

Member Consent Form for ICICI Pru Super Protect Credit (A Non-Linked Non-Participating Group Insurance Product)

Member ID / Loan Account Number **555555555555**Cover Type: ☒ Reducing Cover

Details	Salutation	Full Name	Age/ DOB	Gender	Nationality	State/Pin code	Relationship with Member	Occupation ²
Member	Mr	Krishnadas ps	1996/04/15	M	Indian	680684	NA	
Nominee		Krishna	1996/04/15		Indian	680684		
Appointee ¹								

¹If Nominee is less than 18 years, Appointee is mandatory. Appointee should be more than 18 years of age.²Please mention: S=Salaried, P=Professional, SE=Self Employed, ST= Student, H= Housewife, R=Retired, B=Business, A=AgricultureContact number of member³ : **9937573168**Email ID of member³ : _____³By submitting my details, I override my NDNC registration and authorize ICICI Prudential Life Insurance Company Ltd and its representatives to contact me through call/WhatsApp/email. I further consent to share my information on confidential basis with third parties for evaluating and processing this proposal.Particulars of benefit applied for: ☒ DeathSum Assured: **6,00,000**Policy Term (Year/s): **5**Total Premium Amount (in INR incl GST)⁴: **4,545**⁴The total premium amount will be inclusive of premium of all chosen benefits including death benefit.

Personal Details of Member

Please respond to the questions from Question 1 to Question 5 by placing a tick mark (✓) in the answer box that corresponds to your response and fill in the blank wherever applicable:

1. Have you ever suffered from / been diagnosed with / been treated for any of the following? (Please tick YES if any one or more is relevant)
- | | | | | |
|---|-------------------------------------|---|------------------------------|--|
| Heart disease | HIV/AIDS infection, | Congenital defect/ Genetic Disorders | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| High cholesterol, | physical deformity, | Paralysis, | | |
| Stroke | Epilepsy, | any disorder of brain or nervous system | | |
| Cancer/tumor | any mental / psychiatric disorder, | Arthritis, | | |
| Kidney disease | disorder of muscles/ bones /joints, | thyroid disorder, | | |
| Lung disease /asthma | tuberculosis | blood disorder, | | |
| Diabetes | Liver disease /hepatitis | chronic digestive disorder, | | |
| endocrine Disorder, | High blood pressure | | | |
| Any other disorder not mentioned above If yes, please provide details | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
2. During the last 5 years, have you been advised to undergo any investigations or undergone any major surgery or been hospitalized or received any treatment for any medical condition (except for minor cough, cold or flu) for a continuous period of more than 14 days? ☐ Yes ☒ No
3. Do you : - (a) consume more than 10 cigarettes, bidi's per day? (b) Chew more than 5 pouches tobacco per day? (c) consume more than 2 pegs of alcohol per day in any form? (Please tick YES if any one or more is relevant) ☐ Yes ☒ No
4. Has any of your insurance application or reinstatement application ever been declined, postponed or accepted at extra premium or modified terms? ☐ Yes ☒ No
5. To be answered by FEMALE members only:
Are you currently pregnant? ☐ Yes ☒ No
Have you suffered from any gynecological problems or illness related to breasts, uterus or ovary? ☐ Yes ☒ No

COVID-19 - Questions

1. In the last 3 months have you or your family members been tested positive for COVID-19 or have been self-isolated with symptoms on medical advice? ☐ Yes ☒ No
2. In the last 1 month have you or your family members been advised to self-isolate due to COVID-19 (excluding mandatory government orders to remain at home) or had a persistent cough, fever, raised temperature or been in contact with an individual suspected or confirmed to have COVID-19? ☐ Yes ☒ No
3. Have you or your family members travelled overseas post 1st Jan 2020 OR planned to travel during the next 6 months? ☐ Yes ☒ No

I am aware that Manappuram Finance Limited is the holder of the life insurance Master Policy issued by ICICI Prudential Life Insurance Company Limited Group Insurance product and I am a member of this group. I hereby authorize ICICI Prudential Life Insurance Company Limited that in case of difference between the premium received from the applicant and the actual premium required for sought benefits, the sum assured amount /tenure may get adjusted and the policy shall be issued accordingly.

Do you wish to continue your cover till the coverage term even after you foreclose your loan or transfer your loan to another financial institution or you voluntarily surrender the group membership? ☐ Yes ☒ No

Date & Place: **2023/02/23** / New

Signature of Member

Consent for allowing split payment:

I hereby provide my consent to allow ICICI Prudential Life Insurance Company Limited to initiate split payment of the claim amount, on the happening of any contingent event, to the extent of the outstanding loans, in the name of Manappuram Finance Limited. In this regard, the remaining proceeds of the claims due may accordingly be addressed in the name of the nominee. The above declaration and other details as furnished by me, are true to the best of my knowledge.

Date & Place: **2023/02/23** / New

Signature of Member

Payout Mode

Mode selected would be used by the company to make payout(s). Payout would be in accordance and subject to the terms and conditions of the policy. Cheque would be used if none of the below Electronic Payout Option is chosen.

- | | | | | | | |
|--------------------|------------------------------|--|-------------------------------|-----------------|----------------------------------|----------------------------------|
| 1. Mode of deposit | <input type="checkbox"/> ECS | <input type="checkbox"/> Direct Credit (Select Banks only) | <input type="checkbox"/> NEFT | 2. Account Type | <input type="checkbox"/> Current | <input type="checkbox"/> Savings |
| 3. Bank Name | | | | 4. Bank Branch | | |
| 5. Account Number | | | | 6. MICR Code | | |
| 7. IFSC Code | | | | | | |

Note: 1. Please provide a cancelled copy of your cheque if any of the above payout option is selected. 2. In case of non credit to my bank account with/ without assigning any reasons there of or if the transaction is delayed or not effected at all for reasons of incomplete/ incorrect information, I would not hold ICICI Prudential Life Insurance Co. Ltd. responsible. 3. Further, the Company reserves the right to use any alternative payout option in spite of opting for Direct Credit option.

Signature of Member

Vernacular

Declaration to be made by a third person where: a)The member has affixed his/her thumb impression; OR b)The member has signed in vernacular; OR c) The member has not filled the application.

I hereby declare that I have explained the contents of this application form to the insured member in _____ language and have truthfully recorded the answers provided to me. I further declare that the insured member has signed/affixed his/ her thumb impression in my presence.

Name of Witness _____

Signature of the Witness _____

Declaration made by the member: I hereby declare that the content of the form and document has been fully explained to me and I have fully understood the significance of the proposed contract.

Signature in Vernacular/ Thumb Impression of member

COMP/DOC/Jan/2021/11/15/112