



SBI LIFE INSURANCE COMPANY LTD. COMMON PROPOSAL FORM

Registered & Corporate Office: Natraj, M. V. Road, & Western Express Highway Junction, Andheri (East), Mumbai - 400 069.

IRDAI Registration No. 111

Toll Free: 1800 267 9090 (Between 9:00 AM & 9:00 PM) | Email: info@sbilife.co.in | Website: www.sbilife.co.in | CIN:
L99999MH2000PLC129113

SBI Life Insurance Co. Ltd. referred to as "SBI Life" or "The Company"

**"IN CASE OF UNIT LINKED LIFE INSURANCE POLICIES THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY
THE POLICYHOLDER"**

SECTION 'A' PERSONAL DETAILS A-1 a. Proposer (if different from Life Assured) / Life Assured / HUF Karta					
First Name			JITENDRA		
Middle Name					
Last Name			KAPADIA		
Gender	MALE	Date of Birth	25-05-1970	Age	51
Marital Status					
Father's Name			MARRIED		
Mother's Name			VASANTLAL		
Spouse's Name			KIRTIDA KAPADIA		
C-KYC No.					
PAN Card No.		AIIPK1983E		Form 60	
Age Proof		PAN CARD		KYC OVD (Officially Valid Document)	AIIPK1983E
Identification Number					
Resident Status			INDIAN		
Nationality		INDIAN		Current Country of Residence	INDIA
Mobile Number		9820335451		Email Id	jitendrakapadia@gmail.com
I hereby authorize SBI LIFE to send, any information/communication relating to this proposal or the resulting policy through SMS /Email /Phone /Letter /WhatsApp /any other electronic mode of communication to my registered email id/mobile number.					

Qualification	GRADUATE		
CONTACT DETAILS			
Address 1	HARSHNIKETAN, GAUDEVI ROAD, BENING NAVRANG HOTEL, BHAYADER (W)		
Communication address if different from above? (If Yes, then the following to be filled)	NO		
Communication Address (Address 2)			
Occupation Details			
Occupation	SERVICE		
Force Name	COMPANY PVT LTD		
Employee / Force No	543321098		
Designation	MANAGER		
Current place of posting(City and State)	ANDHERI, MAHARASHTRA		
For Defence personnel- Are you currently engaged or trained for future involvement in any of the following?			
Name of Business Organization run by you			
Your role			
Duration of business Org. (years)			
Annual Total Income	10,00,000		
Are you exposed to any special hazard associated with your occupation which may render you susceptible to injuries or illnesses? (e.g. chemical factory, mines, explosives, corrosives, combative duties, oil exploration, high sea voyage etc.)	NO	If Yes, please provide details	
Are you a "Politically Exposed Person" (PEP) or a close relative of PEP? PEPs are individuals who are or have been entrusted with prominent public functions, i.e. heads / ministers of central / state govt., senior politicians, senior govt, judicial or military officials, senior executives of govt. companies, important political party officials, immediate family member of above persons (would include spouse, parents, siblings, children, spouse's parents or siblings and close associates of PEPs.) The definition includes foreign as well as domestic PEPs. If No, in case your PEP status changes in future, you shall inform SBI Life Insurance Co. Ltd. of such a change.	NO	If Yes, please provide details	

Do you have any Criminal proceedings initiated against you?	NO	If Yes, please provide details	
If previous question is yes then, Do you have any history of conviction under any criminal proceedings in India or abroad?	NO	If Yes, please provide details	

e-INSURANCE ACCOUNT DETAILS

I want to receive the Insurance policy and all the information related to the proposed insurance policy through insurance repository.	YES
Do you have e-insurance account?	NO

If Yes, provide	e-Insurance Account Number	Repository Name	
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* If No : Request to select any one insurance repository from below options: Repository Name : NSDL Database Management Ltd

NOMINEE DETAILS (Not applicable for Minor Life Assured / HUF Member)

S.No	Name	Date of Birth	Gender	Relationship with Life Assured	Percentage Share (%)*	Address same as Life Assured's Address (Yes/No) If No, then please provide
1	KIRTHIDA	04/08/1977	FEMALE	WIFE	100	YES

*Percentage share total should be 100%

APPOINTEE DETAILS :(Applicable in case nominee is Minor)

S.No	Name	Date of Birth	Gender	Relationship with Life Assured	Relationship with Nominee	Signature/ Consent of Appointee

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SECTION 'B-1' PRODUCT DETAILS

Product Code	IK	Product Name	SMART WEALTH BUILDER
Plan Type	REGULAR PREMIUM	Plan Option	
Premium Frequency (For Monthly mode, advance premium may be required, as mentioned in the Benefit Illustration)	QUATERLY		
Are you a Staff or your spouse is working/retired from State Bank Group?	NO	If Yes please state: Self/PF/Pension Index/ Employee No.	Spouse/PF/Pension Index/ Employee No.

