

Customer Consent Document (CCD) - Other Channels

ADDENDUM TO ELECTRONIC PROPOSAL FORM

Avoid Policy Rejection.
Fill out this form
carefully.



Sar utha ke jiyo!

Application Number

(Electronic proposal form ID number)

I, HDFC Life agent have ensured that this form is completed after discussing and agreeing on the proposed insurance plan.

SALES PERSONNEL'S SIGNATURE^{\$}

TO BE FILLED BY THE CUSTOMER

Type of Insurance Plan:

(tick correct option)

☐ Protection☐ Investment☐ Pension☐ Savings☐ Health Cover☐ Combi Plan

■ Name of Insurance Plan

■ The premium payable is ₹

on a (S/M/Q/HY/Y)

frequency for a premium paying term of

years & the Sum Assured is ₹

(*S- Single Premium, M- Monthly, Q-Quarterly, HY- Half Yearly, Y- Yearly)

Fill one of the following: (Applicable only for Combi * Plan):

■ Health Cover : Family Floater : Sum Insured ₹ , Term / Years

■ Individual Cover: Sum Insured ₹ :

L1: L2: L3: L4: L5: L6: ■ 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? ☐ (tick if yes)■ Do you agree to the Illustration signed by you / received by you on your email ID with above application number? ☐ (tick if yes)■ Do you agree to all the Terms and Conditions mentioned in the electronic proposal form vide above application number? ☐ (tick if yes)

■ Have you understood these Policy details: **DEATH BENEFIT** ☐ (tick if yes) **MATURITY BENEFIT** ☐ (tick if yes) **LOAN DETAILS**[^] ☐ (tick if yes) **HEALTH BENEFIT** ☐ (tick if yes)

Not applicable for Term Policies

^ Not applicable for ULIP Policies

* Not applicable for limited & regular Term Policies

■ Have you understood the Policy provisions with regard to Pre-Closure/Surrender?*

☐ (tick if yes)

■ This application is for a fresh insurance Policy and is neither linked with an existing Policy nor with any other financial products like credit card, loan, etc

☐ (tick if yes)

■ For Unit Linked Policy (ULIP), have you understood:

DEDUCTIBLE CHARGES ☐ (tick if yes)**PARTIAL WITHDRAWAL FACILITY** ☐ (tick if yes)

I/ We have been explained the features of this plan and understand that this is not a Fixed Deposit or Recurring Deposit but an Insurance Plan.

I/ We understand that the returns in Unit Linked Products may not be guaranteed and are subject to investment risks associated with capital markets.

Are you a tax resident of India only as per the Indian Income-tax law? ☐ Yes ☐ No (If No, please submit relevant documents)I/ We would like to receive a Dematerialized Policy ☐ Yes ☐ No (If Yes, please submit relevant documents)

I/ We understand that I/ We may receive calls from HDFC Life in relation to this proposal for insurance or the resulting Policies. I/ We give my consent to HDFC Life to make such calls even when I am/ We are registered on NDNC registry.

I/ We allow HDFC Life to use my Bank account details shared by me via cancelled cheque or NEFT details provided by Sourcing Channel for any future payouts.

I/ We agree that the answers to the above questions are true and that this addendum forms a part of the proposal / contract between me/us and HDFC Life.

I/ We give consent to allow Sourcing Channel to furnish my credentials / information (address, contact no., email ID, loan details, income & nominee) as per their/his/ her records & vice versa.

I/ We declare that the content of the form and document has been fully explained to me and I/ We have fully understood the significance of the proposed contract.

I/ We agree and understand that the insurance plan purchased is on the basis of the need analysis done and as suggested by Suitability Matrix. (if applicable)

I/ We agree and understand that the combi product is jointly offered by Apollo Munich Health Insurance Co. Ltd. and HDFC Standard Life Insurance Co. Ltd. (HDFC Life)

Life to be Assured 1:

Please affix / upload passport size photograph or mention the existing client ID

X

Ensure you know all Policy details

CUSTOMER'S SIGNATURE

Name: Date: Place: Life to be Assured 2 ☐ / Proposed Policyholder ☐ / Appointee* ☐

(In case of joint life proposal) (If different from life to be assured) (Nominee/ beneficiary is a minor)

Please affix / upload passport size photograph or mention the existing client ID

CUSTOMER'S SIGNATURE

Name: Date: Place:

* If the nominee / beneficiary is a minor, a person should be appointed to receive the amount secured by the Policy in the event of death of the Life to be Assured during the period when the nominee is a minor. (Please attach appointee declaration for Employer-Employee case)



Sar utha ke jiyo!

