

PROPOSAL FORM FOR LIFE INSURANCE

IRDAI Regn. No.: 147 | CIN: U66010MH2009PLC197336

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AGENCY CORPORATE AGENCY BROKER DIRECT ONLINE

Proposal No.

WEB AGGREGATOR INSURANCE MARKETING FIRM

Whether sourced through distance marketing? Y N WORKSITE Y N

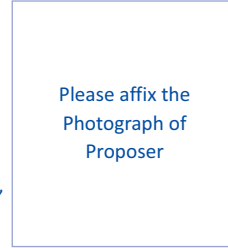
PFA/SP/RM/ Broker Code DM/CA Code

Branch Code Branch Name

Sub Code Corporate/Broker Branch Code

(PFA-Personal Financial Advisor, SP-Specified Person, RM-Relationship Manager, DM-Development Manager, CA-Corporate Agent)

URBAN RURAL If case should be consider as "STAFF", mention Employee Code



Form fill up in **BLACK INK** and **UPPERCASE** character.

1. PERSONAL DETAILS

Life / Primary Life to be Insured

Title Dr. Mr. Ms. Mrs. Master

1. Name (The Policy Bond will show the name in this manner)
 F I R S T N A M E
 M I D D L E N A M E
 S U R N A M E

2. Date of Birth

3. Gender Male Female

4. Marital Status Single Married Widow(er) Divorcee

5. PAN Card Number
 (Please fill-up Form No. 60 if PAN Card is not available)

6. Name of the Father

7. Name of the Mother

8. Name of the Spouse

9. Nationality Indian NRI FNIO/PIO Others (Specify)

10. Age Proof Submitted Passport Driving License School/College leaving certificate
 PAN Card Others (Specify)

Proposer (To be filled only if life to be Insured and Proposer are different) / **Spouse** (To be filled only if Better Half Benefit / Life Partner / Child [Joint Life] is chosen) / **Secondary Life** (To be filled only if Joint Life is chosen)

Dr. Mr. Ms. Mrs. M/s.

F I R S T N A M E
 M I D D L E N A M E
 S U R N A M E

D D M M Y Y Y Y

Male Female

Single Married Widow(er) Divorcee

(Please fill-up Form No. 60 if PAN Card is not available)

Indian NRI FNIO/PIO Others (Specify)

Passport Driving License School/College leaving certificate
 PAN Card Others (Specify)

MOST IMPORTANT INFORMATION FOR FUTURE COMMUNICATION

11. Current Address

City
 Pin code
 State

12. Permanent Address

City
 Pincode
 State

13. Which of the above address is your correspondence address? Current Address Permanent Address

Proposal No.

14. Contact Details

Phone (M)

Phone (O) S T D

Phone (R) S T D

Email ID

S T D

S T D

15. Education/Professional qualification

Student Below 10th 10th passed 12th passed Graduate
 Post Graduate Professional Others _____

Specify highest Educational/Professional Qualification

Below 10th 10th passed 12th passed Graduate
 Post Graduate Professional Others _____

Specify highest Educational/Professional Qualification

16. If Student, mention

1. The course being pursued 2. Duration of course 3. Year / Semester/Standard

4. Name of College/Institution

17. For Minor Lives :

1) In which standard life insured is studying _____

2) Only if life insured is less than 5 years:
 (a) What is the weight of life insured at the time of birth _____
 (b) Are all vaccinations done for the life insured Yes No

2. EMPLOYMENT DETAILS

Life / Primary Life to be Insured

1. Type of Employment

Salaried Self employed (Business) Self employed (Professional)
 Agriculture Housewife Labourer/worker Retired

2. Is your source of income from any one of the employment type selected above Yes No
 If no, specify details

3. Name of Employer/Business (If Self Employed)

4. Address of Employer/Business (If Self Employed)

5. Nature of Business/Profession (If Self Employed)

6. Designation/Position Held

7. Nature of Duty

8. Duration of Working Year(s) Month(s)

9. Annual Income Rs.

Proposer (To be filled only if life to be Insured and Proposer are different) / Spouse (To be filled only if Better Half Benefit / Life Partner / Child [Joint Life] is chosen) / Secondary Life (To be filled only if Joint Life is chosen)

Salaried Self employed (Business) Self employed (Professional)
 Agriculture Housewife Labourer/worker Retired

Yes No

Year(s) Month(s)

Rs.

