Life Insurance

Aditya Birla Sun Life Insurance Company Ltd.

(A subsidiary of Aditya Birla Capital Ltd.)



customer consent bocument (CCD): HDFC Bank	
Please fill this form carefully to avoid policy rejection	
Application No.: (Electronic proposal form ID number) I, HDFC Bank Specified Person have ensured that this form is completed after discussing and agreeing on the proposed insurance plan.	
Sales Personnel's Signatures ^s	
TO BE FILLED BY THE CUSTOMER	
Type of Insurance Plan (tick correct option): Protection Investment Pension Savings Health Cover Name of Insurance Plan:	
The premium payable is \$\frac{1}{2}	
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 Aditya Birla Sun Life Insurance Company Limited (ABSLI) in relation to this proposal for insurance or the resulting Policies. I / We give my consent to Aditya Birla Sun Life Insurance Company Limited (ABSLI) to make such calls even when I am / We are registered on NDNC registry . I / We allow Aditya Birla Sun Life Insurance Company Limited (ABSLI) to use my Bank account details shared by me via cancelled cheque or NEFT details provided by Aditya Birla Sun Life Insurance Company Limited (ABSLI) to use my Bank account details shared by me via cancelled cheque or NEFT details provided by Aditya Birla Sun Life Insurance Company Limited (ABSLI). I / We give consent to allow HDFC Bank to share my credentials like phone number, e mail id, address, Non Cash Credit, profile etc. with the insurance company in order to facilitate faster processing of my insurance proposal. 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 HDFC Bank . I am aware that the KYC documents submitted by me to HDFC Bank will be required by ABSLI for issuance of insurance policy and compliance of the Statutory Provisions & I allow the bank to share the same with ABSLI as and when required without any further reference to me.	
HDFC Bank Limited ("HDFC Bank") is registered with Insurance Regulatory & Development Authority of India (IRDAI) as a Composite Corporate Agent, IRDAI Registration No. CA0010, currently having an arrangement with three insurance companies viz Aditya Birla Sun Life Insurance Company Limited (ABSLI), HDFC Life Insurance Co. Ltd and TATA AIA Life Insurance Co. Ltd for distribution of Life Insurance products. Life to be Assured 2 / Proposed Policyholder / Appointee*	Pg. 1/3
Life to be Assured 1 (In case of joint life proposal) (In different life to be assured) (Nominee/Beneficiary is a minor)	ဖ
Ensure you know all Policy Details	

passport size photograph mention the

existing client ID

Please affix / upload

CUSTOMER'S SIGNATURE

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

CUSTOMER'S SIGNATURE

FOR/1/21-22/1936

Application No.:			
PAYMENT DETAILS			
Initial Insurance premium should only be accepted for blood relation	s after ascertaining the	Insurable Interest. The allowable	
relationships should be as under:- Self Proposer Third Party: Spouse Parent Children Sibl	ing Grandparent C	ompany / Partnership	
Sole Proprietorship Sole Proprietorship Debit Card Online/Offline Credit Card Direct Debt			
• In case of Third Party Payor, enclosing Third Party Declaration & KYC			
I / We confirm that the product has been clearly explained to me/us by ${\bf B}$	ank employee with follo	wing details:	
Bank Employee Name:	·	oyee Code:	
Specified Person Code of Bank Employee:		Cusomer Signature	
		ousoniei Signature	
DECLARATION BY SPECIFIED PERSON			
HDFC Bank DD/Cheque/Last four digits of Credit Card No./Online Ref. No.	o.		
In case of Fund Transfer, please mention existing policy No.			
Note: Only HDFC Bank instruments are allowed. There must be a debit to the HDFC Bank according	ount of policy holder (or proposer	r if different from policy holder)	
Premium amount is in line with the customer's profile and account balance	ce: Yes		
 Policy Holder (proposer if different from policy holder) is KYC / AML com 	pliant with HDFC Bank: [Yes	
• Customer's income declared for the investment is in line with the bank p	rofile of the customer: $ig[$	Yes	
I confirm that customer's signature on the proposal form and all relevant		the customer. The signature matches	
with the Bank records and no inconsistency across all signatures has bee • As per the Protection of Policyholder's Interest Act 2017, I am aware the	-	nternal FRs) are not closed within 30 d	
the application will get cancelled.	_	Circantona	
NameSI	D Codo:	Signature:	
Name Si	- Code:	_ Employee Code:	
DECLARATION BY SUPERVISOR			
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. I confirm that the entire sales solicitation from lead generation, explaining the product features to closure of sale has been done by IRDAI certified staff. I confirm that customer's signature on	Stamp	Name:	
the proposal form matches with the bank records. As per the Protection of Policyholder's Interest Act 2017, I am aware that if the FRs (including internal FRs) are not closed within 30 days, the application will get cancelled. SP Name: SP Code:		Signature	
DECLARATION BY CLUSTER HEAD (for policies sold to >=60 year	rs Life Assured / Payo	or / Proposed Policy Holder)	
		-	
I confirm that I have spoken to/met the customer for this life insurance proposal. I the policy is sold in line with the customer's requirements. The premium paying ca		•	
Name Em	polovee Code:	Signature:	
		0,8.144.07	
DECLARATION BY SALES CONSULTANT & THIRD PARTY			
I hereby declare that I have explained the contents of this application form and I have Life Insurance Company Limited (ABSLI) plan to address the customer's need. I have the to be assured in language and have truthfully recorded the substitution of the top of the to	ave thereby ensured that the ne answers provided to me.	e same is completely understood by the	
Sales Consultant Name:			
		Signature ^s :	
DECLARATION BY SALES CONSULTANT & THIRD PARTY (Continu	e)		
		done in regional language by surface \	
Third Party: (Applicable when solicitation done in regional language or thumb implements:			
Address:			
D. d.	~ :		
Date: Place:	Signature:		