Tick (✓)

CREATE ☒MODIFY ☐CANCEL ☐

SI/ECS/NACH Mandate (Below details to be filled only if SI/ECS is opted for)

UMRN Date Sponsor Bank Code Utility Code I/We hereby authorize **HDFC LIFE** to debit (tick ✓) **SB/CA/CC/SB-NRE/SB-NRO/OTHER**Bank a/c number with bank IFSC or MICR an amount of Rupees ₹ FREQUENCY ☒ MONTHLY ☒ Qtrly ☒ H. Yrly ☒ Yrly ☒ As & when presented DEBIT TYPE ☒ Fixed Amount ☒ Maximum AmountReference No. 1 Application No. Mobile No. Reference No. 2 FOR OFFICE USE ONLY Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD

From To Or ☒ Until Cancelled

X

Signature Primary Account holder

Signature Primary Account holder

Signature Primary Account holder

1. Name as in bank records

2. Name as in bank records

3. Name as in bank records

This is to confirm that the declaration/terms has been carefully read, understood and made by me/us. I am authorizing the User entity/corporate to debit my account.

I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/corporate of the bank where I have authorized the debit

Application No.: My MIX Code: **PAYMENT DETAILS**

- **Mode of Payment:** Cheque ☐ DD ☐ Net Banking ☐ Debit Card ☐ Online/Offline Credit Card ☐
Others ☐ please specify
- **Initial Payment has been made from account / Debit Card / Credit Card that belongs to:**
Self ☐ Spouse ☐ Parent ☐ Children ☐ Sibling ☐ Grandparent ☐ Partnership ☐ Company ☐
HUF ☐ Trust ☐ Others ☐ please specify
- **In case of Third Party Payor, enclosing** Third Party Declaration & KYC ☐

CONSULTANT CONFIDENTIAL REPORT (CCR)Name of life to be assured Do you have any information of the Life to be assured having suffered from any illness or injury or undergone any operation, surgery or medical examination in last 5 years? ☐ Yes ☐ No**If 'Yes' please give details:**

I hereby declare that I have personally met the life to be assured and all statements mentioned above are true and correct to the best of my knowledge and belief. I have complied with the Code of Conduct as stated in regulations framed by the Insurance Regulatory & Development Authority and the provisions of my contracts with the Company applicable to the policy to be issued. I hereby confirm verifying the copies of all the documents submitted herewith against the originals. I hereby confirm that the applicable AML and KYC guidelines have been adhered to, to the best of my knowledge and the current/permanent address have been verified by me. I declare that I have explained all the contents of this proposal form, including the nature of the questions contained in this proposal form to the proposer. I have also explained that the statement(s), information and response(s) submitted by him/her in this proposal form to questions contained herein or any details sought herein will form the basis of the contract of insurance between the company and the proposer, if this proposal is accepted by the Company for issuance of a Policy. I have further explained that if any untrue statement(s)/information/response(s) is/are contained herein/including any addendum(s), affidavits, statements, submission furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and furthermore if there has been a non-disclosure of any material fact, the policy issued in his/her favour pursuant to this proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the Company.

Consultant's Name Consultant's Code Branch Date Place **SALES PERSONNEL'S SIGNATURE⁵****DECLARATION BY Circle Head / TM & Above (for policies sold to >=60 years Life Assured / Payor / Proposed Policy Holder)**

I confirm that I have spoken to/met the customer for this life insurance proposal. I confirm that the customer is aware of all product features and that the policy is sold in line with the customer's requirements. The premium paying capacity of the customer for the said proposal has been established.

Name Employee Code **SIGNATURE****DECLARATION BY SALES CONSULTANT & THIRD PARTY**

- 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. I 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.

Sales Consultant:Name: Code: Date: Place: **SIGNATURE⁵****Third Party:** (Applicable when solicitation done in regional language or thumb impression affixed / signature done in regional language by customer)Name: Address: Date: Place: **SIGNATURE**⁵ Sales Hierarchy to fill in & sign the form, if SP / BC / FC / Sales Personnel is the life to be assured.**Note: 1. Please fill Consultant Confidential Report (CCR) on POS 2. Third party is an individual who is not the life to be assured or sourcing personnel****Renewal Payment has been made from account / Debit Card / Credit Card that belongs to:**

Self ☐ Spouse ☐ Parent ☐ Children ☐ Sibling ☐ Grandparent ☐ Partnership ☐ Company ☐
HUF ☐ Trust ☐ Others ☐ please specify

DECLARATION:

1. I/ We hereby declare that the particulars given above are correct and complete. 2. I/We hereby declare that in case of a third party account holder, a KYC form of the account holder shall be submitted. 3. I/ We undertake to keep sufficient funds in the account mentioned in the mandate as on the date of execution of debit. 4. I/ We hereby authorise the Bank / Tech Process Solutions Ltd / Bill desk / any other intermediaries to communicate my / our funding account number and any other account details (as may be necessary) to HDFC Life Insurance Company Limited (HDFC Life) for the specific purpose of recovering my/ our HDFC Life premium payments through a debit instruction to my/ our account. 5. I/ We hereby authorise HDFC Life, in the instance of the ECS/SI/DD/NACH failing for any reason, to authorise the Bank/ Tech Process Solutions Ltd /Bill desk to recover the premium payable through a direct debit to my/our account with the mentioned bank. 6. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I will not hold HDFC Life, the Bank or the other Intermediaries responsible. 7. I/ We agree that for changing the premium amount as per my requirement, I/ We will furnish a fresh mandate for such change in the premium amount, which will supersede all other mandates previously given. 8. I/ We agree that in the event of any violation by me/ us of any undertaking confirmed in the agreement herein, shall amount to an event of default in the terms of the Insurance Policy and HDFC Life shall be entitled to invoke the remedies available to it in terms of the Policy agreement. 9. I/ We agree that in the event of the Bank being unable to debit my account for want of sufficient funds or for any other reason, HDFC Life shall be entitled to deal with my Policy in the manner as described in the Policy provisions, unless the payment is received by any alternate mode on or before the specified date. 10. I/ We hereby authorise my/ our Bank to debit my/ our account with the amount of taxes and other levies as maybe stipulated by the Government, from time to time, on the premium stated above and for this purpose, no further or revised authority is required by my/ our Bank. 11. I/ We hereby authorise that in the instance of a transaction failure towards an ECS request, HDFC Life can represent twice the transaction to my/ our account for realising this premium. 12. I/ We wish to avail the ECS/SI/DD/NACH facility and hereby express my unconditional consent to debit premium of my Policy to above through participation in Electronic Clearing System (ECS)/ Direct Debit. I/ We understand and agree that premium amount to be debited from my account may vary due to taxes and other statutory leaves as may be applicable from time to time. 13. I/ We understand and accept that the transaction will be effected on the Policy on the due date (provided the day is a working day). I/ We agree to discharge the responsibility expected of me/ us as participants under the scheme. I take full responsibility of correctness of the details filled herein. 14. I/ We authorise the above mentioned bank to debit my bank account if my/our ECS mandate is active and until I give a written request for cancellation of ECS/SI/DD/NACH. 15. In the future, if I/We opted out of ECS/Direct Debit mode there may be an increase in premium amount. 16. I/ We understand and agree that the submission of this form does not mean that the request will be processed. 17. I/ We also understand and agree that the Company reserves the right to use any payout option. 18. For SI with HDFC Bank/Ratnakar Bank, premium will be debited from your account on the debit date. However, if the 1st attempt is unsuccessful, 3 more attempts will be made within grace period. 19. I/ We authorise the above mentioned bank to debit the amount from my bank account if my ECS/SI/DD/NACH is active, until I give a written request for cancellation of the Mandate.

Important Note:

1. Any cancellation, correction, alteration etc. should be countersigned by the Account Holder. 2. For SI cases (HDFC Bank/Ratnakar Bank), the NAV allotted will be the date on which the bank gives a confirmation of the debit. 3. For ECS, NAV would be allocated on the basis of the debit date. 4. Direct debit facility (non ECS location) is offered by ICICI Bank, Citibank, Union Bank of India, Bank of Baroda, State Bank of India, Axis Bank, Punjab National Bank and J&K Bank only. 5. For Direct Debit, NAV will be provided for the day when the payment is received in the HDFC Life account. 6. Request for de-activation of Auto debit facility has to be submitted at least 15 days prior to the next premium due date. 7. The premium will be debited starting from the premium due date which occurs after the date of this mandate. Till the last premium due date unless the mandate is revoked. 8. In case of any increase or decrease in premium amount due to changes in payment frequency or any Policy related changes including reduction in premium*, the existing debit instruction will be de-activated. Hence, a fresh Auto Debit Mandate is required to be submitted at any HDFC Life branch at least 30 days prior to the next premium due date. 9. In case of PBD option the NAV will be allocated as per preferred billing date and not premium due date. 10. Grace period in case of PBD will start from premium due date only and not from Preferred billing date.

* Reduction in premium is a product-specific alteration.

HDFC Standard Life Insurance Company Limited ("HDFC Life"). CIN: L65110MH2000PLC128245. IRDAI Registration No. 101.**Regd. Off:** Lodha Excelus, 13th Floor, Apollo Mills Compound, N. M. Joshi Marg, Mahalaxmi, Mumbai - 400 011. For queries or more information, call us on **1860-267-9999** (Local charges apply).DONOT prefix any country code e.g. +91 or 00. Available Mon-Sat from 10 am to 7 pm | Email - service@hdfclife.com | NRIservice@hdfclife.com (For NRI customers only) | Visit - www.hdfclife.com