Maturity/ Annuity/ Any other option*		Maturity/ Annuity/ Any other option Frequency*	
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* Mandatory for Pension Products

Cover Details

Plan/Rider/option	Policy Term(Yrs)	Premium Payment Term(Yrs)	SAMF	Sum Assured(Rs)	Premium Payable(Rs)
SBI Life-Smart Wealth Builder	20	5	10 000	10000000	25000
Premium Payable	20000				
Applicable Tax Amount*	5000				
Total Installment Premium Payable	25000				

* Taxes shall be applicable as mandated by Government of India from time to time.

Select: Product /Strategy /Options

Plan Name- SBI Life- Smart Wealth Builder	Fund Options(Allocation % should total to 100%)
Fund Option	Allocation %
Equity Fund	25
Equity Optimiser Fund	10
Growth Fund	10
Balanced Fund	13
Bond Fund	12
Money Market Fund	12
Top 300 Fund	8
Bond Optimiser Fund	2
Midcap Fund	5
Pure Fund	2
Corporate Bond Fund	1

Maturity/ Annuity/ Any other option*		Maturity/ Annuity/ Any other option Frequency*	
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* Mandatory for Pension Products

SECTION 'C-2a' HEALTH AND OTHER DETAILS OF LIFE ASSURED:						
Do you have any other individual existing life insurance policy (from SBI Life or any other life insurer) or have you applied for any cover other than this SBI Life proposal? If Yes, please provide details below					NO	
Name of Insurance Co.	Yearly Premium(Rs)		Sum Assured(Rs)	Self/Spouse/Parent(pls. Specify)		Policy Status
Has any of your proposals for life/health/accident insurance ever been declined/rejected, postponed, withdrawn, or accepted with extra premium?	NO		If Yes, then provide the details			
		Health Details of Life Assured			Y/N	
	Height	155 CM	Weight	78	Have you lost weight of 5Kgs or more in last 6 months	NO
2. Have you ever been treated, hospitalized, investigated or diagnosed or operated for any of the following (including but not limited to the specific conditions mentioned under each category). Every point should be answered in "yes" or "no"						
a. Diabetes Mellitus/ High Blood Sugar, High/Low Blood Pressure or High Cholesterol	YES		b. Heart Disease of any kind ; Chest pain, Angina, Coronary Artery Disease, heart attack, valve disorder, Rheumatic heart disease, conduction problem, or any other disease of Heart, or undergone Angiography, Bypass, PTCA, Pacemaker implant etc	YES		
c. Lung /Respiratory disorder of any nature: Asthma, COPD, Tuberculosis (TB), Pneumonia, Bronchitis, emphysema, or any other chest or lung disease etc			d. Cancer/ Malignancy diagnosed or suspected: Cancer, Overgrowth, Cyst, Tumor, Malignant growth, Leukemia, enlarged lymph node, Lymphoma, or undergone Chemotherapy, radiotherapy, FNAC, Biopsy, Scan etc			
e. Kidney, Prostate or genitourinary Diseases : Kidney failure, infection, Stone, Obstruction, or any other disease, Dialysis, Transplantation or removal of kidney , Blood in urine, or enlarge prostate, adrenal gland disorder etc			f. Disorder of Liver or other digestive organs : Alcoholic and Other Liver disease, Jaundice, Hepatitis of any type, Liver failure, infection, enlargement, Cirrhosis, Ascites etc or Gastric ulcer/bleeding, vomiting of blood, blood in stools, Piles, hernia, colitis, etc or any disease of Esophagus, Pancreas, Gall bladder, Spleen, Intestine, Rectum or any digestive system or undergone endoscopy, colonoscopy etc			

