

SBI Life Insurance Co. Ltd

Registered & Corporate Office: 'Natraj', M.V. Road and Western Express, Highway Junction, Andheri(East), Mumbai 400069. IRDAI Registration No.

111

Website: www.sbilife.co.in | Email: info@sbilife.co.in | CIN: L99999MH2000PLC129113. Toll Free: 1800 267 9090 (Between 9.00 am & 9.00 pm)

Need Analysis Summary

Dear Sir,

We thank you for providing your personal and financial information, such as : age, income, assets, liabilities, risk profile, future financial goals etc.

Personal Details			Financial Details		
Gender	DOB	Age	Monthly Income	Monthly Expenses	Outstanding Home Loan Amount
Male	14-02-1996	26	Rs. 60,000	Rs. 20,000	Rs. 0
Martial Status	No. of Minor Children		Outstanding Loan Amount (Others)	Expected Inflation Rates#	Risk Appetite
Single	0		Rs. 0	6%	Moderate

We have made the analysis below of your current circumstances and your insurance and financial needs, based on the information recorded above. The products suggested for the various needs are also presented below.

Protection		Retirement @ 60 Yrs		Insurance with Savings		
					Dream Home	Other
Total Protection Coverage Required	Rs. 1,08,00,000	Total Corpus Required	Rs. 1,95,21,991	Total Corpus Required	Rs. 0	Rs. 0
Gap in Protection Coverage*	Rs. 1,08,00,000 (100%)	Gap Remaining	Rs. 1,95,21,991 (100%)	Gap Remaining	Rs. 0 (0%)	Rs. 0 (0%)
Current Protection Coverage	Rs. 0	Monthly Investment Required*	Rs. 12,225	Monthly Investment Required*	Rs. 0	Rs. 0
		Years left to Retire	34 Years	No. of Years to realise	0 Years	0 Years
Suggested Product(s)		Suggested Product(s)		Suggested Product(s)		
SBI Life-Sampoorn Cancer Suraksha (UIN: 111N109V03) SBI Life-Smart Shield (UIN : 111N067V07) SBI Life-Saral Jeevan Bima (UIN : 111N128V01) Arogya Shield (UIN : SBIHLIP22158V012122)Health Plus Life Combi Product						

Inflation Rates are assumed & subjective in nature

*The Monthly Investment Required is the absolute amount required and does not include the Mortality Charge, Applicable Taxes & Other charges.

We request you to review the above analysis and set your priorities of the needs that you would like to address now or in the near future and take a considered decision on the suggested insurance products that you would

wish to buy from us. As per your analysis of your needs, you may also review the other insurance products offered by SBI Life.

Note: This is an illustrative projection of your future insurance and financial needs. All figures are calculated as per SBI Life's need analysis calculator and are based on the information provided by you, estimated cost of living and assumed inflation rate.

I would like to purchase the following product/s which has not been recommended to me. I have gone through the product literature and fully understand the product features, benefits, terms and conditions.

SBI Life- Smart Platina Plus (111N133V01)

I have voluntarily chosen products based on my insurance needs and financial objectives.

This document is eSigned by Proposer.

Date :8-5-2022	(IA code- IA17024194) Name of IA- PRADIP BANERJEE Authenticated by Id & Password
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For more details on the products, risk factors, terms and conditions please read sales brochure carefully before concluding a sale. Trade logo displayed above belongs to State Bank of India and is used by SBI Life under license. Registered and Corporate Office: SBI Life Insurance Company Limited, Natraj, M.V.Road & Western Express Highway Junction, Andheri(East), Mumbai-400069. IRDAI Registration. No. 111. CIN: L99999MH2000PLC129113\ Website: www.sbilife.co.in\ Email id: info@sbilife.co.in \ Toll free no - 1800 267 9090(Between 9:00 am to 9:00 pm)

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Benefit Illustration (BI) : SBI Life -Smart Platina Plus (UIN : 111N133V01)| An Individual, Non-Linked, Non-Participating, Life Insurance Savings Product

Proposal Number	OL2X00001702419408052022053109	Channel / Intermediary :	AGENT
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Introduction

The main objective of the illustration is that the client is able to appreciate the features of the product and the flow of benefits in different circumstances with some level of quantification. For further information on the product and its benefits, please refer to the sales brochure and/or policy document.