3. OTHER DETAILS (IN CASE THE LIFE TO BE INSURED AND PROPOSER ARE DIFFERENT, THEN TO BE FILLED BY PROPOSER)

1. Are you Politically Exposed Person (PEP)? Yes No If Yes, please specify

*PEPs are individuals who are or have been entrusted with prominent public functions, e.g., Heads of States or of Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials and also immediate family members of the aforesaid persons which would include spouse, children, parents, siblings, spouse's parents or siblings and close associates

2. Are there any Conviction/Criminal proceedings against you? Yes No If Yes, please specify

3. Photo Identity Submitted Passport Driving License PAN Card Voter's ID Others (Specify)

4. Address Proof Submitted Bank Statement Passport Electricity Bill Telephone Bill Others(Specify)

5. Income Proof Submitted Form No.16 Income Tax Returns Salary Slips (other than proprietorship) Appointment Letter
 Audited Accounts and Statements Others (Specify)

"Please submit the relevant documents for income proof, in case the total premium is Rs. 1 lacs or above"

6. Policy Categorisation Individual Keyman Partnership HUF Employer - Employee MWP Act Others (Specify)

7. Relationship of the Proposer to the Life Insured Father Mother Spouse Employer HUF Grandparents*
 Others (Specify)

* In case of Grandparents, provide declaration from parents duly signed.

4. NOMINEE DETAILS

	Nominee 1	Nominee 2	Nominee 3
Name of Nominee	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth of Nominee	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Nomination Percentage	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship of Nominee with the Life to be Insured	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Appointee (in case Nominee is a minor)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth of Appointee	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship of Appointee to Nominee	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of Appointee	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. PRODUCT DETAILS

a) Product Name	Sum Assured (Rs.)	Choice of riders* (Sum Assured in Rs.)					
		CI	ADB	ATPD	HCB	IB	WOP
							<input type="checkbox"/> Yes

* Rider : CI-Critical Illness, ADB-Accidental Death Benefit, ATPD-Accidental Total and Permanent Disability, HCB-Hospital Cash Benefit, IB-Income Benefit, WOP-Waiver of Premium.

Other Riders: Payor Waiver Benefit Rider (Please select one of three options) –

1 On Death 2 On CI or ATPD 3 On Death or CI or ATPD (Applicable only when life to be insured and Proposer are different)

b) Frequency of Premium Payment Single Annual Half Yearly Quarterly Monthly

c) Policy Term d) Premium Payment Term

For **Edelweiss Tokio Life - Simply Protect**, please select one of following:

1. Death Benefit Options Life Cover Life Cover with Inbuilt ADB Life Cover with Inbuilt WOP on ATPD Life Cover with Inbuilt WOP on CI

2. Payout Options Lumpsum Income Benefit

For **Edelweiss Tokio Life - CritiCare+**, please select one of following options: Single claim option Multi claim option

For **Edelweiss Tokio Life - Zindagi Plus**, please select one of following:

1. Plan Options Life Cover with Level Sum Assured Life Cover with Decreasing Sum Assured

2. Additional Benefits
 a) Top-up Benefit Yes No If yes, choose Top-up Rate 5% 10%
 b) Better Half Benefit Yes No c) Waiver of Premium Benefit Yes No

3. Death Benefit Payout Options (to be selected for Edelweiss Tokio Life - My Term+ also)
 a) Payout option Lumpsum Monthly Income Lump sum + Monthly Income
 b) Lumpsum Proportion % (Lump sum + Monthly Income)
 c) Monthly Income Options Level Increasing* No. of Months 36 60 120 180*

(* applicable only for Edelweiss Tokio Life - Zindagi Plus)

