



PROPOSAL FORM/ELECTRONIC PROPOSAL FORM FOR SINGLE LIFE



Linked and Non Linked Individual Life Full Underwriting Plans

For Office use only

Consultant Name & Code: GUNJANSHARMA 00708069			
License No:	License Expiry Dt:	Bancassurance Code: 00814984	
Company Lead:	Lead Reference No: 1-46401916019	Channel Partner Cust Id:	
IA / CAO Emp No:	IA / CAO Name:	Branch Code:	
Channel Code:	FOS Code:	Telecode:	

ALL UNIT LINKED POLICIES ARE DIFFERENT FROM TRADITIONAL INSURANCE POLICIES AND ARE SUBJECT TO DIFFERENT RISK FACTORS. IN UNIT LINKED POLICY THE INVESTMENT RISK IN YOUR CHOSEN INVESTMENT PORTFOLIO IS BORNE BY YOU

Photograph of life to be assured* to be signed across by the life to be assured

* Not mandatory if life to be assured is different from the Proposer except if Life to be assured is minor

1) The entire form is to be filled in black ink only by the policyholder. Use CAPITAL letters for information required in boxes with a space between words. 2) Any cancellation / alteration is to be signed by the proposed policyholder or life to be assured as appropriate. 3) All information provided here shall be relied on and should be accurate, complete and true in all respects for processing the proposal quickly. In case you have any doubt whether the particular information is material or not, please disclose the information. 4) Please attach an extra sheet, wherever additional information is to be given.

Proposer / Policy Owner Details

1. Full Name: **BASANT KUMAR JAMMARH HUF**

2. Father/Husband Name:

3. Maiden Name:(for married woman only)

4. Date of Birth (DD/MM/YYYY): **01/04/2001**

5. Gender(M/F/Tg):

6. Marital Status:

7. Nationality:

8. Education: **Others**

9. Resident status:

If you are NRI/PIO/OCI, Please attach appropriate Questionnaire.

Country of Residence:

Country of Workspace:

Permanent Country:

10. If you are our existing life assured, assignee, nominee, proposers kindly enter Policy No./Customer ID: **NA**

11. Correspondence Address:

12. Permanent Address (If different from correspondence address)/ Overseas residential address for NRI / PIO / OCI : **BASANT KUMAR JAMMARH HUF, 13/43, MALVIYA NAGAR Jaipur, Rajasthan-302017 India**

13. Mobile:

Telephone No(R):

Telephone No(O): **919829298250**

EmailId: **BJAMMARH@GMAIL.COM**

Email ID if provided, will be considered as preferred mode of communication

14. Preferred language of communication: **English**

15. Present Occupation:

Gross Yearly Income (INR):

Workplace Name and Address:

Industry Type (cement, baking, etc.):

Exact Nature of work (clerical, mechanical, supervisory job, etc.):

Nature of Occupation (architect, etc.):

16. Income Proof (proposer): Identity Proof (Proposer):

Address Proof (Proposer): Age Proof (Life Assured):

PAN* (Proposer): **AAFHB7440C**

17. PAN Photocopy enclosed **AAFHB7440C**
(*Submit Form 60 if PAN is not available)

18. Do you want policy in Demat Format? If a policy is requested in demat form, it will not be given in physical form and vice versa. **No** E insurance account number:

19. Is the Policy holder same as Life Assured? **No**

Relationship with Life to be Assured? **HUF (Karta)**

20. Are you taking the policy to primarily protect the disabled person? **No**

21. Are you a "Politically Exposed Person"? **No**

Definition of a Politically Exposed Person: Politically exposed persons are individuals who are or have been entrusted with prominent public functions in a foreign country, their family members

and close relatives such as Heads of States or of Governments, Senior politicians, Senior government/judicial/military officers, Senior executives of state-owned corporations, Important political party officials, etc.

