

  
1100131015961

# PROPOSAL FORM/ELECTRONIC PROPOSAL FORM FOR SINGLE/Joint LIFE



## Linked and Non Linked Individual Life Full Underwriting Plans

For Office use only

Consultant Name & Code: VIDHI SHAH 00865253

License No:	License Expiry Dt:	Bancassurance Code: SP Code: 00865253
Company Lead:	Lead Reference No: 1-220618682791	Channel Partner Cust Id:
IA / CAO Emp No:	IA / CAO Name:	Branch Code: YY00
Channel Code: BRCH	FOS Code: 00000000	Telecode: 00000000

ALL UNIT LINKED POLICIES ARE DIFFERENT FROM TRADITIONAL INSURANCE POLICIES AND ARE SUBJECT TO DIFFERENT RISK FACTORS. IN UNIT LINKED POLICY THE INVESTMENT RISK IN YOUR CHOSEN INVESTMENT PORTFOLIO IS BORNE BY YOU. UNIT LINKED POLICIES DO NOT OFFER ANY LIQUIDITY DURING THE FIRST FIVE YEARS OF THE CONTRACT. YOU WILL NOT BE ABLE TO SURRENDER OR WITHDRAW THE MONIES INVESTED IN UNIT LINKED INSURANCE POLICIES COMPLETELY OR PARTIALLY TILL THE END OF THE FIFTH YEAR.

Photograph of life to be assured\*  
to be signed across by the life to be assured  
\* Not mandatory if life to be assured is different from the Proposer except if life to be assured is minor

1) The entire form is to be filled in black ink only by the policyholder. Use CAPITAL letters for information required in boxes with a space between words. 2) Any cancellation / alteration is to be signed by the proposed policyholder or life to be assured as appropriate. 3) All information provided here shall be relied on and should be accurate, complete and true in all respects for processing the proposal quickly. In case you have any doubt whether the particular information is material or not, please disclose the information. 4) Please attach an extra sheet, wherever additional information is to be given.

### Proposer (Primary Life to be Assured)/ Policy Owner Details (Proposer in case of Click 2 Wealth for Premium Waiver Option)

1. Full Name:(Leave a blank space between First, Middle & Last Name) Mr. RAJESH KANNAN

2. Maiden Name:(for married woman only)

3. Date of Birth (DD/MM/YYYY): 12/07/1989

4. Gender(M/F/Tg): Male

5. Marital Status: Married

6. Nationality: Indian

7. Education: H S C

8. Resident status: Resident Indian

If you are NRI/PIO/OCI, Please attach appropriate Questionnaire.

Country of Residence:

If NRI/PIO/OCI

Country of Workplace:

If NRI/PIO/OCI

Permanent Country:

9. Do you have an existing HDFC Life policy: No

If Yes, please provide Policy NO:

Annualised Premium:

10. Does your spouse have an existing HDFC Life policy: No

If Yes, please provide Product Name:

11. Are You an employee of HDFC Group or Spouse/child of HDFC Group employee: No

If Yes, please provide Employee ID:

Relationship with HDFC Group Employee(if applicable)

12. Are you an employee of HDFC Life or Spouse of HDFC Life employee: No

If Yes, please provide Employee ID:

13. Correspondence Address: ROOM NO.52,, SANJAY NAGAR,, POISAR GYMKHANA ROAD, NEAR RAGHULEELA MALL, POISAR, KANDIVALI WEST, Mumbai, Maharashtra-400067 India

14. Permanent Address (If different from correspondence address)/ Overseas residential address for NRI / PIO / OCI : ROOM NO.52,, SANJAY NAGAR,, POISAR GYMKHANA ROAD, NEAR RAGHULEELA MALL, POISAR, KANDIVALI WEST, Mumbai, Maharashtra-400067 India

15. Mobile: 919892726463

Telephone No(R):

Telephone No(O):