For **Edelweiss Tokio Life - My Term+** Better Half Benefit Yes No

For **Edelweiss Tokio Life - Single Pay Endowment Assurance Plan**, please choose the Death Benefit option: Option A Option B

For **Edelweiss Tokio Life - Smart Lifestyle**, please choose the option: Base Option Family Protection Option

For **Edelweiss Tokio Life - Income Builder**, please complete the following section:

1) Plan Option Base Secured Income 2) Maturity Benefit Option Regular Income Regular Income Plus Lumpsum
 3) Payout period years 4) Payout frequency Annually Semi-Annually Quarterly Monthly

For **Edelweiss Tokio Life - Active Income Plan**, please choose the option:

1) Income Option Early Income Deferred Income 2) Guaranteed Income Type Level Guaranteed Income Increasing Guaranteed Income
 3) Family Income Benefit Yes No 4) Paid-up Additions Benefit Yes No

For **Pension Policies** - Please enter your annuity option preference at vesting

Life Annuity with Return of Purchase Price (ROP) Life Annuity Life Annuity Certain for 5 years
 Life Annuity Certain for 10 years Life Annuity Certain for 15 years Life Annuity Certain for 20 years
 Life Annuity increasing at simple rate of 3% per annum Life Annuity increasing at simple rate of 5% per annum Joint Life, Last Survivor
 Joint Life, Last Survivor with 50% Annuity Joint Life, Last Survivor with Return of Purchase Price on Last Death

For **Edelweiss Tokio Life - Easy Pension**, please choose the risk strategy opted for: Aggressive Conservative

For **Edelweiss Tokio Life - Wealth Ultima**, please complete the following section:

1. Policy Option: Option 1 (to age 70 years or less) Option 2 (to age 100 years) (Also available for Edelweiss Tokio Life – Wealth Secure+)

2. Little Champ Benefit Yes No (Only applicable if Proposer and Life to be Insured are different)

3. Systematic Transfer Plan (STP) Yes No (If no, kindly complete the Fund Allocation section)

If yes, kindly select one of these STPs Life stage & duration based STP Profit target based STP

4. Systematic Withdrawal Plan (SWP) Yes No (Also available for Edelweiss Tokio Life – Wealth Secure+)

If yes, kindly mention a) Systematic withdrawal % per annum . % of Fund Value

b) Payout Frequency Yearly Half Yearly Quarterly Monthly c) Policy year from which SWB is payable Years

For **Edelweiss Tokio Life - Wealth Plus, Edelweiss Tokio Life – Wealth Gain+ and Edelweiss Tokio Life – Wealth Secure+**, please complete the following section:

1. Investment Strategy: Life stage & duration based strategy Self Managed Strategy (Kindly complete the Fund Allocation section)

2. Rising Star Benefit: Yes No (Applicable only for **Wealth Plus**. Only applicable if proposer and life to be insured are different)

For **Edelweiss Tokio Life – Wealth Secure+**, please choose the option: Base Life Partner Child (Individual Life) Child (Joint Life)

For **Edelweiss Tokio Life – Wealth Premier**, please choose the option: Single Life Joint Life

Equity Large Cap Fund % Equity Top 250 Fund % Bond Fund % Long Term Bond Fund %

SFIN: ULIF00118/08/11EQLARGECAP147 SFIN: ULIF0027/07/11EQT250147 SFIN: ULIF00317/08/11BONDFUND147 SFIN: ULIF01426/06/20ETLLNGTERM147

PE Based Fund % Managed Fund % Equity Mid Cap Fund %

SFIN: ULIF00526/08/11PEBASED147 SFIN: ULIF00618/08/11MANAGED147 SFIN: ULIF01107/10/16ETLIMIDCAP147

Money Market Fund % Equity Bluechip Fund % GILT Fund %

SFIN: ULIF00425/08/11MONEYMARKET147 SFIN: ULIF01226/11/18ETLBLUECHIP147 SFIN: ULIF01326/11/18ETLGILTFND147

6. PREMIUM DETAILS

Base Plan Premium Rs. Sum of All Rider Premium(s) Rs.

