

Application number: **S000043381004**Application Date: **10/04/2014**

Agency Number/ Consultant Code: **00543182**  
 Channel: **Retail**  
 Consultant/ Agent Name: **NIMMAGADDA PARAMESWARI**  
 License Number:

Bancassurance code:  
 Company Lead:  
 Lead Reference No.:  
 Lead Generator Code:

**CHECKLIST REQUIREMENT**

1. Addendum to Electronic Proposal Form
2. Age proof
3. ID Proof (with Photograph)
4. Most Important Document
5. Photograph
6. Proof of Residence
7. Signed Copy of the Illustration
8. Signed Copy of the Proposal Form

**IMPORTANT GUIDELINES:**

- The policy will be issued on the basis of the disclosures made/ information given and the Date of Birth mentioned in this application form.
- All information in the electronic proposal form & annexure shall be relied on and has to 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. In case any material information is not provided, the contract is liable to be void. Also all the information provided should be true and any false information or declaration will make us liable for rejection of the proposal form and the contract of insurance at the time of us becoming aware of such false information. Your contract of Insurance at that relevant point of time shall be treated null & void and it may also lead to rejection of the claim on death of the life assured.
- Unit linked policies are different from traditional insurance policies and are subject to different risk factors. For unit linked policies the investment risk in your chosen investment portfolio is borne by you.
- All relevant supporting documents are to be provided.
- Plan mentioned in electronic proposal form has been approved by IRDA (Insurance Regulatory and Development Authority) and has been allotted a Unique Identification Number (UIN). This number is available in our sales literature and also on IRDA's website for verification.

**Nomination facility** is available only when the proposed policyholder is taking a policy on his/her own life. Nominee is the person to whom the money secured by the policy shall be paid in the event of death of the life to be assured. The beneficiary to be the sole person entitled to the benefits and payments (except any refund payable on cancellation in the free-look period) under the policy. In any event where the benefits revert to the life to be assured under the provisions of the policy and the life to be assured does not intend to appoint any other beneficiary under the policy, the life to be assured can at that time appoint a nominee to receive the proceeds of the policy and give a valid discharge to the Insurance Company.

**PRODUCT DETAILS**

Plan Name	ClassicAssure Plus	Sum Assured (Rs.)	<b>54466.00</b>
Additional benefit 1		Additional Benefit Sum Assured 1 (Rs.)	
Additional benefit 2		Additional Benefit Sum Assured 2 (Rs.)	
Additional benefit 3		Additional Benefit Sum Assured 3 (Rs.)	
Additional benefit 4		Additional Benefit Sum Assured 4 (Rs.)	
Additional benefit 5		Additional Benefit Sum Assured 5 (Rs.)	
Additional benefit 6		Additional Benefit Sum Assured 6 (Rs.)	
Additional benefit 7		Additional Benefit Sum Assured 7 (Rs.)	
Additional benefit 8		Additional Benefit Sum Assured 8 (Rs.)	
Additional benefit 9		Additional Benefit Sum Assured 9 (Rs.)	
Policy Term	<b>10</b>	Premium Paying Term	<b>7</b>
Premium Frequency	<b>Half-Yearly</b>	Future Premium Payment Option	<b>Cash/Cheques/D</b>
Top-up Sum Assured (Rs.)		Top-up Premium (Rs.)	
Total Premium (Rs.)	<b>6000</b>	Service Tax & Edu cess, as applicable (Rs.)	<b>185.00</b>
Payout Term			

**PERSONAL DETAILS OF LIFE TO BE ASSURED: Part I**

1. Name: **GUDDLURU SIVA.KUMAR**
2. Date of birth (dd/mm/yyyy): **25/03/1973**
3. Gender: **Male**
4. Marital Status:
5. Father's Name / Husband's Name: **PURUSHOTHAM.GUDDLURU**
6. Maiden name: Nationality: **Indian**
7. Educational Qualification: **12th**
9. Communication address: **10-49-58 KACCHERIMITTA SANTHINAGAR KAVALI KAVALI Kavalu Andhra Pradesh**
10. Mobile: **9154356500** Landline (R ): **-** Email Address: **Not Available**