E - mail ID: RAJESHKHANNA915@gmail.com

Email ID if provided, will be considered as preferred mode of communication

16. Preferred language of communication: English

17. Present Occupation: Self employed/ Business

Gross Yearly Income (INR): 7,10,000

Workplace Name and Address: Om Sai Travels, HUB Mumbai, HUB Mumbai,

^ if Retired, please provide name of last organisation

Industry Type (cement, baking, etc.): Travel And Tour

Exact Nature of work (clerical, mechanical, supervisory job, etc.):

Nature of Occupation (architect, etc.): Proprietor

18. Income Proof (proposer): Identity Proof (Proposer):

Address Proof (Proposer): Age Proof (Life Assured):

PAN\* (Proposer): CVCPK1482P

19. PAN Photocopy enclosed :(\*Submit Form 60 if PAN is not available)

20. ABHA(Proposer)							
21. ABHA(Life Assured)							
22. I wish to receive my policy document through email/WhatsApp/sms bitly or any other official electronic medium of HDFC Life.	Yes						
23. I wish to receive my policy in Dematerialised Form through a new e-Insurance Account (e-IA) OR I have an e-Insurance Account (e-IA) and my e-IA number is and wish to receive the policy document in Dematerialised Form in the same account.	No						
A copy of the physical policy document can be requested through our corporate WhatsApp number <8291890569> from your registered mobile number.							
24. Is the Policy holder same	Yes						
as Life Assured							
Relationship with Life to							
be Assured							
25. Are you taking the policy	No						
to primarily protect the disabled person?							
26. Are you a "Politically Exposed Person"?	No						
Definition of a Politically Exposed Person: Politically exposed persons are individuals who are or have been entrusted with prominent public functions in a foreign country, their family members and close relatives; for 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, etc.							
27. Have you ever been or currently being investigated, charge sheeted, prosecuted or convicted or acquitted or having pending charges in respect of any criminal/civil offences in any court of law in India or abroad? No							
28. Sources of Funds: If Premium & Single Premium Top-ups, if any is equal to or more than INR 1 lakh, please enclose proof of income e.g. ITR							
Salaries	Business	House Property	Capital Gains	Investments	Agriculture	Others	Total
100%							100%

#### **Details of Secondary Life to be Assured (Life Assured in case of Click 2 Wealth for Premium Waiver Option)**

1. Full Name: (Leave a blank space between First, Middle & Last Name)	<b>Mr. RAJESH KANNAN</b>						
2. Maiden Name:(for married woman only)							
3. Father/Husband Name:	<b>SUBRAMANI</b>						
4. Mother's Maiden Name:							
5. Relationship with Primary Life Assured:							
6. Date of Birth (DD/MM/YYYY) :	<b>12/07/1989</b>						
7. Gender(M/F/Tg):	<b>Male</b>						
8. Marital Status:	<b>Married</b>						
9. Nationality:	<b>Indian</b>						
10. Education:	<b>H S C</b>						
11. Resident status:	<b>Resident Indian</b>						
If you are NRI/PIO/OCI, Please attach appropriate Questionnaire.							
Country of Residence:							
If NRI/PIO/OCI							
Country of Workplace:							
If NRI/PIO/OCI							
Permanent Country:							
12. Mobile:	<b>919892726463</b>						
Telephone No(R):							
Telephone No(O):							
E - mail ID:	<b>RAJESHKHANNA915@gmail.com</b>						
Email ID if provided, will be considered as preferred mode of communication							
Preferred language of communication:							
13. Present Occupation:	<b>Self employed/ Business</b>						
14. ABHA:							
15. Gross Yearly Income (INR):	<b>7,10,000</b>						
16. Workplace Name and Address:	<b>Om Sai Travels, HUB Mumbai, HUB Mumbai,</b>						
^ please provide name of last organisation							
17. Industry Type (cement, baking, etc.):	<b>Travel And Tour</b>						
18. Exact Nature of work (clerical, mechanical, supervisory job, etc.):							
19. Nature of Occupation (architect, etc.):	<b>Proprietor</b>						
20. Income Proof :	Identity Proof :						
Address Proof :	Age Proof (Life Assured):						
PAN* :							
21. PAN Photocopy enclosed :(*Submit Form 60 if PAN is not available)							
22. Have you ever been or currently being investigated, charge sheeted, prosecuted or convicted or acquitted or having pending charges in respect of any criminal/civil offences in any court of law in India or abroad? No							
23. If Life to Assured is a student/housewife, please provide insurance details regarding parents/husband/siblings.							
(Please attach a separate sheet for multiple policies if required.)							
Total Sum Assured of all inforce life insurance policies	Policy No. and Name of Company	Husband's / Parent's Occupation / Income					