Total Premium Including Applicable Taxes Rs. Cheque/DD Rs.

Cheque/DD details : (Cheque/DD should be made payable to "Edelweiss Tokio Life Insurance Company Limited")

Cheque/DD no.	Dated	Bank Name	Payable at Branch
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

BANK ACCOUNT DETAILS : (For credit of future payout if any)

Bank Account number	IFSC Code	Bank Name	Branch Location
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Proposal No.

UNDERWRITING SECTION - [Details to be filled for Proposer if opted for PWB rider/Little Champ Benefit/Rising Star OR Spouse (if opted for Better Half Benefit/Life Partner/Child (Joint Life))/Secondary Life (if opted for Joint Life)]

7. FAMILY HISTORY

1. FAMILY DETAILS

Life / Primary Life to be Insured

Proposer / Spouse / Secondary Life

Family Member	Age	Health Status (if Alive)	Age on Death	Cause of Death	Family Member	Age	Health Status (if Alive)	Age on Death	Cause of Death
1. Father					1. Father				
2. Mother					2. Mother				
3. Spouse					3. Spouse				
4. Sibling(s)					4. Sibling(s)				
5. Children					5. Children				

2. Does anybody in your family (father/mother/brothers/sisters) have/had high blood pressure, cancer, diabetes prior to age 60 or any hereditary or chronic disorder? Y N

If yes Please Provide details

3. Have any of the above family members applied for a policy with Edelweiss Tokio Life Insurance Company Limited in the past? Yes No

8. INSURANCE HISTORY

Life / Primary Life to be Insured

Proposer / Spouse / Secondary Life

1. Has any proposal/application for revival on your life or health insurance with Edelweiss Tokio Life Insurance Co. or any other Life Insurer, ever been declined/ postponed/offered/accepted at changed/special terms? Y N Y N
 If Yes, Name of the insurer Reason When (Date)

2. Have you ever received or do you now receive any disability or critical illness benefits from any insurance company? Y N Y N
 If Yes, Name of the insurer Reason When (Date)

3. Details of any existing/proposed insurance with Edelweiss Tokio Life Insurance Co. and/or with any other Life Insurance company in India and Overseas (in INR). Y N Y N

Life / Primary Life to be Insured

Proposer / Spouse / Secondary Life

Policy/Proposal number		
Insurance company's name		
Year of issue of policy or Date of Proposal		
Sum Assured		
Annualized Premium		
Status of the Policy		
Acceptance Terms: Standard/Sub Standard		

You may provide details of additional proposals/policies by attaching a separate sheet to this Proposal Form.

4. Details of Family Income and Insurance if Proposed Life to be Insured is unemployed, housewife, self employed female or minor life.

For unemployed: If single provide details of family insurance, If married provide details of spouse's insurance and for Minor provide parent's and sibling's insurance details.

Relationship	Spouse	Father	Mother	Brother(s)	Sister(s)
Occupation					
Annual Income					
Total Sum Assured					

9. FAMILY PHYSICIAN DETAILS

Life / Primary Life to be Insured

Proposer / Spouse / Secondary Life

Name

Address

Contact details

10. HEIGHT AND WEIGHT DETAILS

Life / Primary Life to be Insured

Proposer / Spouse / Secondary Life

1. Height Cms or Ft. Inches Weight Kgs

2. Has there been any variation in weight during the past six months? Y N

2.1 If Yes, please mention Gained Kgs Lost Kgs

Reason

11. LIFE STYLE AND PERSONAL DETAILS

Life / Primary Life to be Insured

Proposer / Spouse / Secondary Life

1. Do you plan to live or travel outside India for more than 30 days? If Yes, please fill foreign travel questionnaire Y N Y N

2. Have you in the past five years flown as a pilot, co-pilot, pilot instructor, student pilot or do you have any intent to fly? Y N Y N

3. Do you take part or used to take part in any adventurous hobbies/activities such as diving, gliding, mountaineering, rock climbing or any form of racing or any other hazardous activity/hobby? If Yes, please filled appropriate questionnaire. Y N Y N

