

Life Insurance

Aditya Birla Sun Life Insurance Company Ltd.

(A subsidiary of Aditya Birla Capital Ltd.)



ADITYA BIRLA CAPITAL

PROTECTING INVESTING FINANCING ADVISING

Customer Consent Document (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 ₹ on a (S/M/Q/HY/Y)¹ frequency for a premium paying term of years & the Sum Assured is ₹ (¹ 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 (tick if yes) Partial Withdrawal Facility (tick if yes)

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 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*

(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)

Application No.:

PAYMENT DETAILS

- Initial Insurance premium should only be accepted for blood relations after ascertaining the Insurable Interest. The allowable relationships should be as under:-**
 Self Proposer **Third Party:** Spouse Parent Children Sibling Grandparent Company / Partnership HUF-Karta Sole Proprietorship
- 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 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
- I confirm that customer's signature on the proposal form and all relevant documents are done by the customer. The signature matches with the Bank records and no inconsistency across all signatures has been observed by me.**
- 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.**

Signature: _____

Name _____ SP Code: _____ Employee Code: _____

DECLARATION BY SUPERVISOR

I confirm that customer's signature on the proposal form and all relevant documents are done by the customer. The signatures match with the bank records and no inconsistency across all signatures has been observed by me.

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 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: _____

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: _____ Signature: _____

*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