#### **Personal Details of Life to be Assured (Primary) (Proposer in case of Click 2 Wealth for Premium Waiver Option)**

1	Please provide details, if any, regarding your occupation or business, which may render you susceptible to injury or illness. (e.g. exposure to chemical substances/hazardous materials/harmful dust or gases/ explosives/ working at heights/ handling heavy machinery etc.)		<b>None of these</b>
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2	Do you have any existing insurance cover of premium paying and/ or paid-up policies?	N	
3	Have you submitted any simultaneous applications for life insurance to another life insurance company, which is still pending or are you likely to revive lapsed policies.	Neither of these	
4	Employer Name	N	
5	Has any application for insurance on your life been postponed?	N	
6	Has any application for insurance on your life been accepted with extra premium?	N	
7	Has any application for insurance on your life been accepted on other special terms?	N	
8	Has any application for insurance on your life been declined?	N	
9	Has any application for insurance on your life been withdrawn by you?	N	
10	Have you resided overseas for more than six months continuously during the last five years?	N	
11	Do you intend to reside overseas in the next six month	N	
12	Do you take part in any hobbies/ activities that could be considered dangerous in any way? E.g. aviation (other than as a fare-paying passenger), mountaineering, deep sea diving or any form of racing.	N	
13	Have you ever suffered from: Diabetes/ high blood sugar/ sugar in urine,High blood pressure/ hypertension,Heart disease,Stroke	N	
14	Have you ever suffered from:Respiratory disorders,Arthritis,Back problems,Tuberculosis,Any recurrent medical condition, disability. (Including eye/ ear disorder)	N	
15	Have you ever suffered from: Liver disorder,Kidney disorder,Disorder of the digestive system,Abnormality of thyroid,Blood disorder?	N	
16	Have you ever suffered from: Epilepsy, Any nervous disorder or mental condition, Paralysis or multiple sclerosis, Depression or psychiatric disorder,Cancer or a tumor.	N	
17	Do you have any physical disability which is affecting your day to day activities?	N	
18	Are you currently suffering from any illness, impairment or taking any medication or pills or drugs?	N	
19	Have you ever been tested positive for HIV/ AIDS or Hepatitis B or C, or have you been tested/ treated for other sexually transmitted disease or are you awaiting the results of such a test?	N	
20	Do you have/ had any recurrent medical condition or physical disability or illness or injury that has kept you from working for more than one week in last 5 years?	N	
21	During last 5 years have you undergone or been recommended to undergo hospitalisation?	N	
22	During last 5 years have you undergone or been recommended to undergo operation?	N	
23	During last 5 years have you undergone or been recommended to undergo X-ray any other investigation (excluding check-ups for employment/ insurance/ foreign visit)?	N	
24	State the name, address, and telephone number of your usual doctor who attends you in the event of illness, or if you have been consulting with this doctor for less than three months, the name and contact details of your previous doctor.	NA	
25	We may require you to undergo medical examinations/tests. Some of the medical tests may require you to observe fasting. Please indicate your preference of location, near which the medical tests can be conducted.	Residence	
26	What is your height?	5ft 5ins = 165cms	
27	What is your weight (in kg)?	65	
28	Do you consume alcohol?	N	
29	Do you use tobacco products?	N	
30	Are you currently consuming or have you ever consumed narcotics or any such other substance whether prescribed or not?	N	
31	Are any of your family members suffering from / have suffered from / have died of Heart Disease or High Blood Pressure or Stroke or Diabetes or Kidney disease or Cancer or HIV/AIDS?	N	
32	Have you ever suffered or been diagnosed or been treated for Dengue or Swine Flu or Encephalitis ?	N	
			Signature/Thumb impression of proposer/ primary/ secondary life assured/Policyholder. Signature should match with signature on ECS/SI mandate