11. Permanent address:	<b>10-49-58 KACCHERIMITTA SANTHINAGAR KAVALI KAVALI Kavali Andhra Pradesh</b>	
12. Permanent Account Number (PAN):	<b>AHCPG1610P</b>	Aadhaar Card Number : <b>717661581002</b>
13. Existing Client i.d. / Proposal No. / Policy No. with HDFC Life:	<b>66358598</b>	
14. Are you a Politically Exposed Person (PEP):	<b>No</b>	
15. Is the policy taken for a disabled person?:	<b>No</b>	
16. Resident status:	<b>Resident Indian</b>	

#### NOMINEE/ BENEFICIARY/ PROPOSED POLICY HOLDER DETAILS:

Name: **GUDLURU SUNEETHA**  
Date of birth: **13/02/1976**  
Gender:  
Relationship to the Life to be Assured: **Wife**  
Nominee Address: **10-49-58 KACCHERIMITTA SANTHINAGAR KAVALI KAVALI Kavali Andhra Pradesh 524201**

#### PERSONAL DETAILS OF LIFE TO BE ASSURED: Part II

1	Have you ever suffered from or received treatment for and symptoms or medical condition for any of the following:HIV/ AIDS or HIV/ AIDS related disorder or sexually transmitted disease?	<b>No</b>
2	Have you ever suffered from or received treatment for, any symptoms or medical conditions for any of the following:  Chest pain or heart attack or any other heart disease or problem or hypertension, Stroke or paralysis, Cancer, tumor, growth or cyst of any kind, Diabetes or high blood sugar/ sugar in urine, Kidney problems (excluding kidney stones) or disease of the reproductive organs, Liver problem (excluding jaundice) or hepatitis B or C, Muculo-skeletal disorder, <del>Gastro-intestinal disorders, Nervous, psychiatric or mental disorders, Respiratory diseases</del>	<b>No</b>
3	Have you suffered from or received treatment for, any symptoms or medical conditions for any of the following in last 2 years?  Kidney stone, Jaundice, Asthma or Bronchitis	<b>No</b>
4	Apart form minor ailments, such as cold and flu, have you received any treatment from any Doctor or specialist or been hospitalised or undergone hospital treatment, in the last 5 years?	<b>No</b>
5	Has any proposal for assurance on your life ever been Declined, Postponed, Accepted at extra premium, Accepted on special terms, accepted with reduced cover or withdrawn by yourself?	<b>No</b>
6	Identification Mark	<b>A MOLE ON THE RIGHT HAND</b>
7	Present occupation details  Agriculture, Salaried, Self employed/ Business, Unemployed, Housewife, Student, Others	<b>Self employed/ Business</b>
8	Designation	<b>owner</b>
9	Gross Yearly Income from all Sources (Rs)	<b>300000</b>
10	Name of present employer / business	<b>owner</b>
11	Workplace address	<b>kavali</b>

12	Workplace city	kavali
13	Workplace country	India
14	Which of these best describes the nature of your work Clerical, Mechanical, Supervisory, Administrative, Manual, Managerial	Supervisory
15	Does your occupation involve any of the following? (Please select all that apply) Exposure to chemical substances, Exposure to hazardous materials, Exposure to harmful dust or gases, Handling explosives, Working at heights, Handling heavy machinery, None of these	{None of these}
16	Industry to which your company or business belongs (cements, banking, etc)	Engineering
17	Sources of funds for premium (Salaries %)	0
18	Sources of funds for premium (Business %)	100
19	Sources of funds for premium (House Property %)	0
20	Sources of funds for premium (Capital Gains %)	0
21	Sources of funds for premium (Investments %)	0
22	Sources of funds for premium (Agriculture %)	0
23	Sources of funds for premium (Others %)	0

**IMPORTANT TERMS AND CONDITIONS:**

I/We understand, agree and declare that -

I/we have read and understood the product as described in the sales literature and the sales illustration.