Proposer and Life Assured Details

Name of the Prospect/Policyholder	Mr. ANISH KUMAR DAS
Age (Years)	
Gender	Male
State	

Name of the Life Assured	Mr. ANISH KUMAR DAS
Age (Years)	
Gender	Male
Staff	No

This benefit illustration is intended to show year-wise premiums payable and benefits under the policy.

Policy Details

Policy Option (Income Option)	Life Income
Policy Term (Years)	31
Premium Payment Term (Years)	10
Mode / Frequency of Premium Payment	Yearly
Guaranteed Income Payout Frequency	Yearly

Amount of Installment Premium (Rs.)	50000.00
Sum Assured (Rs.)	550000
Sum Assured on Death (at inception of the policy) (Rs.)	550000
Rate of Applicable Taxes	4.5% in the 1st policy year and 2.25% from 2nd policy year onwards
Guaranteed Income (Rs.)	45905.00
Payout Period	20 years

Premium Summary

	Base Plan	Riders	Total Installment Premium
Installment Premium without Applicable Taxes (Rs.)	50000.00	Not Applicable	50000
Installment Premium with 1st Year Applicable Taxes (Rs.)	52250.00	Not Applicable	52250

Installment Premium with Applicable Taxes 2nd Year onwards (Rs.)	51125.00	Not Applicable	51125
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Please Note:

1. The premiums can also be paid by giving standing instruction to your bank or you can pay through your credit card.
2. Applicable Taxes (including surcharge/cess etc), at the rate notified by the Central Government/ State Government / Union Territories of India from time to time and as per the provisions of the prevalent tax laws will be payable on premium as per the product features.

Benefit Illustration for SBI Life - Smart Platina Plus
Amount in Rupees

Policy Year	Annualized premium	Guaranteed					Non- Guaranteed
		Guaranteed Income	Other Benefits	Maturity Benefit	Death benefit	Minimum Guaranteed Surrender Value	Special Surrender Value
1	50,000	0	0	0	550,000	0	0
2	50,000	0	0	0	550,000	30,000	41,107
3	50,000	0	0	0	550,000	52,500	66,065
4	50,000	0	0	0	550,000	100,000	93,958
5	50,000	0	0	0	550,000	125,000	124,789
6	50,000	0	0	0	550,000	150,000	158,555
7	50,000	0	0	0	550,000	175,000	195,257
8	50,000	0	0	0	550,000	208,000	234,896
9	50,000	0	0	0	565,859	238,500	277,471
10	50,000	0	0	0	604,089	275,000	322,982
11		0	0	0	644,852	285,000	352,344
12		45,905	0	0	688,391	295,000	381,706
13		45,905	0	0	685,849	254,095	398,215
14		45,905	0	0	683,123	218,190	412,887
15		45,905	0	0	680,262	182,285	425,723
16		45,905	0	0	677,157	146,380	436,723
17		45,905	0	0	673,839	105,475	445,887
18		45,905	0	0	670,350	69,570	465,141
19		45,905	0	0	666,607	33,665	481,641
20		45,905	0	0	662,582	0	495,387
21		45,905	0	0	658,303	0	506,378
22		45,905	0	0	653,719	0	514,616
23		45,905	0	0	648,844	0	529,730
24		45,905	0	0	643,622	0	541,172
25		45,905	0	0	638,104	0	548,941
26		45,905	0	0	632,162	0	561,292
27		45,905	0	0	625,831	0	569,053
28		45,905	0	0	619,024	0	579,560
29		45,905	0	0	611,815	0	584,558
30		45,905	0	0	604,149	0	590,465
31		45,905	0	550,000	595,905	0	595,905

Notes :

1. Annualized premium shall be the premium amount payable in a year chosen by the policyholder, excluding the taxes, underwriting extra premiums and loading for modal premiums, if any. Refer sales literature for explanation of terms used in this illustration.
2. All Benefit amount are derived on the assumption that the policies are 'in-force'
3. Death Benefit shown above is at the end of the policy year.
4. In life Income option, Guaranteed income would stop on death of the life assured. In Guaranteed Income Option, Guaranteed income would continue during the payout period even after the death of the life assured.