#### Previous Policy Details

1. Have you submitted any simultaneous applications for life insurance at any of our offices or to another life insurance company, which is still pending OR are you likely to revive lapsed policies? **No**

Name of the company/ies	Sum Assured payable on death (INR)	Types of products	Purpose of cover	Proposed	To be revived

2. Please provide the details of any existing insurance cover of premium paying and/or paid up policies accepted at standard rate excluding group term insurance plan taken by your employer. (Also provide the details of any such proposals on your life / application for reinstatement ever accepted with extra premium, accepted on other special terms, postponed, declined or withdrawn by self) **No**

Policy / Proposal No.	Company Name	Year of Issue / Application	Basic Sum Assured (INR)	Annual Premium (INR)	Base Plan / Rider Decision	Medical Policy	Inforce / Lapsed*

\* Mention Year of Lapse / Revival applied for

3. Name of your family doctor: **NA**

Address:

Contact No:

#### Nominee Details (To be filled only if Proposer and Life to be assured are same)

Nominee	Full Name	Date of Birth(DD/MM/YYYY)	Gender(M/F/Tg)	Relationship with Life to be Assured	Contact No	% Share
1	Mrs. VAISHNAVI TAMILRASAN DRAVIDER	29/04/1997	Female	Wife		100

#### Details of Products Applied For

- Objective of Insurance: **Protection**
- Frequency:(for regular / limited premium paying plan) **Annual**
- Premium Payment Option: **Limited Pay**
- Top-up Option: **No** \_\_\_\_\_ Top up % (available only under Click 2 Protect 3D Plus )

5a. Product Details:

Product Name	Cover type (Self/PPH/HUF/ MWPA/ Business)	Plan Option	Policy Term(in years)	Premium Payment Term(in years)	Sum Assured(in INR)	Extra -Life Sum Assured(in INR)	Modal Premium (in INR)
HDFC Life Click 2 Protect Supreme		Life	49	10	1,00,00,000		66,876
6a. For YoungStar Udaan, Classic Waiver Plan Option:							
6b. For YoungStar Super Premium, also choose Benefit Option:							
6c. For Sampoorn Nivesh, also choose Benefit Option :							
6d. For Classic One, choose Coverage Variant :							
6e. For Click 2 Wealth, choose plan option :							
6f. For Sanchay Plus,choose Income Payout Mode :							
6g. For Sanchay Par Advantage, choose survival benefit payout option :							
6h. For Sanchay Par Advantage, also choose survival benefit payout frequency :							
6i. For Sanchay Par Advantage, also choose survival benefit payout date :							
6j. For Click 2 Protect Life, choose add on option :		Return of Premium:		WoP CI:			Accidental Death Benefit:
6k. For Click 2 Protect Super, choose option(s) :		i)Return of Premium:  ii)WoP CI:  iii)WoP TPD:  iv)Spouse Cover: If opted, please provide:		Spouse Name: Spouse Sum Assured: Spouse Date of Birth:			
		v)Death Benefit as an Instalment Option:	If opted, choose	Instalment Period:  Instalment Frequency: Percentage of Death Benefit to be Received as Instalment:			
				vi)Life Stage Option:  vii)Parent Secure Option If opted, choose			
					Instalment Frequency		
6l. For Click 2 Protect Super-Life Option choose Variant opted :							
6m. For Click 2 Protect Super-Life Plus Option choose		Sum Assured					
6n. For Click 2 Protect Super-Life Goal Option, choose:		Level Cover Period:					
6o. For Click 2 Protect Supreme, choose option(s) :		Amortization Factor:  i)Return of Premium: <b>No</b>					
		ii)WoP CI: <b>No</b>					
		iii)WoP TPD: <b>No</b>					
		iv)Spouse Cover: If opted, please provide:		Spouse Name: Spouse Sum Assured: Spouse Date of Birth:			
		v)Death Benefit as an Instalment Option:	If opted, choose	Instalment Period:  Instalment Frequency: Percentage of Death Benefit to be Received as Instalment:			
				vi)Life Stage Option: <b>No</b>			
				vii)Parent Secure Option If opted, choose			
					Instalment Frequency		
		viii)Parent Protect Care Option	If opted, choose			Instalment Frequency	
						Percentage of Death Benefit to be Received as Instalment:	
						Percentage of Death Benefit to be Received as lump sum:	
6p. For Click 2 Protect Supreme-Life Option choose Variant opted :		<b>Option A: Equal to 100% throughout the policy term</b>					
6q. For Click 2 Protect		Sum Assured	<b>1,00,00,000</b>				