g. Joints & Bone disorder, Vision or Hearing disorder, Deformity, loss of organ or any congenital defect: Arthritis (rheumatoid, ankylosing, Osteomyelitis), gout, deformity /disability, polio, any disease of bone, joints, muscles, spine , vertebral disc or, disorders of eyes, ear, nose, throat, or amputation, absence or transplantation of organs etc		h. Brain or Spinal cord: disorder of brain and/or spinal cord e.g., Nervous system, Hemo paralysis, bleeding, Tumor, stroke, coma, TIA, epilepsy/fits, seizures of head injury, fainting loss of consciousness, tremors, incontinence, movement of limbs, impaired movement of limbs, impaired nerves or any other disorder of had MRI, CT scan etc	
i. Psychiatric disorder: Mental illness including, anxiety, depression, schizophrenia, stress, Nervous breakdown, attempted suicide etc		j. HIV or STD: Were you or your spouse/partner tested for HIV/AIDS or any other Transmitted Disease?	
k. Blood or hormonal disorder(Thyroid etc) & others: Anemia, Bleeding or clotting disorders, Autoimmune Disorder, SLE, Lupus, thyroid disorder, goiter, pituitary hormones disorder etc		l. Current/ past general condition Do you have any medical symptoms, test results or procedure not asked about which you were/are under treatment, observation or being Hospitalized for more than 5 days or were absent from work continuously for more than 5 days, (excluding, on cold, common fever) or are you currently under any medication?	
a. Questions For Female Lives			
1) Are you currently pregnant?		If YES, kindly state expected delivery date	
2) Have you ever consulted a doctor because of an irregularity at the breast, vagina, uterus, ovary, fallopian tubes, menstruation, complications during pregnancy or child delivery or undergone any gynecological investigations for illness, internal checkups, breast checks such as smear Test, mammogram or biopsy etc			

If any of the above questions is ticked "Yes" (1 -2) then provide details in the below table. Also provide all related reports

Name of the disease/ disability/ deformity/ procedure	Date of Diagnosis Since when DD/MM/YYYY	Currently under treatment / Recovered	Date of hospitalisation/surgery done or if planned
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1-DIABETES 2-BLOOD PRESSURE	Dec-2020 MAY-2018	UNDER TREATMENT	NA
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3. Are any of your family members (include parents, brothers, sisters, spouse and children) suffering from/have suffered from/have died of heart disease, high blood pressure, diabetes, stroke, cancer, kidney disease or any other hereditary/familial disorder, before 55 years of age? If yes, please share details in the table below			
Relation	Alive(Yes/ No)	Current Age/Age at Death	Specify Nature of disorder
FATHER	NO	68	HEART ATTACK

4. Do you currently or have you in the past Smoked, Consumed Tobacco, Alcohol, any Narcotic or have ever been treated for complications arising due to them?				YES	
			If currently pursuing habit	If Q uitted	
Habit	Type	Quantity	Consuming since how long? (Number of Years)	Since how long? (Number of Years)	Consumed how long? (Number of Years)
Smoking	CIGARETTE	2/DAY	15 YEARS		
Tobacco Chewing					
Alcohol	BEER	250 ML/DAY	20 YEARS		
Narcotic					

5. Do you take part in or do you have any intention of taking part in any hazardous sports, hobbies, activities or pursuits (e.g. mountaineering, diving, racing or aviation other than as a fare paying passenger) that could be dangerous in any way?	NO	If Yes, please give details	
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SECTION 'C-2b' Additional Questions For Female Lives			
1. Husband's Annual Income(Rs)			
2. Husband's Insurance Details			
Name of Insurance Co.	Yearly Premium(Rs)	Sum Assured(Rs)	Policy status

SECTION 'D' CHANNEL DETAILS(For office use - to be filled by Sales Representative)			
Channel Name			
Is this Proposal sourced through Distance Marketing?		If Yes, please state the Distance Marketing Mode	
IA Code		IA Name	
Bank/Broker/CA/IMF Code		Bank/Broker/CA/IMF Name	
Worksite Code			

Sourcing Branch Code		Sourcing Branch Name	
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For Institutional Alliances / Corporate Agency(SBG) only

Code 1		Code 2		Code 3	
Code 4		Code 5		Code 6	

SECTION 'E-2' PREMIUM & BANK DETAILS

E-2 a. PREMIUM PAYMENT

GSTIN of policyholder	
Is deposit for premium under this proposal paid by you If answer is No, please provide required information in the Proposal Form	
Source of premium funding	

Please note that SBI Life branches and its sales team are not authorised to collect cash from its customers

E-2 b. RENEWAL PREMIUM PAYMENT	
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[^]Please fill the Auto Debit Mandate available at the end of the form for seamless payment of Renewal premium.