22. Do you have any history of conviction / acquittal under any criminal proceedings in India or abroad? **No**

23. Sources of Funds: If Premium & Single Premium Top-ups, if any is equal to or more than INR 1 lakh, please enclose proof of income e.g. ITR

Sources of funds for premium (Investment%)	Total(%)
100	100

Details of Life to be Assured

1. Full Name: **Mr. JAYANT JAMMARH**

2. Maiden Name:(for married woman only)

3. Father/Husband Name:

4. Mother's Maiden Name:
(for married woman only)

5. Relationship with Primary Life Assured:

6. Date of Birth (DD/MM/YYYY) : **04/06/2000**

7. Gender(M/F/Tg): **Male**

8. Marital Status: **Single**

9. Nationality: **Indian**

10. Education: **H S C**

11. Resident status: **Resident Indian**

If you are NRI/PIO/OCI, Please attach appropriate Questionnaire.

Country of Residence:

Country of Workplace:

Permanent Country:

12. Mobile: **919829298250**

Telephone No(R):

Telephone No(O):

EmailId: **BJAMMARH@GMAIL.COM**

Email ID if provided, will be considered as preferred mode of communication

13. Present Occupation: **Student**

14. Gross Yearly Income (INR):

15. Workplace Name and Address:

16. Industry Type (cement, baking, etc.):

17. Exact Nature of work (clerical, mechanical, supervisory job, etc.):

18. Nature of Occupation (architect, etc.):

19. Income Proof (Life Assured): Identity Proof (Life Assured):

Address Proof (Life Assured): Age Proof (Life Assured):

PAN* :

20. PAN Photocopy enclosed

(*Submit Form 60 if PAN is not available)

21. Do you want policy in Demat Format? If a policy is requested in demat form, it will not be given in physical form and vice versa. E insurance account number:

22. Do you have any history of conviction / acquittal under any criminal proceedings in India or abroad? **No**

23. If Life to Assured is a student/housewife, please provide insurance details regarding parents/husband/siblings.

(Please attach a separate sheet for multiple policies if required.)

Total Sum Assured of all inforce life insurance policies	Policy No. and Name of Company	Husband's / Parent's Occupation / Income

Personal Details of Life to be Assured

1	Last standard passed	B COM 1ST YEAR
2	Course currently being pursued	B COM 2ND YEAR
3	Name and address of the School / College / Institution being attended	NMIMS VILE PARLE MUMBAI
4	Parents Total Life Cover	0
5	Do you have any existing insurance cover of premium paying and/ or paid-up policies?	N
6	Have you submitted any simultaneous applications for life insurance to another life insurance company, which is still pending or are you likely to revive lapsed policies.	Neither of these
7	Has any application for insurance on your life been postponed?	N
8	Has any application for insurance on your life been accepted with extra premium?	N
9	Has any application for insurance on your life been accepted on other special terms?	N
10	Has any application for insurance on your life been declined?	N
11	Has any application for insurance on your life been withdrawn by you?	N
12	Have you resided overseas for more than six months continuously during the last five years?	N
13	Do you intend to reside overseas in the next six month	N
14	Do you take part in any hobbies/ activities that could be considered dangerous in any way? E.g. aviation (other than as a fare-paying passenger), mountaineering, deep sea diving or any form of racing.	N
15	Have you ever suffered from: Diabetes/ high blood sugar/ sugar in urine, High blood pressure/ hypertension, Heart disease, Stroke	N
16	Have you ever suffered from: Respiratory disorders, Arthritis, Back problems, Tuberculosis, Any recurrent medical condition, disability. (Including eye/ ear disorder)	N
17	Have you ever suffered from: Liver disorder, Kidney disorder, Disorder of the digestive system, Abnormality of thyroid, Blood	