4. Have you in the past used or do you use any habit forming drugs or narcotics or received any drug abstinence treatment? Y N Y N
 If Yes, give details

5. Do you consume alcohol? If Yes, please specify consumption per week Y N Y N
 Beer (pints per week) Hard liquor (30 ml pegs per week) Wine (glasses per week)

6. Do you smoke or consume tobacco in any form e.g. (paan, tobacco, gutka, etc.) ? If Yes, please specify per day consumption of Cigarettes/Cigar sticks Bidi sticks Gutka pouch Paan Tobacco pouch Others

7. Have you ever stopped smoking/tobacco consumption in any form ? If Yes, please specify Y N Y N
 Duration since stopped Reason for discontinuation

12. MEDICAL AND HEALTH RECORDS

Life / Primary Life to be Insured **Proposer / Spouse / Secondary Life**

1. Within the past five years, have you:				
a. Consulted any doctor or other health practitioner, except for common cold/influenza lasting less than four days?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Had ECG, X-rays, blood test or any other tests done? If Yes, please specify (except pre-employment)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Been attended by or admitted/advised to be admitted to any hospital or other medical facility or have you availed leave on medical ground?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Are you taking any medication at present or following a diet prescribed by a doctor?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Have you ever sought any advice or suffered from or received investigation or treatment or are you currently receiving treatment for or awaiting medical or surgical treatment for the following :				
a. Any disorder of the heart e.g. heart attack, heart murmur, heart valve disorder, breathlessness, irregular or fast heart rate, chest pain / discomfort or any other disorder of heart or blood vessels? If Yes, please fill Chest Pain Questionnaire.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. History of high blood pressure, raised cholesterol, triglycerides? If Yes, please fill Hypertension Questionnaire.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Any other respiratory or lung trouble e.g. asthma, bronchitis, persistent cough, tuberculosis, pneumonia, coughing with blood, shortness of breath, avian flu etc.? If Yes, please fill Respiratory Questionnaire.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Diabetes or sugar in the urine? If Yes, please fill Diabetes Questionnaire.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Disease or disorders of kidneys, bladder, prostate or reproductive organs, e.g. albumin in urine, blood or pus in urine, stones, sexually transmitted diseases or venereal diseases?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Any disorder of the digestive system, gall bladder or liver e.g. actual or suspected gastric or duodenal ulcer, recurrent indigestion, chronic diarrhoea, blood in stool, vomiting with blood, jaundice, cirrhosis? If Yes, please fill Digestive Disorder Questionnaire.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. Cancer, enlarged gland, growth or tumour, chemotherapy or radiotherapy of any kind?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
h. Any tropical diseases like malaria, dengue, filariasis, kala-azar etc.?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
i. Thyroid disorder including goitre, hyperthyroidism or thyroiditis? If Yes, please fill Thyroid Disorder Questionnaire.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
j. Anaemia, bleeding or any other disorder of the blood ?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
k. Any nervous or neurological disorder e.g. epilepsy, blackouts, paralysis, anxiety, state or depression, headaches, dizziness, fits, stroke, fainting, stress related problem, brain hemorrhage, etc. If Yes, please fill Nervous disorder/Epilepsy Questionnaire.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
l. Ear, eye, nose or throat disorder, e.g. ear discharge, defective vision, recurrent tonsillitis, double vision etc.? If Yes, please fill ENT Questionnaire.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
m. Disorder or disease of muscle, bones, joints, limbs, spine e.g. rheumatism, arthritis, gout, slipped disc, bone fracture or disorder, or other back trouble? If Yes, please fill Musculoskeletal Questionnaire.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
n. A test indicating the presence of HIV/ AIDS, Hepatitis B or Hepatitis C ?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
o. Excessive Alcohol consumption or to stop drinking or received alcohol abstinence treatment. If Yes, please fill Alcohol Habit Questionnaire.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
p. Any other illness, disorder, operation, disability not stated above ?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Do you have deformity or physical abnormality? If Yes, please fill Deformity Questionnaire.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Do you have any health related complaints or symptoms e.g. loss of appetite, persistent fever, pain, swelling etc. for which a physician has not been consulted or treatment received?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. For Female lives:				
a. Are you pregnant? If Yes, specify number of weeks <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Have you or have you ever had, any disorder of the female organs (breasts, ovaries, uterus) or any abnormality of pregnancy or Confinement e.g. caesarian section or miscarriage, high blood pressure, gestational diabetes, etc.? If Yes, please give details: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If any of the answers to question 12 are "YES", provide the below details. (Please provide medical records pertaining to the declaration)