E-2 c. BANK ACCOUNT DETAILS OF PROPOSER/LIFE ASSURED			
Account Number	54220122035469	Account Type	SAVINGS
Bank Name	HDFC BANK	Bank Branch Name	POWAI, MUMBAI
Name of Account Holder	JITENDRA KAPADIA.		
IFS Code			
Please submit any one of the below listed documents for direct credit of any refunds / payouts if any, to this account.			
I declare that the information given above is true and correct. I hereby authorize SBI Life to directly credit any payment/refund, if any, to the above mentioned account.			
Note: Please ensure that the Bank details provided are correct and complete. Please note that SBI Life shall not be responsible if any payments to the Bank account number provided by you fail on the ground that the bank details provided are incorrect.			
This document is eSigned by Mr			

SECTION 'F-2' Declarations by the Proposer /Life Assured /HUF Karta :

- I hereby declare that I have answered the questions in the Proposal Form after having fully understood the nature of the questions and importance of disclosing all correct information. I further declare that the statements, answers and/or particulars given by me are true and complete in all respects to

the best of my knowledge and I have not concealed any material information which may affect the decision of SBI Life Insurance Company Ltd. (the Company) to assess the risk. I understand that the information provided by me will form the basis of the insurance policy. All documents submitted by me along with this Proposal Form are authentic, valid, and I declare that relevant true copies of originals for the purpose of this Proposal Form have been submitted.

- I understand and agree that the statements in this proposal constitute warranties. If there is any mis-statement or suppression of material information or if any untrue statements are contained therein or in case of fraud, the said contract shall be treated as void subject to the provisions of section 45 of the Insurance Act, 1938, as amended from time to time.
- I declare that I have received and fully understood the Product Brochure and Benefit Illustration of the plan of insurance under which I have applied for a Policy on the Life to be Assured. Further, I accept that the investment rates assumed under the Benefit Illustration are not guaranteed and the actual benefits under the policy will vary from those shown in the Benefit Illustration.
- I agree that after the date of submission of this proposal but before the acceptance of risk or issue of the policy document by the Company (i) if there are any adverse circumstances connected with my occupation, financial condition, health condition, or (ii) if a proposal for assurance on my life or on the life to be assured made to any other insurance company has been withdrawn or dropped or accepted at an increased premium or on terms other than as proposed by me, I shall forthwith intimate the same to the Company, in writing to reconsider the terms of acceptance of this proposal. Any omission on my part to do so shall render the contract of assurance invalid. The Company reserves the right to accept, decline or offer alternate terms on my/our proposal for Life/Health Insurance.
- I understand and agree that, the PROPOSAL WILL NOT BE CONSIDERED UNTIL THE FULL PREMIUM INCLUDING TAXES, IS PAID BY ME.
- I understand and agree that The risk cover under this proposal shall commence only after the risk under the Proposal Form is accepted by the Company and such acceptance is communicated to me in writing by the Company. I agree that the amount held in proposal/policy deposit shall not earn any interest except as may be provided in the relevant regulations.
- I hereby confirm that all premiums will be paid from my bonafide sources and in accordance with the provisions of the Prevention of Money Laundering Act 2002 (as amended from time to time) or any other applicable laws.
- I also understand that I am liable to pay all the Applicable Taxes and/or any other statutory levy/duty/ surcharge, at the rate notified by the State Government or Central Government of India from time to time, as per the applicable tax laws on premium and/or other charges (if any) as per the product features.
- I hereby voluntarily give my consent to collect, process, receive, possess, store, deal or handle my/our sensitive personal data or information [as defined in the Information Technology (Reasonable security practices and procedures and sensitive personal data or information) Rules 2011 as amended from time to time], and share Data with third parties/ vendors associated with the Company for various purposes and outsourced activities exclusively related to issuance/servicing/settlement of claim as required under the Policy.
- I agree and authorize (i) my past and present employers / business associates, any doctor/medical examiner / hospital / laboratory / clinic / insurance company (notwithstanding any usage or custom or rules/ regulations of such hospital or laboratory or clinic) to disclose and furnish such documents regarding my employment/business, my health and habits or health and habits of the Life to be Assured (without taking the prior consent of my family or of any member thereof) to the Company as it may require either for the purpose of processing my proposal for insurance or at any time thereafter for any other purpose in relation to the Policy that may be issued in pursuance of this proposal for insurance (ii) the Company may, without any reference to me or my family or any member thereof, furnish any details/ information furnished in this Proposal Form to any judicial or statutory or other authority or to any insurer or reinsurer in connection with the processing of this proposal for insurance or for the purpose of servicing and settlement of claims of resultant policy.
- I hereby authorize the Company to assess the health status and conduct screening / confirmation / telephonic verification/reconfirmation of the life/lives to be assured including the health status through medical examinations which may include Laboratory tests, Cardiology, Radiological investigations and other medical tests including blood tests to detect bacterial/viral/fungal infections if required by the Company. I hereby give my consent to undergo HIV1/2 test. I am aware that this test is only for screening purpose and not confirmatory for HIV/AIDS.
- I understand and agree that the insurance contract will be governed by the provisions of the Insurance Act 1938, Information Technology Act 2000, and the Indian Contract Act, 1872, as amended from time to time, and all other applicable statutes and prevailing laws in India as amended from time to time. • I hereby authorize the Company to provide/receive my details to/from banks, financial institutions, credit bureaus, insurance repository, third party service providers that the Company may have tie-ups with and insurance intermediary for this proposal/resulting policy for verification of the details of this proposal and for servicing my policies or settlement of claims.
- I / We hereby authorise the Bank or financial institution to provide copy of my/ our KYC documents available with them to the Company.
- I hereby authorize SBI Life to consider details furnished in the proposal number specified above and in this declaration for the purpose of Central KYC Registry and to provide my details to CERSAI in the prescribed format. I hereby consent to receiving information from Central KYC Registry through sms/ email on the above registered number/email address.
- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes in KYC related data therein, immediately. In case any of the information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- This consent shall hold good even if I register my number with the National Customer Preference Register (NCPR). I agree that the information pertaining to my proposal or policy will be sent to the mobile number given in the proposal form or to the number subsequently changed by me.