Important :

You may receive a Welcome Call from our representative to confirm your proposal details like Date of Birth, Nominee Name, Address, Email ID, Sum Assured, Premium amount, Premium Payment Term etc.

You may have to undergo Medical tests based on our underwriting requirements.

I, Mr. ANISH KUMAR DAS having received the information with respect to the above, have understood the above statement before entering into the contract.
This document is eSigned by Mr. ANISH KUMAR DAS
Place :NORTH 24 PARGANAS
Date :8-5-2022

Marketing official's Signature & Company Seal		
I, PRADIP BANERJEE have explained the premiums and benefits under the product fully to the prospect/policyholder.		
Place :NORTH 24 PARGANAS	Date :8-5-2022	(IA code- IA17024194) Name of IA- PRADIP BANERJEE Authenticated by Id & Password



Foreign Account Tax Compliance Act (FATCA)/ Common Reporting Standard(CRS)/ C-KYC Declaration Form – For Individual only (including sole proprietors)

(Please consult your professional tax advisor for further guidance on your tax residency, if required)

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Proposal No.	2XYD814012
Proposer/Accountholder Name*	Mr. ANISH KUMAR DAS

(* In case of joint name, declaration to be provided by both the proposers. An accountholder is person who is entitled to receive the cash value or change the beneficiary of the contract)

Mother's Name			SHYAMA DAS		
Spouse's Name			NA		
Residential Status			Resident Indian		
C-KYC number			NA		
Country of Birth		India	Place of Birth		KOLKATA
GSTIN					
Identification Proof	Aadhar Card	Identification No	XXXXXXXX7495	Expiry Date	NA
Address Proof			AADHAAR Card No		
In case you have selected “Service” as your occupation, please specify the nature of your Organization			Government Sector		
Are you a tax resident of any country other than India?			No		
SI No	Country/(ies) of Tax residency#		Tax Identification number(TIN)/Functional equivalent number%		Identification Type (TIN or other%,please specify)
1	NA		NA		NA
2	NA		NA		NA

#To also include United States of America(USA), where the individual is a citizen/ green card holder of USA. %In case such number is not available, Kindly provide an explanation and attach it to this form.

SI No	Residence address/(es) for Tax purposes	Address Type	Country code	Telephone/ Mobile No
1	NA	NA	NA	NA
2	NA	NA	NA	NA

Certification - Under penalty of perjury, I certify that

- I am aware that Central Board of Direct Taxes (“CBDT”) has notified Rules 114F to 114H as part of the Income-tax Rules, 1962, (read alongwith FATCA/CRS instructions given below) which require Indian financial institutions such as SBI Life to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our proposers/ accountholders.
- I understand that SBI Life is relying on information provided in this form for the purpose of determining the status of the accountholder in compliance with FATCA/CRS. SBI Life is not able to offer any tax advice on FATCA or CRS or its impact on me.
- I acknowledge my responsibility to seek advice from professional tax advisor for any tax questions. I agree to submit a new form within 30 days if any information or certification on this form changes or becomes incorrect.
- I agree that as may be required by domestic regulators/tax authorities, SBI Life may be required to report, reportable details to CBDT or other authorities/agencies or may be required to provide informations to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the policy/(ies) or any proceeds in relation thereto or even close or suspend my policy/(ies), as appropriate.
- I hereby declare that the details furnished in the proposal no. specified above and in this declaration are true and correct to the best of my knowledge and belief and I undertake to inform SBI Life of any changes there in, immediately. In case any of information furnished in the proposal no. specified above and in this declaration is found to be false or untrue or misleading or misrepresenting, I am aware that I may be liable.
- I hereby authorize SBI Life to consider details furnished in the proposal no. 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 further hereby consent to receiving information from Central KYC Registry through SMS/Email or registered mobile number/email address mentioned in the proposal no. specified above.
- I hereby authorize the Company to provide my/our details to banks, financial institutions and third party service providers that the Company may have tie-ups with, for verification of proposal details and for servicing of resulting policy/(ies).