Supreme-Life Plus Option choose								
6r. For Click 2 Protect      Level Cover Period:								
Supreme-Life Goal Option, choose:								
Amortization Factor:								
6s. For Smart Protect Plan, choose plan option:								
6t. For Smart Protect Plan, Decreasing Cover and Decreasing with Capital Guarantee Plan option choose:	Level Cover Period							
6u. For Sanchay Legacy, choose plan option	Life	ROP						
6v. For Sanchay Legacy, choose option	Death Benefit as an Instalment option	If opted, choose	Instalment Period					
			Instalment Frequency					
			Percentage of Death benefit to be received as instalment					
6w. For Click 2 Achieve - Choose Plan Option	Smart Student	Dream Achiever						
6x. For Click 2 Protect Ultimate, choose option	i)Return of Premium							
	ii)Death Benefit as an Instalment option	If opted, choose	Instalment Period					
			Instalment Frequency					
			Percentage of Death benefit to be received as instalment					
6y. For Guaranteed Income Insurance Plan, choose	Income Term	Deferment Term						
6z. For Click 2 Protect Elite Plus, choose option	Income Benefit Payout Timing							
7. Rider Details: (with additional premium)	Product Name	Rider Name	Coverage Type	Rider Option	Rider Policy Term(in years)	Rider Premium Pay Term(in years)	Rider Sum Assured(in INR)	Modal Premium (in INR)

8. Top-up Premium  
(INR):                          Top-up Sum Assured  
(INR):                                  Total Premium (INR): **66,876**

9. Commencement  
date\*:                                  Backdation Charges  
(INR) (if any):

(^only for non linked plan - Has to be within  
the same financial year)

10.I wish to opt for Systematic Transfer Plan (STP)                          No

Source Fund	Target Fund	Amount	Transfer Date

In case the Transfer Date is not selected, it will be consider  
as 1st of the Month.  
In order to activate/continue STP, Policyholder has to ensure  
that sufficient premiums are allocated in Source Fund.

11. For unit linked plans, kindly indicate % of allocation in below mentioned funds as applicable (please check the fund for the product applied)

Income Fund	Balanced Fund	Blue chip Fund	Opportunities Fund	Equity Plus Fund	Diversified Equity Fund	Bond Fund	Conservative Fund	Liquid Fund	Discovery Fund	Equity Advantage Fund	Bond Plus Fund	Secure Advantage Fund	Sustainable Equity Fund	Total
%	%	%	%	%	%	%	%	%	%	%	%	%	%	100%

#### Details of First Premium Deposit.

Payor Details:                          Self

Payment Details:                          Amount in (INR): **66,876**

Drawn on (Bank name & branch): \_\_\_\_\_

Cheque / DD No. \_\_\_\_\_ Date: \_\_\_\_\_

Bank A/c No. \_\_\_\_\_

#### Payout Mode(Choose any one)

Selected mode would be used by the company to make payout(s) to the Proposer. Payout would be in accordance and subject to the terms and conditions of the policy.