That the questions in the electronic proposal form and all the information given by me/ us or on my/ our behalf are true and I/we have not withheld any material fact within my/our knowledge. I consent to HDFC Standard Life Insurance Company Ltd. (hereafter referred to as 'the company') seeking medical information from any doctor who at any time has attended me concerning anything which affects my physical or mental health or seeking information from any insurance office to which an application has been made for insurance on my life and I authorize the giving of such information to a central agency. In the event of my being medically examined, the answers given by me to the medical examiner acting on behalf of the company shall be deemed to be incorporated in this application.

That these statements, any information sought by the company from any person authorised by me/us to provide such information, all declarations, affidavits and other statements made by me/us and relied upon by the company to assess the risk on life to be assured under this application shall form the basis of the contract of assurance between myself and the company and shall be the basis of assessment, assumption and acceptance of risk by the company. If any statement/information made/given by me/us to you or to any other person are inaccurate or false, or are found to be inaccurate or false, or if there has been any non - disclosure, withholding or suppression of any fact pertaining to my financial position or health condition, physical or mental, or if any information provided or disclosure made by me/us at the time of proposal are in variance with my financial position or health condition, physical or mental, as at the time of proposal, the company shall have the right to vary the benefits under the insurance policy or to treat the policy as void forfeiting the benefits. HDFC Standard Life Insurance Company Ltd. has the right either to accept or reject a proposal without giving reasons thereto and I undertake that there shall be no costs, claims, charges being raised by me against the company thereof. I undertake to notify the company any changes in my health condition or my financial condition between the date of this application and prior to acceptance of the risk by the company.

I understand the significance of the contract and that the contract will be governed by the provisions of the Insurance Act, 1938 and the Indian Contract Act, 1872, and that the same will not commence until written acceptance of this application by the company is received by me.

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. That the company shall be entitled to retain the premium paid along with this application as an interest free initial deposit to be adjusted against premium payable upon issue of the policy. In the event of the application not being accepted by the company the deposit shall be refunded without any interest. That the net asset value of the units allotted in unit linked products shall be at a rate applicable and effective as on the date of the acceptance of the application and not as on the date when the application was made, and that any statutory levy, taxes or charges including any indirect tax may be charged to me either now or in future by the company and I agree to pay the same. I confirm that I have received the sales illustration provided by the company in the prescribed manner and that I have read and understood the same and further understand and accept the investment rate and that the rates assumed therein are not guaranteed. All/any amounts paid/payable towards this policy will be out of legally declared and assessed sources. Amounts paid, otherwise than from my account shall be permitted only if an insurable interest can be established. I/we will provide information required by the company, on its own or under any lawful instruction/ order, regarding sources of funds/utilization/ withdrawals. I agree to any of the information provided by me in the proposal form, annexure thereto and the results of medical tests, if any, being made available by HDFC Standard Life Insurance Company Limited to any statutory authority or reinsurer(s), as well as to any other person for the purposes of assessing/ processing any claim arising under the insurance policy. I agree that the company can peruse my financial profile and it can cancel this contract if I am found guilty under any laws directly/indirectly relating to anti money laundering.

#### **Section 45 - Disclosure of material information:**

No policy of life insurance effected before the commencement of this Act shall after the expiry of two years from the date of commencement of this Act and no policy of life insurance effected after the coming into force of this Act shall, after the expiry of two years from the date on which it was effected be called in question by an insurer on the ground that statement made in the proposal or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policy-holder and that the policy-holder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose:

Provided that 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.

#### **Section 41 - Prohibition of rebates**

(1) No person shall allow or offer to allow, any rebate of the whole or part of the commission payable either directly or indirectly or any rebate of the premium shown on the policy, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, 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 provisions of this section shall be punishable with fine, which may extend to five hundred rupees.

I declare that I am submitting a proposal for life insurance to HDFC Life Insurance Company Ltd. (Company) through the Company's website, after satisfying myself of the truthfulness of the statements made by me herein and of the need to disclose all material facts, as required under Section 45 of the Insurance Act, 1938.