Signature of the Proposer This document is eSigned by Mr. ANISH KUMAR DAS	
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Place :NORTH 24 PARGANAS	Date :08-05-2022
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FATCA/CRS Instructions

In case Proposer/Accountholder has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, Proposer/Accountholder to provide relevant Curing Documents as mentioned below:

FATCA/ CRS Indicia observed (ticked)	Documentation required for Cure of FATCA/ CRS indicia/n(If Proposer/Accountholder does not agree to be Specified USA person/ reportable person status)
a) United States of America (“USA”) place of birth	1. Self-certification (as stated above) that the Proposer/Accountholder is neither a citizen of USA nor a resident for tax purposes of USA; 2. Non-USA passport or any non-USA government issued document evidencing nationality or citizenship (refer list below); AND 3. Any one of the following documents: a. Certified Copy of “Certificate of Loss of Nationality or b. Reasonable explanation of why the Proposer/Accountholder does not have such a certificate

	despite renouncing USA citizenship; or Reason the Proposer/Accountholder did not obtain USA citizenship at birth
b) Residence/mailling address in a country other than India	1. Self-certification (as stated above) that the Proposer/Accountholder is neither a citizen of USA nor a resident for tax purposes of USA or any other foreign jurisdiction; AND 2. Documentary evidence (refer list below)
c) Telephone number in a country other than India (and no telephone number in India provided)	1. Self-certification (as stated above) that the Proposer/Accountholder is neither a citizen of USA nor a resident for tax purposes of USA or any other foreign jurisdiction; AND 2. Documentary evidence (refer list below)
d) Standing instructions to transfer funds to an account maintained in a country other than India	1. Self-certification (as stated above) that the Proposer/Accountholder is neither a citizen of USA nor a resident for tax purposes of USA or any other foreign jurisdiction; AND 2. Documentary evidence (refer list below)

List of acceptable documentary evidence needed to establish the residence(s) for tax purposes:

1. Certificate of residence issued by an authorized government body**
2. Valid identification issued by an authorized government body**(e.g.Passport,National Identity card, etc.)

**Government/ agency thereof or a municipality of the country or territory inwhich the Proposer/Accountholder claims to be a resident.

Proposal Number	2XYD814012	Proposer Name	Mr. ANISH KUMAR DAS
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Aadhaar Consent Form

I, Mr. ANISH KUMAR DAS, hereby give my voluntary consent to SBI Life Insurance Company Limited (SBI Life) and authorise the Company to obtain necessary details like Name, DOB, Address, Mobile Number, Email, Photograph through the copy of Aadhaar card / QR code available on my Aadhaar card / XML File shared using the offline verification process of UIDAI.

I understand and agree that this information will be exclusively used by SBI Life only for the KYC purpose and for all service aspects related to my policy/ies, wherever KYC requirements have to be complied with, right from issue of policies after acceptance of risk under my proposals for life insurance, various payments that may have to be made under the policies, various contingencies where the KYC information is mandatory, till the contract is terminated.

I have duly been made aware that I can also use alternative KYC documents like Passport, Voter's ID Card, Driving licence, NREGA job card, letter from National Population Register, in lieu of Aadhaar for the purpose of completing my KYC formalities. I understand and agree that the details so obtained shall be stored with SBI Life and be shared solely for the purpose of issuing insurance policy to me and for servicing them. I will not hold SBI Life or any of its authorized officials responsible in case of any incorrect information provided by me. I further authorize SBI Life that it may use my mobile number for sending SMS alerts to me regarding various servicing and other matters related to my policy/ies.