	disorder?	N
18	Have you ever suffered from: Epilepsy, Any nervous disorder or mental condition, Paralysis or multiple sclerosis, Depression or psychiatric disorder, Cancer or a tumor.	N
19	Have you ever suffered or been diagnosed or been treated for Dengue or Swine Flu or Encephalitis ?	N
20	Do you have any physical disability which is affecting your day to day activities?	N
21	Are you currently suffering from any illness, impairment or taking any medication or pills or drugs?	N
22	Have you ever been tested positive for HIV/ AIDS or Hepatitis B or C, or have you been tested/ treated for other sexually transmitted disease or are you awaiting the results of such a test?	N
23	Do you have/ had any recurrent medical condition or physical disability or illness or injury that has kept you from working for more than one week in last 5 years?	N
24	During last 5 years have you undergone or been recommended to undergo hospitalisation?	N
25	During last 5 years have you undergone or been recommended to undergo operation?	N
26	During last 5 years have you undergone or been recommended to undergo X-ray any other investigation (excluding check-ups for employment/ insurance/ foreign visit)?	N
27	State the name, address, and telephone number of your usual doctor who attends you in the event of illness, or if you have been consulting with this doctor for less than three months, the name and contact details of your previous doctor.	NO DOCTOR
28	We may require you to undergo medical examinations/tests. Some of the medical tests may require you to observe fasting. Please indicate your preference of location, near which the medical tests can be conducted.	Residence
29	What is your height?	5ft 5ins = 165cms
30	What is your weight (in kg)?	58
31	Do you consume alcohol?	N
32	Do you use tobacco products?	N
33	Are you currently consuming or have you ever consumed narcotics or any such other substance whether prescribed or not?	N
34	Are any of your family members suffering from / have suffered from / have died of Heart Disease or High Blood Pressure or Stroke or Diabetes or Kidney disease or Cancer or HIV/AIDS?	N
35	Has any questionnaires been submitted with this application?	N
36	Income doc submitted	N

Previous Policy Details

1. Have you submitted any simultaneous applications for life insurance at any of our offices or to another life insurance company, which is still pending OR are you likely to revive lapsed policies? **No**

Name of the company/ies	Sum Assured payable on death (INR)	Types of products	Purpose of cover	Proposed	To be revived

2. Please provide the details of any existing insurance cover of premium paying and/or paid up policies accepted at standard rate excluding group term insurance plan taken by your employer. (Also provide the details of any such proposals on your life / application for instatement ever accepted with extra premium, accepted on other special terms, postponed, declined or withdrawn by self) **No**

Policy / Proposal No.	Company Name	Year of Issue / Application	Basic Sum Assured (INR)	Annual Premium (INR)	Base Plan / Rider Decision	Medical Policy	Inforce / Lapsed*

* Mention Year of Lapse / Revival applied for

3. Name, Address and Contact number of your family doctor: **NO DOCTOR**

Nominee/ Beneficiary Details

Full Name	Date of Birth	Gender	Relationship with Life to be Assured	Contact Number	% Share

Details of Products Applied For

1. Objective of Insurance: **Savings**

2. Mode: (for regular / limited premium paying plan) **Annual**

3. Premium Payment Option: **Regular**

4. Top-up Option: **No** (available only under Click 2 Protect 3D Plus)

5a. Product Details:

Product Name	Cover type (Self/ PPH/HUF/MWPA/ Business)	Plan Option	Policy Term (in years)	Premium Payment (in years)	Sum Assured (in INR)	Extra -Life Sum Assured (in INR)	Modal Premium (Exclusive of taxes and levies as applicable)
HDFC Life Sampoon Nivesh		Classic Extra Life	10	10	15,00,000		1,50,000

5b. For Click 2 Protect 3D Plus: Income Option/ Extra Life Income Option/ Income Replacement Option:

Amount of Lumpsum Benefit (in INR)	Amount of Annual Income (in INR)	Increasing cover/ Level cover	Increasing % (if Increasing cover is chosen - Only applicable for Income & Extra Life Income Option)	Income Period (in years)	Extra Life Lumpsum Benefit (for Extra Life Income Option only)
		Extra Life			

6a. For YoungStar Udaan, Classic Waiver Plan Option:

6b. For YoungStar Super Premium, also choose Benefit Option:

6c. For Sampoon Nivesh, also choose Benefit Option: **Classic**

7. Rider Details:

(with additional premium)

Product Name	Rider Name	Coverage Type	Rider Option	Rider Policy Term (in years)	Rider Premium Pay Term (in years)	Rider Sum Assured (in INR)	Modal Premium (Exclusive of taxes and levies as applicable)

8. Top-up Premium (INR): **NIL** Top-up Sum Assured (INR): **NIL** Total Premium (INR): **1,50,000** (Inclusive of taxes and levies as applicable)

9. Commencement date^: Backdation Charges (INR):

(^Only for non linked plan - Has to be within the same financial year)

