

ADDENDUM TO ELECTRONIC PROPOSAL FORM



Application Number (Electronic proposal form ID number)	Proposal Number:
Life to be Assured 1: Name: _____ Please affix passport size photograph	Life to be Assured 2 (In case of joint life proposal) / Proposed Policy Holder (If different from life to be assured): Name: _____ Please affix passport size photograph

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| 1. Have you filled the electronic proposal form vide above application number. | ☐ Yes ☐ No |
| 2. Do you agree to the illustrations received by you on your email i.d. with above application number. | ☐ Yes ☐ No |
| 3. Do you agree to all the terms and conditions mentioned in the electronic proposal form vide above application number. | ☐ Yes ☐ No |
| 4. Have you understood the Deductible Charges. | ☐ Yes ☐ No |
| 5. Have you understood the Death Benefit. | ☐ Yes ☐ No |
| 6. Have you understood the Maturity Benefit. | ☐ Yes ☐ No |
| 7. Have you understood the policy provisions with regard to Surrender. | ☐ Yes ☐ No |

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.

Date: _____ Place: _____ Signature/Thumb impression of Life to be Assured **	Date: _____ Place: _____ Signature/Thumb impression of Proposed Policy Holder */ Life to be Assured 2 (in case of joint life proposal)
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* 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.

Declaration to be made by Financial Consultant / Sales Representative:

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 	Signature
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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 of the Appointee: _____ (Appointee cannot affix thumb impression)
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For Office Use Only (To be filled by the Branch Operations Officer)

Received At: _____	Branch Code: _____	Received On: _____
Payment Details: ☐ Cheque ☐ Cash ☐ DD ☐ Credit Card		
Consolidated Payment: ☐ Yes ☐ No		
Cheque/ DD Number: _____	Receipt Number: _____	Client ID: _____
Remarks: _____		