Place	NORTH 24 PARGANAS
Date	08-05-2022



KEY FEATURES DOCUMENT

SBI Life – Smart Platina Plus (UIN: 111N133V01) offers you life cover and other benefits as stated in the policy

1	Aim of policy	SBI Life – Smart Platina Plus is an individual, non-linked, non-participating life insurance savings product which provides financial protection against death of the life assured during the policy term and provides guaranteed income during the payout period.
2	Benefits of the policy	<p>The Death Benefit under the two income options for an inforce policy are as follows:</p> <p>1. Life Income: On death of the life assured at any time during the policy term, Sum assured on death is payable as lump sum to the nominee or legal heir of the life assured, as the case may be and the policy terminates and there will be no further benefits payable under the policy.</p> <p>2. Guaranteed Income:</p> <p>On death of the life assured before the commencement of the payout period, Sum assured on death is payable as lump sum to the nominee or legal heir of the life assured, as the case may be and the policy terminates and there will be no further benefits payable under the policy.</p> <p>On death of the Life Assured after the commencement of the payout period, Sum assured on death is payable lump sum to the nominee or legal heir of the life assured, as the case may be and they shall continue to receive the future Guaranteed Income during the payout period, as chosen by the policyholder. The nominee or legal heir, as the case may be, shall have an option to receive the discounted value of the future Guaranteed Income in the form of a lump sum, at anytime during the Payout Period, discounted at 8.25% per annum and thereafter there will be no further benefits payable.</p> <p>Survival Benefit: Guaranteed income will be paid during the payout period depending on the income payout frequency chosen provided the Life assured is surviving and the policy is inforce.</p> <p>Maturity Benefit: Upon survival of the life assured till the end of the policy term, the maturity benefit of 110% of the Total Premiums paid would be refunded at the end of the policy term.</p>
3	Policy Surrender Value	<p>The policy will acquire Surrender Value only if premiums have been paid in full, for at least first 2 policy years.</p> <p>On surrender, Guaranteed Surrender value (GSV) or Special Surrender Value (SSV), whichever is higher, will be paid.</p>
4	Reduced Paid-Up Value	If the policy has acquired Surrender Value and no further premiums are paid then it can be converted to a reduced paid-up policy. Please refer sales literature for details on the benefits payable for a reduced paid-up policy.
5	Loans on the Policy	Loans will be available, subject to maximum of 50% of the Surrender Value during the policy term, only after the policy acquires surrender value.
6	Exclusions	<p>In case of death of the life assured due to suicide during the policy term, within 12 months:</p> <p>i) from the date of commencement of risk under the policy, the nominee or beneficiary of the policyholder shall be entitled to at least 80% of the total premiums paid till the date of death, provided the policy is in force and no other death benefit shall be payable or</p> <p>ii) from the date of revival of the policy, the nominee or beneficiary of the policyholder shall be entitled to an amount higher of 80% of the total premiums paid till the date of death or the surrender value as available on the date of death, provided the policy is in force and no other death benefits shall be payable.</p>
7	Grace period	A grace period of 30 days from the premium due date will be allowed for payment of yearly and half yearly premiums and 15 days for monthly premiums. The policy will remain in force during the grace period. In case of death of the life assured during grace period, the balance of premiums, if any, till the next Policy anniversary, as on the date of death shall be deducted from the benefits payable under the Policy.
8	Revival	If premiums are not paid within the period of grace and the policy is not surrendered, the policy may be revived for full benefits within five consecutive years from the date of the first unpaid premium while the life assured is still alive.
9	Free look provision	You can review the terms and conditions of the policy, within 15 days from the date of the receipt of the policy document for policies sourced through any mode other than Distance Marketing and electronic policies and within 30 days from the date of the receipt of the policy document for electronic policies and policies sourced through Distance Marketing, from the date of the receipt of the policy document and where you disagree with any of those terms and conditions; you have the option to return the policy stating the reasons for your objection.

		Premiums paid by you will be refunded after deducting stamp duty and the expenses incurred on medical examination of the proposer. The proportionate risk premium for the period of cover will also be deducted.
10	Tax	You may be eligible for Income Tax benefits as per the applicable income tax laws in India, which are subject to change from time to time. You may visit our website for further details. You may consult your tax advisor for details.
11	Claim Procedure	The details are mentioned in the Policy Document. You may contact the Company or your advisor or bank branch, for further details.