1 Account Type:                          Savings                                  2 Bank Name: HDFC BANK LTD

3 Account Number:                          50200032747950                                  4 Bank Branch: HDFC BANK LTD SAI BABA NAGAR BORIVALI MUMBAI

5 IFSC Code:                                  HDFC0000538

**Declaration:** 1. 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 HDFC Life Insurance Co. Ltd responsible. 2. In case of NRI/NRE account, cheque will be issued.

Note: Please provide a cancelled copy of your cheque.

Signature of Proposer

#### Declaration of the Life(s) to be Assured and Proposer / Policy Owner

I/We declare that:

i.I/We have replied to the questions, and have made the statements in respect of the matters sought for, in the proposal Form/Electronic proposal form ("Proposal Form") and I understand and agree that the replies given and statements/declarations made in the Proposal Form together with any documents submitted by me/us for processing my/our application for insurance shall be the basis of the contract between me/us and HDFC Life Insurance Company Limited ("the Company"). All documents submitted by me/us along with this Proposal Form are authentic, valid, and where relevant true copies of originals for the purpose of this Proposal Form have been submitted and I/ we have not withheld any material

fact within my/ our knowledge. ii. I/We understand and agree that in case of misstatement or suppression of material facts the policy contract shall be treated in accordance with the Sec 45 of Insurance Act,1938 as amended from time to time. iii.I/We shall be bound to notify the Company forthwith, in writing, of any change in my/our health, occupation or income between the date of this Proposal Form and the date of acceptance of my/our proposal for insurance, as communicated in writing to me/us by the Company. iv. I/We have deposited the first premium along with this Proposal Form, and the premiums payable under the Policy that may be issued in pursuance of this proposal for insurance, will be paid, strictly in accordance with the law of the land. Amounts paid, otherwise than from my account shall be paid only if i/we can establish an insurable interest. v. All/any amounts paid/payable towards the policy will be out of legally declared and assessed sources. Further,all the premiums will be paid in accordance with Prevention of Money Laundering Act 2002 (as amended from time to time) or any other applicable laws.vi. I/we will provide information as required by the Company, on its own or under any lawful instruction/ order, regarding sources of funds/utilization/ withdrawals.

I/We agree and understand:

i.That the Company will be on risk in pursuance of this proposal for insurance only after the risk under the Proposal Form is accepted by the Company and such acceptance is communicated to me/us in writing by the Company. ii.That the Company has the right either to accept or reject my/ our proposal and I undertake that there shall be no costs, claims, charges being raised by me/ us against the Company thereof. iii. That the Company shall be entitled to retain the premium paid along with the Proposal Form as an interest free initial deposit to be adjusted against premium payable upon issuance of the Policy. In the event the proposal for insurance is not accepted by the Company the aforesaid deposit shall be refunded without any interest subject to deductions for medical costs, if any. iv. That the premium payable as well as the sum assured (main as well as additional benefits) may vary upon assessment of risk by the Company. v.That the Company may seek information from any of my/ our past or present employers/ business associates or from a doctor/medical examiner / hospital / laboratory / clinic who at any time have attended to me/ us concerning anything which affects my/ our physical or mental health or may seek information from any insurance office to which an application has been made for insurance on my/ our life. I/ We hereby authorize such parties to furnish information as required by the Company and also to furnish any documents regarding my/ our employment/business, my/ our health and habits/ or health and habits of the Life to be Assured (without taking the prior consent of my/ our family or of any member thereof) as it may require either for the purpose of processing my/ our 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 vi.In the event of I/we being medically examined, the answers given by me/ us to the medical examiner acting on behalf of the Company shall be deemed to be incorporated in this proposal for insurance.vii. That the Company may, without any reference to me/us 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 servicing of this policy. viii. That the Company may contact/ communicate with me/us through postal or courier service, email, telephone, mobile, sms or VoIP including Whats App. ix. I hereby declare and agree that the above disclosures along with the Statements and the declarations made under the proposal made by me as Proposer and on behalf of the other/secondary life assured in case of joint life proposals will be the basis of the contract of assurance between us and HDFC Life. If any statement is found to be untrue or inaccurate or if any fact that might influence the terms of acceptance of this proposal is not disclosed by me in my capacity as Proposer and on behalf of the other/ secondary life assured in case of joint life proposals, the contract shall be treated in accordance with the Sec 45 of Insurance Act,1938 as amended from time to time.x. That I/We have voluntarily given my/our 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], with third parties/ vendors associated with the Company for various purposes and outsourced activities related to issuance/servicing/settlement of claim as required under the Policy.