Name of the Life / Primary Life to be Insured / Proposer / Spouse / Secondary Life	Question No.	Please provide details including exact diagnosis / medical condition, date of diagnosis, treatment prescribed, name of the tablets or medication

Have you ever been hospitalized for this condition? Date of hospitalization

Are you now fully recovered and off all medications? If No, give details

13. TAX RESIDENCE DECLARATION : (tick any one, as applicable to you)

I am a tax resident of India and not of any other country OR I am tax resident of country/ies other than India mentioned separately in FATCA / CRS Annexure*

* If you are tax resident of another country then please fill in the FATCA/CRS form annexed

14. DETAILS FOR INSURANCE REPOSITORY

1. Do you have an eIA account number? If yes, please provide (Mandatory if Answer is "Yes")

2. If no, would you like to apply? (Mandatory if Answer to Q1 is "No", if yes to Qs 2, please submit eIA request form)

3. Would you like to have an e policy? (Mandatory if answer to either of the Q1 or Q2 is "Yes")

4. Specify the Insurance Repository Name for eIA creation. List of Insurance Repository:

NSDL Data Management Limited CDSL Insurance Repository Limited

Karvy Insurance repository Limited CAMS Repository Services Limited

15. DECLARATIONS

1. I/We declare and warrant on my behalf and on behalf of the person whose life is to be insured that I/We have read/been interpreted this proposal form and that the same has been explained to me/us and I/We have fully understood its content. I/We declare that the answers given in response to the questions above and the statements made by me/us in this proposal form or otherwise in support of this proposal are true, correct and complete in all respects, and there is no other information, material to this proposal, that has been withheld by me/us.

2. I/We declare that the premium amounts paid along with this proposal and payable in future under the policy, have not been generated from the proceeds of any criminal activities/offences. I/We declare that I/we shall abide by and conform to the Prevention of the Money Laundering Act, 2002 as amended from time to time or under any other applicable law/regulations.

Proposal No.