 $\mbox{\$Sales}$ Hierarchy to fill in & sign the form, if SP / BC / FC / Sales Personnel is the life to be assured

Note: 1. Please fill Insurance Advisor's Report (IAR) on POS 2. Third party is an individual who is not the life to be assured or sourcing personnel

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Renewa	ıl Payment h	nas been made from ac	count / De	bit Card / 0	Credit Card	that belongs to
Self	Proposer	Third Party: Spouse	Parent	Children	Sibling	Grandparent

DECLARATION:

1. I/ We hereby declare that the particulars given in the proposal form and above are correct and complete. 2. I/We hereby declare that in case of a third party account holder, a KYC form of the third party account holder shall be submitted. 3. I/ We undertake to keep suficient 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 Aditya Birla Sun Life Insurance Company Limited (ABSLI) for the specific purpose of recovering my/ our Aditya Birla Sun Life Insurance Company Limited (ABSLI) premium payments through a debit instruction to my/our account. 5. I/ We hereby authorise Aditya Birla Sun Life Insurance Company Limited (ABSLI), 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 Aditya Birla Sun Life Insurance Company Limited (ABSLI), 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 Aditya Birla Sun Life Insurance Company Limited (ABSLI) 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 suficient funds or for any other reason, Aditya Birla Sun Life Insurance Company Limited (ABSLI) 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 GST 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 NACH request, Aditya Birla Sun Life Insurance Company Limited (ABSLI) 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 National Automated Clearing House (NACH)/ 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 NACH 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 NACH/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. I/ We understand that any payout under the Policy shall be strictly in accordance with the Policy terms and conditions. Also, any payment shall be subject to realisation of the last renewal premium payment. 17. I/ We also understand and agree that the Company reserves the right to use any payout option. 18. For SI with Aditya Birla Sun Life Insurance Company Limited (ABSLI) 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 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. I hereby provide my consent Q to receive call from Aditya Birla Sun Life Insurance Company Limited (ABSLI) or its authorized Service Providers in connection with any matter related to my above.

IMPORTANT NOTE:

1. Any cancellation, correction, alteration etc. should be countersigned by the Account Holder. 2. For SI cases (Aditya Birla Sun Life Insurance Company Limited (ABSLI)), the NAV allotted will be the date on which the bank gives a confirmation of the debit. 3. For NACH, NAV would be allocated on the basis of the debit date. 4. For Direct Debit, NAV will be provided for the day when the payment is received in the Aditya Birla Sun Life Insurance Company Limited (ABSLI) account. 5. Request for de-activation of Auto debit facility has to be submitted at least 15 days prior to the next premium due date. 6. 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. 7. 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 Aditya Birla Sun Life Insurance Company Limited (ABSLI) branch at least 30 days prior to the next premium due date. 8. If the money is received on the draw date which is prior to the due date, NAV will be applied on the due date. If money is received post due date, NAV will be applied on the date of receipt of money.

*Reduction in premium is a product-specific alteration.

Mandate Instruction Form For NACH/Direct Debit					
Create UMRN:			Date: D D M M Y Y Y Y		
X Modify Sponsor Bank Code:		Utility Co	ode:		
I/We hereby authorize Aditya Birla Sun Life Insurance Company Limited (ABSLI) to debit (tick ✓) SB CA CC SB-NRE SB-NRO OTHERS					
Bank a/c Number:					
with Bank (Name of cust	omer bank) IFS	C:	or MICR:		
an amount of Rupees:					
FREQUENCY: X Mthly X Qtly X H-Yrly X Yrly As & when presented DEBIT TYPE: X FIXED Amount Amount					
Reference 1 Application Number Mobile No.					
Reference 2	Policy Number	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 M M Y Y Y Y Y To X X X X X X X X X	Signature Primary Account H	older Signature Primary Account	Holder Signature Primary Account Holder		
Or 🗸 Until cancelled	1. Name as in bank records	2. Name as in bank recor	dsName as in bank records		

This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity / corporate to debit my account, based on the instruction as agreed and signed by me

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

Aditya Birla Sun Life Insurance Company Limited Regn. No.: 109. Regd Office: One World Centre, Tower 1, 16th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400013 +91 22 6723 9100 | CIN: U99999MH2000PLC128110 www.adityabirlasunlifeinsurance.com

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