

PROPOSAL FORM FOR LIFE INSURANCE

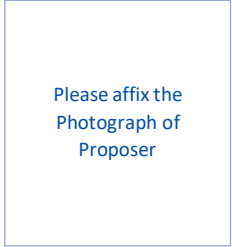
Registered Office: 12th Floor, Plot #v-119,H-Block BDTS, Bandra (W)Mumbai,400051
Corporate Office: 12th Floor, Plot #v-119,H-Block BDTS, Bandra (W)Mumbai,400051
Toll Free+91223456789 Visit us at www.grooindia.com

For official use only

- AGENCY CORPORATE AGENCY BROKER DIRECT ONLINE
WEB AGGREGATOR INSURANCE MARKETING FIRM

Proposal No. [grid]

Whether sourced through distance marketing? WORKSITE
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)
If case should be consider as "STAFF", mention Employee Code

URBAN RURAL

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 DD MM YY YY

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)

Title 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)

Name of the Father

Name of the Mother

Name of the Spouse

Nationality Indian NRI FNIO/PIO Others (Specify)

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

MOST IMPORTANT INFORMATION FOR FUTURE COMMUNICATION

11. Current Address [grid]

12. Permanent Address [grid]

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

Proposal No.

14. Contact	Phone (M)	<input type="text"/>
	Phone (O)	S <input type="text"/> T <input type="text"/> D <input type="text"/>
	Phone (R)	S <input type="text"/> T <input type="text"/> D <input type="text"/>
	Email ID	<input type="text"/>

<input type="text"/>
S <input type="text"/> T <input type="text"/> D <input type="text"/>
S <input type="text"/> T <input type="text"/> D <input type="text"/>
<input type="text"/>

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	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	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	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 **Groo India - 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 **Groo India – Investment +**, please select one of following options:  Single claim option  Multi claim option

For **Groo India – Term Plan**, 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 Groo India - 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 groo india - Investment)

For **Groo india - Term Plan** Better Half Benefit  Yes  No

For **Groo india - Single Pay Endowment Assurance Plan**, please choose the Death Benefit option:  Option A  Option B

For **Groo india - Smart Lifestyle**, please choose the option:  Base Option  Family Protection Option

For **Groo india - 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 **Groo india - 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 **Groo india - Easy Pension**, please choose the risk strategy opted for: For  Aggressive  Conservative

**Groo india - Regular income**, 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 Groo india)  
 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 **Groo india - Investment Plan**, **-Term Plan and Groo india – Family cover**, 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 **Groo india - Investment**, please choose the option:  Base  Life Partner  Child (Individual Life)  Child (Joint Life)

For **Groo india - Term plan**, please choose the option:  Single Life  Joint Life

- Equity Large Cap Fund  % Equity Top 250 Fund  % Bond Fund  % Long Term Bond Fund  %  
 SFIN: ULIF00118/08/11EQTLARGECAP147 SFIN: ULIF0027/07/11EQTOP250147 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: ULIF01107/10/16ETLMIDCAP147  
 Money Market Fund  % Equity Bluechip Fund  % GILT Fund  %  
 SFIN: ULIF00425/08/11MONEYMARKET147 SFIN: ULIF01226/11/18ETLBUCHIP147 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
	D D M M Y Y		

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

Bank Account number	IFSC Code	Bank Name	Branch Location

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					Proposer / Spouse / Secondary Life				
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 Groo india Company Limited in the past?  Yes  No

**8. INSURANCE HISTORY**

1. Has any proposal/application for revival on your life or health insurance with Edelweiss Groo india Co. or any other Life Insurer, ever been declined/ postponed/offered/accepted at changed/special terms?  Y  N

If Yes, Name of the insurer  Reason  When (Date)   Y  N

2. Have you ever received or do you now receive any disability or critical illness benefits from any insurance company?  Y  N

If Yes, Name of the insurer  Reason  When (Date)   Y  N

3. Details of any existing/proposed insurance with Groo india Co. and/or with any other Life Insurance company in India and Overseas (in INR).

