

## MEMBER INFORMATION FORM REGULATED ENTITY

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

		30 440 ALOU DAGA	~	P 0044 - 10 - 12	<del>-</del> ,	
Plan: ☐HDFC Life Group Jeevan Suraksha (Micro-Insurance Product) ☐ HDFC Life Group Suraksha (Micro-Insurance Product)						
Sum Assured (INR) 200000	•	m (INR) 492		Cover Tern	n ( mths) 18	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/	aecreasing) interest Rate:	<u>□□</u> %				Extra Life Benefit $\Box$
Particulars of Member: Mr/Mrs. VIVEK MOHAN Date of Birth/Age(yrs): 24/06/1989 / 35						
Address: No 5 THIRUVALLUVAR NAGAR LITTLE GARDEN,6TH CROSS BHARATHIYAR UNIVERSITY COIMBATORE NORTH, COIMBATORE, TAMIL NADU Gender: M						
Particulars of Joint Life Assured (if any): Mr/Mrs.						
Gender: M/F/Tg Relationship 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/Tg Relationship with Member / Joint Life Assured						
Pan No.: □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□						
Nominee / Appointee Details:						
	Name	Date of Birth	Gender	% Share	Contact No.	Relationship to
Nominee 1:	MARGARET	07/09/1989	F	70 Share	Contact 110.	WIFE
Nominee 2:	WANGANLI	dd/mm/yyyy	ı			Member
		<u>uu/IIIII/yyyy</u>				Nominee if nominee is below 18 yrs of age
Appointee:						Nominee if nominee is below 10 yrs of uge
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? $\square$ Yes $\square$ No						
For Female Lives only:						
1. Are you pregnant now? ☐ Yes ☐ No						
	yes, please mention how ma					
<ol><li>Have you ever suffered</li></ol>	d from any disease of the bro	east, uterus, cervix,	, ovaries or a	ny other part o	of the reproductive	system?
II Do you engage or intend to engage in any business, sport or occupation of a hazardous nature?  \(\begin{align*}\Darkspace\D						
III Do you have any history of conviction under any criminal proceedings in India or abroad?  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? $\square$ Yes $\square$ No						
1 1						
PAYMENT AUTHORISATION (if applicable)						
						("Master Policyholder"). In order to
						${\Bbb C}$ Life"). In consideration of receiving
the said loan I hereby authorize						
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: 13/11/2024 12:57:06						
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 inlanguage and have truthfully recorded the						
answers provided to me. I furth	er declare that the Member	has signed/affixe	ed his/ her tl	numb impress	sion in my presen	ce.
G: ATT 1: CX		Cal. D. I.	NT 0 4			
Signature/Thumb impression of V	vitness* Signature	of the Declarant	Name & A	aaress		
	Date & Pla	ce: 13/11/2024 1	2:57:			
Occupation Salaried						
-						
* 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.						
	Q:	ignature / Thumb	Impression	of the	Signature	e / Thumb Impression of the
		gal Guardian (if N	-		_	i (if Joint Life Assured is a Minor)
	LC,	5 Commun (11 11	10111001 15 a		205m Gumana	. (1 com Ene rissaiea is a minor)
					Note: PLFAS	F DO NOT SIGN RLANK FORM