I understand and I agree that by submitting this proposal through the Company website, I will be bound by such statements / non-disclosure of material facts in the same manner and to the same extent as if I have signed and submitted a written proposal for insurance to the Company.

I **GUDLURU SIVA.KUMAR** having received the information with respect to the above, have understood the statement before entering into the contract

**Signature of Life to be Assured**

**MANDATE FORM FOR DIRECT DEBIT**

(Please use a separate request form for each policy)

To,  
The Manager  
I/We, the undersigned, hereby: {Tick whichever is applicable}

Date : 10/04/2014

- ☐ Request for maintenance of standing instruction for premium payment to HDFC Standard Life Insurance Co. Ltd. (with select banks only)
- ☒ Request to remit bill amount for premium payment to HDFC Standard Life Insurance Co. Ltd. through Electronic Clearing Service (for select cities only).
- ☐ Request for direct debit from my bank account (non ECS location) for premium payment to HDFC Standard Life Insurance Co. Ltd. (with select banks only\*)

Preferred billing date: (DD/MM) *	Policy No. :	
Name of proposed policyholder: _____		
Name of account holder (if different from above): _____		
Premium amount to be debited: Rs. _____		
Amount in words: Rs. _____		
Bank A/c no (from where premium will be debited): <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>		
Bank name & address: _____		
9 Digit MICR no. (not required for SI to HDFC Bank Ltd / Direct Debit from bank account of non ECS location): <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>		
Frequency (Please tick): <u>Half-Yearly</u> Type of account: _____		
Account holder signature: _____ Date: _____ Place: _____		
Proposed policyholder signature*: _____ Date: _____ Place: _____		
(*If different from account holder)		
Relationship with account holder (If proposed policyholder is different from account holder): _____		
Reason for payment (If proposed policyholder is different from account holder): _____		
*Kindly check overleaf for the terms & conditions, Kindly submit this mandate 30 days prior to the premium due date.		
(Please refer point 8 of the declaration)		
For office use only		
* Next premium due date: _____ Last premium due date: _____ Policy number _____		
Account number of the beneficiary (with HDFC Bank Ltd): <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> 0602300002429 <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> 0602300004060		

ACK

**CUSTOMER ACKNOWLEDGEMENT**

Date:

Plan Name \_\_\_\_\_ Frequency of Payment \_\_\_\_\_ Term \_\_\_\_\_  
 Cheque / DD \_\_\_\_\_ Amount (Rs.) \_\_\_\_\_ Bank \_\_\_\_\_

- ☐ Age Proof ☐ Income Proof / Financial Questionnaire (if required.) ☐ Residence Proof ☐ Identity Proof
- ☐ Medical Questionnaires (if required) ☐ Know Your Customer Form (Only if life to be assured and proposer are different)

Other requirements (LIST)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

I, \_\_\_\_\_ have collected the above documents and will be submitting it to the nearest HDFC Standard Life branch for further processing.

(Signature of Financial Consultant) \_\_\_\_\_ (Financial Consultant contact number) \_\_\_\_\_ (Financial Consultant Code) \_\_\_\_\_

\* This is NOT A PAYMENT RECEIPT but only a proof of the documents received from you. \* All cheques/DD should be crossed and drawn in favour of HDFCSLIC. \* If payment is not made by way of Cheque/DD, Kindly make cash payment at an HDFC Standard Life branch and collect your initial deposit receipt. \* This acknowledgement does not in any way constitute acceptance or commencement of risk.

Easy Connect: -

If you have any queries or clarifications regarding your policy, kindly contact us at any of the following service touch points accessible from 9 am to 9 pm all 7 days, alternatively you may e-mail us at [onlinequery@hdfclife.com](mailto:onlinequery@hdfclife.com)

Call 1800 266 0315 tol free. SMS 'service' to 5676727

Dear \_\_\_\_\_, we acknowledge the receipt of your SI/ECS mandate and it will be processed within 30 days from today. After attaching the same in our system, we will forward it to your bank for further processing. In case of rejection, the same would be communicated to you; or else it would mean that your mandate is lodged in successfully. Effective the next due date the premium would be debited from your bank account. Thank you for choosing direct debit as your premium payment option.