#### Additional Declaration (Applicable for Health Rider / Product):

i. I/We hereby declare, on my/our behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me/us are true and complete in all respects to the best of my/ our knowledge and that I/ We am/are authorised to propose on behalf of these other persons. ii. I/We understand that the information provided by me / us will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.iii. I/We further declare that I / We will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company. iv. I/We declare that I/We consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured / proposer has been made for the purpose of underwriting the proposal and/or claim settlement. v. I/We authorize the company to share information pertaining to my/our proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.

Signature/Thumb impression of proposer/ primary/ secondary life assured/Policyholder. Signature should match with signature on ECS/SI mandate

Date: Place:

Mobile:

**PLEASE DO NOT SIGN ON THE BLANK PROPOSAL FORM**

#### Declaration of good health for spouse

**Name:** **DOB:** **Amount of Insurance:**

Within the past 5 years from the date of signing this proposal form, I have neither been hospitalized for, required medication or treatment for, nor consulted a physician (to include a follow-up visit) due to, or as a result of, any of the following: alcohol or drug abuse, heart or circulatory disorder, stroke, cancer or leukemia, diabetes, high blood pressure, chronic kidney or liver disease, mental, nervous or neurological disorders, lung disorders, AIDS (acquired immune deficiency syndrome), ARC (AIDS related complex), or had tests indicating exposure to the AIDS virus.

Yes  No Date: \_\_\_\_\_

**Signature of the spouse**

#### Declaration (If signed in Vernacular language / Thumb impression has been affixed above)

Declaration to be made by a 3rd person where: The life(s) to be assured/proposed policyholder has/have affixed his/her thumb impression; OR the life(s) to be assured/proposed policyholder has signed in vernacular; OR the life to be assured/proposed policyholder has not filled the application OR/AND The spouse of the life to be assured/proposed policyholder has affixed his/her thumb impression or signed in vernacular the Declaration of Good Health applicable under Elite Option of Smart Woman Plan.

I hereby declare that I have explained the contents of this application form to the life(s) to be assured / proposed policyholder in \_\_\_\_\_ language and have truthfully recorded the answers provided to me. I further declare that the life(s) to be assured/proposed policyholder has signed/affixed his/ her thumb impression in my presence.

Name and address of Declarant

**Signature of Declarant**

Occupation of the Declarant

**Signature of Witness**

Name and address of Witness

Occupation of the Witness

#### Declaration made by life to be assured/proposed policyholder

I/We certify that the contents of the form have been fully explained to me by Mr. / Mrs.:\_\_\_\_\_

Signature/Thumb impression of proposer/ primary/ secondary life assured/Policyholder. Signature should match with signature on ECS/SI mandate

**Name, Designation & Occupation**

#### Sections of the Insurance Act 1938 as amended from time to time

**Section 41 - Prohibition of rebates:** 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.

**Section 45 -** 1.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, 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. 2. 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. 3.Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the misstatement of 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 of or suppression of a material fact are within the knowledge of the insurer: Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive. 4.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 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: 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 to repudiate the policy of life insurance is based: Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation. 5. 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.