

# Life Insurance

Aditya Birla Sun Life Insurance Company Ltd.



ADITYA BIRLA  
CAPITAL

PROTECTING INVESTING FINANCING ADVISING

## Customer Consent Document (CCD)

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\*

### 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 ₹  on a (S/M/Q/HY/Y)<sup>1</sup> frequency for a premium paying term of  years & the Sum Assured is ₹  (<sup>1</sup> S-Single Premium, M-Monthly, Q-Quarterly, HY-Half Yearly, Y-Yearly)

- Have you filled the electronic proposal form ☐ / has a third party or sales official assisted you in 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 ☐ Maturity Benefit# ☐ Loan Details\*\* ☐
  - 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 ☐ Partial Withdrawal Facility ☐

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, associated risk are borne by the Policy Holder.

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) 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 Aditya Birla Sun Life Insurance Company Limited (ABSLI). I / We give consent to allow HDFC Bank to furnish my credentials / information (address, contact no., email ID, loan details, income & nominee) as per their/his/ her records & vice versa. I **(we)** authorize any medical practitioner, hospital, employer, institution or any other person, to disclose to Aditya Birla Sun Life Insurance Company Limited ("ABSLI") any information relating to my health or employment now or at any time in the future. I **(we)** understand and agree that in case of any fraud or misrepresentation, the policy shall be treated in accordance with Section 45 of the Insurance Act, 1938 as amended from time to time. I **(we)** understand and agree that ABSLI must be notified of any changes in my / our health and circumstances between the date of this application including the simplified applications for insurance submitted along with this common application and prior to the acceptance of the risk. 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 **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. I hereby provide my consent 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 Application.

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\*

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

#### Life to be Assured 1

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

#### Ensure you know all Policy details CUSTOMER'S SIGNATURE

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Place: \_\_\_\_\_

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)

FOR/1/17-18/1440

## PAYMENT DETAILS

**Initial Payment has been made from account / Debit Card / Credit Card that belongs to:**

Self ☐ Proposer ☐ **Third Party:** Spouse ☐ Parent ☐ Children ☐ Sibling ☐ Grandparent ☐

**Mode of Payment:** HDFC Bank Cheque ☐ HDFC Bank DD ☐ Net Banking ☐ 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 Bank employee with following details:**

Bank Employee Name: \_\_\_\_\_ Employee Code: \_\_\_\_\_

Specified Person Code of Bank Employee: \_\_\_\_\_ Customer's Signature: \_\_\_\_\_

## DECLARATION BY SPECIFIED PERSON

**HDFC Bank DD/Cheque/Last four digits of Credit Card No./Online Ref. No.**

**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 account of policy holder (or proposer if different from policy holder)

**Premium amount is in line with the customer's profile and account balance:** ☐ Yes

**Policy Holder (proposer if different from policy holder) is KYC / AML compliant with HDFC Bank:** ☐ Yes

**Customer's income declared for the investment is in line with the bank profile of the customer:** ☐ Yes

**Customer's signatures on the proposal matches with the bank records** for telechannels only, the confirmation is that customer signature matches on all points where the customer has signed ☐ Yes

Customer's Signature: \_\_\_\_\_

Name \_\_\_\_\_ SP 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.

SP Name: \_\_\_\_\_ SP Code: \_\_\_\_\_

Stamp

Name: \_\_\_\_\_

Employee Code: \_\_\_\_\_

Signature

## DECLARATION BY CLUSTER HEAD (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 Aditya Birla Sun Life Insurance Company Limited (ABSLI) 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: \_\_\_\_\_ Signature\*: \_\_\_\_\_

## DECLARATION BY SALES CONSULTANT & THIRD PARTY (Continue)

**Third Party:** (Applicable when solicitation done in regional language or thumb impression affixed / signature done in regional language by customer)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_ Place: \_\_\_\_\_

\*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

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

**Life Insurance**

Aditya Birla Sun Life Insurance Company Ltd.



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CAPITAL**

1800-270-7000

**Aditya Birla Sun Life Insurance Company Ltd.**



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**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 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 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 sufficient 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 here. 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 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 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

<input checked="" type="checkbox"/> Create <input checked="" type="checkbox"/> Modify <input checked="" type="checkbox"/> Cancel	UMRN: <input style="width: 100%;" type="text"/>	Date: <input style="width: 100%;" type="text"/>
Sponsor Bank Code: <input style="width: 100%;" type="text" value="ICIC0TREA00"/>		Utility Code: <input style="width: 100%;" type="text" value="ICIC00261000001992"/>
I/We hereby authorize <input style="width: 100%;" type="text" value="Aditya Birla Sun Life Insurance Company Limited (ABSLI)"/> to debit (tick <input checked="" type="checkbox"/> ) <input style="width: 100%;" type="text" value="SB CA CC SB-NRE SB-NRO OTHERS"/>		
Bank a/c Number: <input style="width: 100%;" type="text"/>		
with Bank <input style="width: 100%;" type="text" value="(Name of customer bank)"/> IFSC: <input style="width: 100%;" type="text"/> or MICR: <input style="width: 100%;" type="text"/>		
an amount of Rupees: <input style="width: 100%;" type="text" value="₹"/>		
FREQUENCY: <input checked="" type="checkbox"/> Mthly <input checked="" type="checkbox"/> Qtly <input checked="" type="checkbox"/> H-Yrly <input checked="" type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented         DEBIT TYPE: <input checked="" type="checkbox"/> FIXED Amount <input checked="" type="checkbox"/> Maximum Amount		
Reference 1	<input style="width: 100%;" type="text" value="Application Number"/>	Phone No. <input style="width: 100%;" type="text"/>
Reference 2	<input style="width: 100%;" type="text" value="Policy Number"/>	Email ID <input style="width: 100%;" type="text"/>

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.

<b>PERIOD</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">From</td> <td style="width: 5%; text-align: center;">D</td> <td style="width: 5%; text-align: center;">D</td> <td style="width: 5%; text-align: center;">M</td> <td style="width: 5%; text-align: center;">M</td> <td style="width: 5%; text-align: center;">Y</td> <td style="width: 5%; text-align: center;">Y</td> <td style="width: 5%; text-align: center;">Y</td> <td style="width: 5%; text-align: center;">Y</td> </tr> <tr> <td>To</td> <td style="text-align: center;">3</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> <td style="text-align: center;">0</td> <td style="text-align: center;">9</td> <td style="text-align: center;">9</td> </tr> <tr> <td>Or</td> <td colspan="8" style="text-align: center;"><input checked="" type="checkbox"/> Until cancelled</td> </tr> </table>	From	D	D	M	M	Y	Y	Y	Y	To	3	0	1	2	2	0	9	9	Or	<input checked="" type="checkbox"/> Until cancelled								<u>Signature Primary Account Holder</u> 1. <u>Name as in bank records</u>	<u>Signature of Account Holder</u> 2. <u>Name as in bank records</u>	<u>Signature of Account Holder</u> 3. <u>Name as in bank records</u>
From	D	D	M	M	Y	Y	Y	Y																							
To	3	0	1	2	2	0	9	9																							
Or	<input checked="" type="checkbox"/> Until cancelled																														

- 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.

**Renewal Payment has been made from account / Debit Card / Credit Card that belongs to:**

Self ☐ Proposer ☐ **Third Party:** Spouse ☐ Parent ☐ Children ☐ Sibling ☐ Grandparent ☐

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+91 22 6723 9100 | CIN: U99999MH2000PLC128110  
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## Life Insurance

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CAPITAL**

1800-270-7000

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