Branch Stamp

Acknowledgement received

(Signature of the Customer)

## DECLARATIONS FOR DIRECT DEBIT

I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction.

I/We hereby authorise the bank / Bill Junction to communicate my/our funding account number and any other account details (as may be necessary) to HDFC Standard Life Insurance Company Ltd. for the specific purpose of recovering my/our HDFC Standard Life Insurance Company Ltd. premium payments through a standing instruction of my/our account.

I/We hereby authorise HDFC Standard Life Insurance Company Ltd., in the instance of the Standing Instruction / ECS debit failing for any reason, to authorise the bank / Bill Junction to recover the premium payable through a direct debit to my/out account with the mentioned bank.

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 supercede all other mandates previously given..

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 Standard Life shall be entitled to invoke the remedies available to it in terms of the policy agreement.

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 Standard 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.'

I/We undertake to revoke the Standing Instruction in the event of the policy being 'withdrawn/surrendered/lapsed/terminated', where any subsequent amount is debited to my account due to the reason that the SI not being revoked, I/We shall only be entitled to a refund of such amount on my/our demand and no interest or compensation is payable on the same.

I/We agree that the premium will be debited starting from the premium due date / preferred billing date which occurs after the date of this mandate, till the last premium due date unless the mandate is revoked.

I/We agree and understand that "Preferred Billing Date" should be within 30 days of the PTD and will always be before the PTD.

I/We agree that the premium will be debited on the "Preferred Billing Date", if opted and this date will not be revised till the last premium due date unless the mandate is revoked.

I/We agree and understand that in cases where the Preferred Billing Date is opted for, and if the payment of premium by such mode amounts to advance payment of premium, then such amount will remain as an interest-free deposit with us and will be settled against the concerned policy only on the premium due date and not on the preferred billing date.

### Note:

\* Premium can be paid out of your own account or out of your Spouse, Parent or Children's Account only. \* Any cancellation, correction, alteration etc. should be countersigned by the Account Holder. I Kindly ensure that the SI mandate form is signed by the account holder, even if the account holder is different from the policy holder.

\* If the bank is unable to debit the account of the Policy Holder due to want of sufficient funds, the policy holder will have to pay the premium by cheque/DD or cash at any of the branches of HDFC Standard Life Insurance Co. Ltd. before the grace period ends, failing which the policy will lapse with/without a surrender value as applicable.

\* HDFC SL has the right to revoke the Standing Instruction on event of the Instruction or change in the premium amount due to any alteration. \* Direct debit facility (non ECS location) is offered by ICICI Bank, Citibank, Corporation Bank, Union Bank of India, Bank of Baroda and Axis Bank only.

### To be filled in by the account holder's bank

Certified that the particulars furnished at the front are correct as per our records.

Bank Stamp

Date

Authorised Signatory of the Bank

### Introducing you to our wide range of value added

Track and Trace: You can track your proposal status online: -

1. Log on to **www.hdfcinsurance.com**
2. Click on 'My Account'
3. Click on Track Your Application
4. Enter the 16 digit application number (on the bar code)



### Hassle Free Options: -

Your policy portfolio now available at your fingertips!  
'My Account'- your very own customer portal



'On the Move' - avail of policy details on your mobile, just call our contact center or sms REG<space><policy number> to 5676727 or call our contact center to register for this service.

### Premium payments made easy: -

Standing Instructions (SI) - a direct debit facility for all HDFC Bank account holders.

Electronic Clearing Service (ECS) - an auto debit facility available in more than 50 cities across India\*

Online payments - available to all policyholders registered with billjunction.com or have net banking facility. \*

\*Kindly check with your financial consultant to see if these services are available in your city.



In case you wish to avail of any of these services kindly fill in the service request form in the proposal document. If you opt for electronic clearing service kindly

Correspondence Address: Customer Service, HDFC Standard Life Insurance Co. Ltd, 13th Floor, Lodha Exelus, Apollo Mill Compound, N M Joshi Marg, Mahalaxmi, Mumbai – 400 011