refunded and the respective oital who at anytime has attended me or from	
Signature/Thumb impression Date: 22/04/2024 \(\)	n: (Life to be Assured)	Signature/Thumb impression	on: (Witness)		
Place: BANGALORE		Place: BANGALORE			
a) affixed his/her thumb impres "I hereby declare that I have ful given by the Member and the s the contents thereof."	ly explained the above questions	ular; OR c) not filled the application and contents of the Member Enrollmer	nt Form to the Member and the Joint Life Assured (if ar ndary / Joint Life Assured (if any) has affixed the thum		
Name of the Declarant			Name of the Witness		
Address of the Declarant Signature/Thumb impression			Address of the Witness	Signature/Thumb impression	
Date: <u>DD/MM/YYYY</u> Pla	oce:	(Declarant)	Date: DD/MM/YYYY Place:	(Witness)	
"I certify that the contents of th	e form and documents have bee	n fully explained to me by Mr. / Mrs.:	and I have understood the	significance of the proposed contract.	
Signature/Thumb impre (Life to be Assured) Declaration made by Legal Guard Legal Guardian			f the form and document filled up by the Life to be Asso Name of the Witness	-	
(if Life to be Assured is a I			Address of the Witness	Signature/Thumb impression	
Signature/Thumb impre	ssion		Date: DD/MM/YYYY Place:	(Witness)	
loan I have taken the above to make payment of Outsta	referenced policy from HDF anding Loan Balance amoun e Scheme/ Policy referenced	C Life Insurance Company Limited t to Master Policyholder by deduct	es <u>Limited</u> ("Master Po ("HDFC Life"). In consideration of receiving the ing from the claim proceeds payable on happ (Witness)	e said loan I hereby authorize HDFC Life	
Questionnaire for COVID-	19*		*N	lovel Coronavirus, SARSCoV-2/COVID-19	
			Life to be Ass	sured	
Have you travelled outside India in the last 15 days or do you plan to travel overseas during next 3 months?			NO YES If YES, please provide details Country: City: Date of travel: dd/mm/yyyy		
Within the last 3 months have you been tested positive for COVID-19* and were hospitalised or waiting results of such a test or been advised to be under hospitalisation or quarantine due to COVID-19*?			NO YES If YES, please provide details 1. Date of diagnosis test		
mandatory government order temperature, sore throat, breat	s to at home) or have you ha hing difficulties, gastro-intestinal s ested or are awaiting test result for 0	solate due to COVID-19* (excluding d a persistent cough,fever, raised ymptoms (vomiting/ diarrhea), been COVID-19* or been in contact with an	NO YES		
	Signature/Thumb im	pression:	Date: 22/04/2024	Place: BANGALORE	

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

Regd. Off: 13th Floor, Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.

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Declaration of Life to be Assured (continued)