10. For unit linked plans, kindly indicate % of allocation in below mentioned funds as applicable (please check the fund for the product applied)

Allocation	Equity Plus Fund	Diversified Equity Fund	Blue Chip Fund	Opportunities Fund	Balanced Fund	Income Fund	Bond Fund	Conservative Fund	Discovery Fund	Equity Advantage Fund	Total(%)
Percentage(%)	0	100	0	0	0	0	0	0	0	0	100

only available with Click 2 Invest,Sampoorn Nivesh Plan ,HDFC SL ProGrowth Super II , HDFC Life ProGrowth Plus and HDFC SL ProGrowth Flexi

Details of First Premium Deposit

Payor Details: **PPH**
 Payment Details: **Cheque** Amount in (INR): **1,50,000**
 Drawn on (Bank name & branch): _____
 Cheque / DD No. _____ Date: _____ Bank A/c No. _____

Payout Mode

Selected mode would be used by the company to make payout(s) to the Proposer. Payout would be in accordance and subject to the terms and conditions of the policy.

Account Type: **Savings** Bank Name: **HDFC BANK LTD**
 Account Number: **02891000048121** Bank Branch: **HDFC BANK LTD Johari Bazar, Jaipur**
 IFSC Code: **HDFC0000289**

Declaration: 1. In case of non credit to my bank account with/without assigning any reasons there of or if the transaction is delayed or not effected at all for reasons of incomplete / incorrect information, I would not hold HDFC Life Insurance Co. Ltd responsible. 2. In case of NRI/NRE account, cheque will be issued.

Note: Please provide a cancelled copy of your cheque.

Signature of Proposer

Declaration of the Life to be Assured and Proposer / Policy Owner

I/We declare that:

i.I/We have replied to the questions, and have made the statements in respect of the matters sought for, in the proposal Form/Electronic proposal form ("Proposal Form") and I understand and agree that the replies given and statements/declarations made in the Proposal Form together with any documents submitted by me/us for processing my/our application for insurance shall be the basis of the contract between me/us and HDFC Life Insurance Company Limited ("the Company"). All documents submitted by me/us along with this Proposal Form are authentic, valid, and where relevant true copies of originals for the purpose of this Proposal Form have been submitted and I/ we have not withheld any material fact within my/ our knowledge. ii. I/We understand and agree that in case of misrepresentation and suppression of material facts the policy contract shall be treated in accordance with the Sec 45 of Insurance Act,1938 as amended from time to time. iii.I/We shall be bound to notify the Company forthwith, in writing, of any change in my/our health, occupation or income between the date of this Proposal Form and the date of acceptance of my/our proposal for insurance, as communicated in writing to me/us by the Company. iv. I/We have deposited the first premium along with this Proposal Form, and the premiums payable under the Policy that may be issued in pursuance of this proposal for insurance, will be paid, strictly in accordance with the law of the land. Amounts paid, otherwise than from my account shall be paid only if i/we can establish an insurable interest. v. All/any amounts paid/ payable towards the policy will be out of legally declared and assessed sources. Further,all the premiums will be paid in accordance with Prevention of Money Laundering Act 2002 (as amended from time to time) or any other applicable laws.vi. I/we will provide information as required by the Company, on its own or under any lawful instruction/ order, regarding sources of funds/utilization/ withdrawals.

I/We agree and understand:

i.That the Company will be on risk in pursuance of this proposal for insurance only after the risk under the Proposal Form is accepted by the Company and such acceptance is communicated to me/us in writing by the Company. ii.That the Company has the right either to accept or reject my/ our proposal without giving reasons thereto and I undertake that there shall be no costs, claims, charges being raised by me/ us against the Company thereof. iii. That the Company shall be entitled to retain the premium paid along with the Proposal Form as an interest free initial deposit to be adjusted against premium payable upon issuance of the Policy. In the event the proposal for insurance is not accepted by the Company the aforesaid deposit shall be refunded without any interest subject to deductions for medical costs, if any. iv. That the premium payable as well as the sum assured (main as well as additional benefits) may vary upon assessment of risk by the Company. v.That the Company may seek information from any of my/ our past or present employers/ business associates or from a doctor/medical examiner / hospital / laboratory / clinic who at any time have attended to me/ us concerning anything which affects my/ our physical or mental health or may seek information from any insurance office to which an application has been made for insurance on my/ our life. I/ We hereby authorize such parties to furnish information as required by the Company and also to furnish any documents regarding my/ our employment/business, my/ our health and habits or health and habits of the Life to be Assured (without taking the prior consent of my/ our family or of any member thereof) as it may require either for the purpose of processing my/ our proposal for insurance or at any time thereafter for any other purpose in relation to the Policy that may be issued in pursuance of this proposal for insurance vi.In the event of I/we being medically examined, the answers given by me/ us to the medical examiner acting on behalf of the Company shall be deemed to be incorporated in this proposal for insurance.vii. That the Company may, without any reference to me/us or my family or any member thereof, furnish any details/ information furnished in this Proposal Form to any judicial or statutory or other authority or to any insurer or reinsurer in connection with the processing of this proposal for insurance or for any other purpose (for e.g. settlement of a claim). viii. That in addition to postal or courier service, the Company may, at its discretion use any electronic media / registered email id, for communicating with me/us. ix. I hereby declare and agree that the above disclosures along with the Statements and the declarations made under the proposal made by me as Proposer and on behalf of the other/secondary life assured in case of joint life proposals will be the basis of the contract of assurance between us and HDFC Life. If any statement is found to be untrue or inaccurate or if any fact that might influence the terms of acceptance of this proposal is not disclosed by me in my capacity as Proposer and on behalf of the other/secondary life assured in case of joint life proposals, the contract shall be treated in accordance with the Sec 45 of Insurance Act,1938 as amended from time to time. x. That I/We have voluntarily given my/our consent to collect, process, receive, possess, store, deal or handle my/our sensitive personal data or information [as defined in the Information Technology (Reasonable security practices and procedures and sensitive personal data or information) Rules 2011 as amended from time to time], with third parties/ vendors associated with the Company for various purposes and outsourced activities related to issuance/servicing/settlement of claim as required under the Policy.

Signature of Witness	Signature/Thumb impression of life to be assured. Signature should match with signature on ECS/SI mandate	Signature/Thumb impression of proposed policyholder (Only if different from life to be assured) Signature should match with signature on ECS/SI mandate
Occupation _____	Date: _____ Place: _____	Date: _____ Place: _____
	Mobile: _____	Mobile: _____

Declaration of good health for spouse (to be filled only for Elite option of Smart Woman Plan)

Name: _____ DOB: _____ Amount of Insurance: _____

Within the last 5 years, I have neither been hospitalized for, required medication or treatment for, nor consulted a physician (to include a follow-up visit) due to, or as a result of, any of the following: alcohol or drug abuse, heart or circulatory disorder, stroke, cancer or leukemia, diabetes, high blood pressure, chronic kidney or liver disease, mental, nervous or neurological disorders, lung disorders, AIDS (acquired immune deficiency syndrome), ARC (AIDS related complex), or had tests indicating exposure to the AIDS virus.

Yes No Date: _____ Signature of the spouse

Declaration (If signed in Vernacular language / If you have affixed a Thumb impression above)

Declaration to be made by a 3rd person where: The life to be assured/proposed policyholder has affixed his/her thumb impression; OR the life to be assured/proposed policyholder has signed in vernacular; OR the life to be assured/proposed policyholder has not filled the application OR/AND The spouse of the life to be assured/ proposed policyholder has affixed his/her thumb impression or signed in vernacular the Declaration of Good Health applicable under Elite Option of Smart Woman Plan.

I hereby declare that I have explained the contents of this application form to the life to be assured / **proposed policyholder** 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 address of Declarant

Signature

Declaration made by life to be assured/proposed policyholder

I hereby 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.

Signature/Thumb impression of life to be assured/proposed policyholder

Signature/Thumb impression of Witness

Sections of the Insurance Act 1938 as amended from time to time

Section 41 - Prohibition of rebates: (1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer. (2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Section 45 - 1.No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later. 2. A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based. 3. Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer: Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive. 4. A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based: Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation. 5. Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.