- Notwithstanding the provision of any law, usage, custom or convention for the time being in force prohibiting any doctor, hospital and/or employer from divulging any knowledge or information about me concerning my health, employment on the grounds of secrecy, I, my heirs, executors, administrator or any other person or persons having interest of any kind whatsoever in the life insurance cover provided to me, hereby agree that such authority, having such knowledge or information, shall be at any time at liberty to divulge any such knowledge or information to the Company.
- I am aware that SBI Life-Smart Wealth Builder is a Limited premium policy and I am aware that I would need to pay premium for 7 years (Premium Payment Term) and have selected the product & the options applicable/available for me.
- I agree that by submitting this application, I will be bound by all the statements/disclosures of material facts made through the electronic process in the same manner and to the same extent, as if I have signed and submitted the written proposal for insurance to the Company. I accept and agree to affix my signature (in electronic mode/tablet/mobile) here.
- I agree to the above declaration.

Signature of the Proposer This document is eSigned by Mr.	Kapadia	
Witness by	(IA code- Name of IA- Authenticated by Id & Password)	
Place : MUMBAI	Date : 01-01-2022	

Prohibition of Rebates : Section 41 of the Insurance Act, 1938, as amended from time to time, states

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out 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 of the insurer.

Non-Disclosure : Extract of Section 45, as amended from time to time, 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 the policy. A policy of life insurance may be called in question at anytime within three years from the date of the policy, on the ground of fraud or on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued. 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.
- No insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement or suppression are within the knowledge of the insurer.

In case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.

c). In case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the grounds of fraud, the premiums collected on the policy till the date of repudiation shall be paid.

d). 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 are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

For complete details of the section and the definition of 'date of policy', please refer Section 45 of the Insurance Act 1938, as amended from time to time.

Place		Date	
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Section 41 and 45 have to be verified at your end from the Insurance Act, 1938, as amended from time to time.