

Moral Hazard Questionnaire

Thank you for applying for a policy from HDFC Life Insurance Co. Ltd. To enable us to assess your application, please fill and sign (applicant) this document.

Policy No.:	
Application No.	
Name of the Life to be Assured	

Please let us know the details of dependents in your family.

Relationship	Father	Mother	Spouse	Children
Dependent (Mention Yes or No)				

You have nominated a person who does not fall under the relationships mentioned above. Hence, please answer the following questions:

- Is the nominee/beneficiary financially dependent on you - Yes / No? (if yes, please fill section A & B along with other questions)
 - Please let us know the financial obligation in choosing a person other than an immediate family member as nominee/beneficiary:
.....
 - Please specify the exact reason for not choosing an immediate family member as nominee/beneficiary:
.....
- Are you obliged to support and maintain the named nominee - Yes / No? :-----
- Any other reason to support choosing the named nominee? Please specify:-----
- Are you aware of the legal consequences of nominating a person other than an immediate family member-----Yes / No? (if no, please get in touch with your Financial Consultant for more clarity and provide a fresh MHQ)
- Please confirm exact relationship** of nominee ----- (**Mandatory if nominee relationship is captured as "others" in proposal form.)

Declaration of Life to be Assured:

I agree and understand that the information given herein is true and complete in all respects and will form an integral part of the proposal made by me for an insurance policy from HDFC Life Insurance Co. Ltd. and that failure to disclose any material fact known to me may invalidate the contract.

Date: DD/MM/YYYY

Place: _____

Signature/thumb impression:

In the case of thumb impression/ signature in vernacular language:

In case of thumb impression of the Life to be Assured, the same should be attested by a person of standing whose identity can be easily established, but unconnected with the Company and this declaration should be made by him.

I hereby declare that I have explained the contents of this form to the Life to be Assured in _____ language and have truthfully recorded the answers provided to me and that the Life to be Assured has signed /affixed thumb impression(s) above after fully understanding the contents thereof.

Name _____

Address: _____

Date: DD/MM/YYYY Place: _____

SIGN HERE

Signature

Explanation:

- Financial obligation - An obligation to pay money to another party
- Obliged - To do something because of a law

Disclaimer:

Nominee relationship mentioned "others" will not be accepted. Unclear and inadequate information to support choice of nominee will lead to rejection.