- I/We shall immediately inform the Company in case I/We acquire the status of Politically Exposed Person ('PEP') at any time after submitting the proposal form and during the continuance of the policy.
- That in order to enable the Company to assess the risk under this proposal and any time thereafter, I/we hereby authorise my/our past and present employers, business associates, banks, accountants, medical practitioners, hospitals, medical source, any other life and non-life insurance company/(ies) and any other person/entity to release/disclose to the Company, the records of my/our employment, business, financial position, health and medical records and other details pertaining to me/us or the Life to be Insured, as may be considered relevant for acceptance or otherwise, of this proposal. I/We agree that the insurance protection shall only be provided effective from the date of acceptance of risk by the Company.
- I/we accord to the Company my/our consent to undergo tests for screening, confirmation, reconfirmation of overall health status of the Life to be Insured. These tests shall include but shall not be limited to medical examinations, laboratory, pathological or biological tests, cardiac, radiological investigations and other medical tests including but not limited to HIV 1 / 2 tests by various methods. I/We am/are aware that these tests are only for screening purposes and not confirmatory for HIV/AIDS. These tests may also include blood tests to detect bacterial, viral, fungal infections, if so required under the underwriting policy of the Company. I/We agree and declare that in the event of the Life to be Insured being medically examined, answers given by the Life to be Insured to the medical examiner acting on behalf of the Company shall be deemed to be part of the statements and answers given in this proposal form and subject to this declaration and warranty.
- I/We agree that after the date of submission of this proposal form but before the issue of policy, (i) if there is any change in my/our occupation, or (ii) if there are any adverse circumstances connected with my/our financial position or the general health of the Life to be Insured/Proposer (wherever applicable); or (iii) if any proposal for insurance or an application for revival of a policy on the Life to be Insured made to any insurer is accepted at standard rate, withdrawn, deferred, declined, or is accepted at an increased premium, or is subject to a lien or on terms other than as proposed, I/We shall forthwith intimate the same to the Company in writing.
- I/We understand that the statements and declarations made under this proposal for insurance will be the basis of the contract of insurance between me/us and the Company, and that the Company believing the same to be true will rely and act on them. In the case of any non-disclosure/misrepresentation of material facts by me/us, I/we understand that action shall be initiated by the Company immediately in accordance with the provisions of Section 45 of the Insurance Act, 1938 as amended from time to time, and in the case of fraud by me/us, I/We understand that the Company shall take action against the fraud immediately, in accordance with the provisions of Section 45 of the Insurance Act, 1938 as amended from time to time.
- I/We understand that the policy shall be issued on the basis of this proposal subject to fulfillment of the underwriting norms and realisation of premium by the Company and the communication of the commencement of the policy to me/us.
- I/We have disclosed my/our personal information to the Company and I/we hereby provide consent to the Company to share the same with the Company's authorised service providers for carrying out the issuance process for the proposal and servicing of the policy such as underwriting, renewal, revival, claim management, in accordance with the rules and regulations applicable from time to time.
- I/We hereby accord my/our consent and authorise the Company, to access and obtain my personal identity data and other information maintained by any authority/government authority/other person for KYC / e-KYC and other verification purpose.
- I/We hereby authorise the Company to send me intimations/servicing communications related to this proposal or the resulting policy at my address and contact details (email, telephone, mobile numbers) mentioned in this proposal form.
- The permissions, consents, authorisations given by me/us to the Company shall, without restriction, remain in force in perpetuity and shall be valid for any instance requiring such permissions, consents or authorisations for this proposal and resulting policy.
- I/We understand that the Company shall make payments to me/us in respect of the proposed insurance policy to the bank account, details of which have been provided by me/us to the Company, unless the bank account particulars are modified by my/our written communication to the Company.

I hereby give consent to all the declarations mentioned above. Y N

PLEASE DO NOT SIGN ON BLANK PROPOSAL FORM

Signature* / Thumb impression	Life / Primary Life to be Insured	Proposer / Spouse / Secondary Life	Witness by PFA / SP / RM / Broker
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

D D M M Y Y Place

* The Proposer / Life Insured can upload a scanned copy of their signature in the above box.

DECLARATION IN VERNACULAR OR FOR UNEDUCATED PERSON

Declaration by the person filling in the form (In case form is filled up / signed in a language different from that of the Proposal Form):

"I hereby declare that I have fully explained the above questions to the Proposer and I have truthfully recorded the answers given by the Proposer."

OR

In case the Proposer is illiterate, his/her thumb impression should be attested by a person of standing whose identity can easily be established, but unconnected with the insurer and this declaration should be made by him.

"I hereby declare that I have fully explained the above questions and contents of the proposal form to the proposer in _____ language, and that the Proposer has affixed the thumb impression above after fully understanding the contents thereof."

Name of the Declarant : Mr Miss Mrs

Place: Date:

Declarant's Signature in English

Declarant Address :

Name of the Witness : Mr Miss Mrs

Place: Date:

Witness Signature in English

Witness Address :

I certify that the contents of the form have been fully explained to me by (Name, Designation, and occupation) Mr. / Mrs.: _____ and I have understood the significance of the proposed contract.

Life to be assured's Signature or Thumb Impression

Proposer's Signature or Thumb Impression

APPLICABLE PROVISIONS OF THE INSURANCE ACT, 1938 AS AMENDED FROM TIME TO TIME

SECTION 41: No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, 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 or the insurer.

Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

SECTION 45 OF THE INSURANCE ACT, 1938 STATES: No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of policy, i.e. from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later. A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based. 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 adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal. For further details, please refer to the Insurance Act, as amended from time to time.