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	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
Contact details	<input type="text"/>	<input type="text"/>

**10. HEIGHT AND WEIGHT DETAILS**

Life / Primary Life to be Insured	Proposer / Spouse / Secondary Life
1. Height <input type="text"/> <input type="text"/> <input type="text"/> Cms or <input type="text"/> <input type="text"/> Ft. <input type="text"/> <input type="text"/> Inches Weight <input type="text"/> <input type="text"/> Kgs	1. Height <input type="text"/> <input type="text"/> <input type="text"/> Cms or <input type="text"/> <input type="text"/> Ft. <input type="text"/> <input type="text"/> Inches Weight <input type="text"/> <input type="text"/> Kgs
2. Has there been any variation in weight during the past six months? <input type="checkbox"/> Y <input type="checkbox"/> N	2. Has there been any variation in weight during the past six months? <input type="checkbox"/> Y <input type="checkbox"/> N
2.1 If Yes, please mention <input type="checkbox"/> Gained <input type="text"/> <input type="text"/> Kgs <input type="checkbox"/> Lost <input type="text"/> <input type="text"/> Kgs	2.1 If Yes, please mention <input type="checkbox"/> Gained <input type="text"/> <input type="text"/> Kgs <input type="checkbox"/> Lost <input type="text"/> <input type="text"/> Kgs
Reason <input type="text"/>	Reason <input type="text"/>

**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	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> 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?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> 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.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
4. Have you in the past used or do you use any habit forming drugs or narcotics or received any drug abstinence treatment? If Yes, give details: <input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
5. Do you consume alcohol? If Yes, please specify consumption per week Beer (pints per week) <input type="text"/> <input type="text"/> <input type="text"/> Hard liquor (30 ml pegs per week) <input type="text"/> <input type="text"/> <input type="text"/> Wine (glasses per week) <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
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 <input type="text"/> <input type="text"/> <input type="text"/> Bidi sticks <input type="text"/> <input type="text"/> <input type="text"/> Gutka pouch <input type="text"/> <input type="text"/> <input type="text"/> Paan <input type="text"/> <input type="text"/> <input type="text"/> Tobacco pouch <input type="text"/> <input type="text"/> <input type="text"/> Others <input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
7. Have you ever stopped smoking/tobacco consumption in any form ? If Yes, please specify Duration since stopped <input type="text"/> <input type="text"/> <input type="text"/> Reason for discontinuation <input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

**12. MEDICAL AND HEALTH RECORDS**

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

- |  |   |   |
|--|---|---|
| 1. Within the past five years, have you:   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| a. Consulted any doctor or other health practitioner, except for common cold/flu lasting less than four days?  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| b. Had ECG, X-rays, blood test or any other tests done? If Yes, please specify (except pre-employment)   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 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="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Are you taking any medication at present or following a diet prescribed by a doctor?  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 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="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| b. History of high blood pressure, raised cholesterol, triglycerides? If Yes, please fill Hypertension Questionnaire.  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 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="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| d. Diabetes or sugar in the urine? If Yes, please fill Diabetes Questionnaire.   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 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="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 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="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| g. Cancer, enlarged gland, growth or tumour, chemotherapy or radiotherapy of any kind?   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| h. Any tropical diseases like malaria, dengue, filariasis, kala-azar etc.?   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| i. Thyroid disorder including goitre, hyperthyroidism or thyroiditis? If Yes, please fill Thyroid Disorder Questionnaire.  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| j. Anaemia, bleeding or any other disorder of the blood ?  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 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="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 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="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 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?<br>If Yes, please fill Musculoskeletal Questionnaire.  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| n. A test indicating the presence of HIV/ AIDS, Hepatitis B or Hepatitis C ?   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| o. Excessive Alcohol consumption or to stop drinking or received alcohol abstinence treatment. If Yes, please fill Alcohol Habit Questionnaire.  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| p. Any other illness, disorder, operation, disability not stated above ?   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Do you have deformity or physical abnormality? If Yes, please fill Deformity Questionnaire.   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 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="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 6. For Female lives:   |   |   |
| a. Are you pregnant? If Yes, specify number of weeks <input style="width: 150px;" type="text"/>  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 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.?<br>If Yes, please give details: <input style="width: 500px;" type="text"/> | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |

**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?  Y    N      Date of hospitalization

Are you now fully recovered and off all medications?  Y    N    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?  | <input type="checkbox"/> Y <input type="checkbox"/> N      | If yes, please provide <input style="width: 150px;" type="text"/> (Mandatory if Answer is "Yes") |
| 2. If no, would you like to apply?   | <input type="checkbox"/> Y <input type="checkbox"/> N      | (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?   | <input type="checkbox"/> Y <input type="checkbox"/> N      | (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: |  |  |
| <input type="checkbox"/> NSDL Data Management Limited                                    | <input type="checkbox"/> CDSL Insurance Repository Limited |  |
| <input type="checkbox"/> Karvy Insurance repository Limited                              | <input type="checkbox"/> 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.<br>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.

3. 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.
4. 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/discard 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.
5. 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.
6. 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.
7. 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.
8. 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.
9. 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.
10. 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.
11. 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.
12. 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.
13. 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
<div style="display: flex; justify-content: space-between;"> <span>D D M M Y Y</span> <span>Place _____</span> </div>			

\* 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.