Note: This document contains brief information about the key features of the plan. The same shall not be construed as terms and conditions of the Policy or part thereof. For detailed terms and conditions governing the Policy, please read all parts of the Policy document. In case of any conflict between the information given in the Key Features document and the terms and conditions of the policy document, the terms and conditions of the Policy document shall prevail.



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:

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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			Mr. ANISH		
Middle Name			KUMAR		
Last Name			DAS		
Gender	Male	Date of Birth	14-02-1996	Age	26
Marital Status			Single		
Father's Name			ARUN DAS		
Mother's Name			SHYAMA DAS		
Spouse's Name			NA		
C-KYC No.			NA		
PAN Card No.	CHTPD4202M		Form 60	NA	
Age Proof	Aadhar card with complete DOB		KYC OVD (Officially Valid Document)	AADHAAR Card No	
Identification Number			XXXXXXXXX7495		
Resident Status			Resident Indian		
Nationality	Indian		Current Country of Residence	India	
Mobile Number	8583870731		Email Id	anishkumardas1996@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			S/O, ARUN DAS 43 RAJA ROAD TANTI BAGAN PANIHATI SUKCHAR NEAR TANTI BAGAN KALI MANDIR -NORTH TWENTY FOUR PARGANAS, 700115, WEST BENGAL, India		
Communication address if different from above? (If Yes, then the following to be filled)			No		
Communication Address (Address 2)			S/O, ARUN DAS, 43 RAJA ROAD TANTI BAGAN PANIHATI SUKCHAR, NEAR TANTI BAGAN KALI MANDIR -NORTH TWENTY FOUR PARGANAS, 700115, WEST BENGAL India		

Occupation Details			
Occupation		Service	
Force Name		NA	
Employee / Force No		NA	
Designation		NA	
Current place of posting(City and State)		NA	
For Defence personnel- Are you currently engaged or trained for future involvement in any of the following?		NA	
Name of Employer / Workplace		HCL TECHNOLOGY	
Specify the exact designation		CLOUD COMPUTING SPECIALIST	
Length of Service (Years)		4	
Annual Total Income		Rs. 720000	
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	NA
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	NA
Do you have any Criminal proceedings initiated against you?	No	If Yes,please provide details	NA
If previous question is yes then, Do you have any history of conviction under any criminal proceedings in India or abroad?	NA	If Yes,please provide details	NA

e-INSURANCE ACCOUNT DETAILS

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

If Yes, provide	e-Insurance Account Number	NA	Repository Name	NA
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• If No : Request to select any one insurance repository from below options:Repository Name : NA

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	Mrs.SHYAMA DAS	07-07-1963	Female	Mother	100	S/O, ARUN DAS, 43 RAJA ROAD TANTI BAGAN PANIHATI SUKCHAR , NEAR

						TANTI BAGAN KALI MANDIR -NORTH TWENTY FOUR PARGANAS, 700115, WEST BENGAL ,India
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*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
1	NA	NA	NA	NA	NA	NA

SECTION 'B-2' PRODUCT DETAILS

Product Code		2X		Product Name		SBI Life-Smart Platina Plus	
Do you want to apply for Whole Life cover In case Whole Life cover is chosen, maximum maturity age is 100 years (last birthday of the life assured). Applicable for SBI Life – Shubh Nivesh (035) & SBI Life – eShield Next (2N)		NA		Smoking Status		NA	
Plan Type		Limited Premium		Plan Option		Life Income	
Premium Frequency (For Monthly mode, advance premium may be required, as mentioned in the Benefit Illustration)				Yearly			
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.		NA	Spouse :PF/Pension Index/ Employee No.		NA

Cover Details

Plan/Rider/option	Policy Term(Yrs)	Premium Payment Term(Yrs)	Sum Assured(Rs)	Premium Payable(Rs)
SBI Life-Smart Platina Plus- Life Income	31	10	550000	50000
Modal Premium Payable				50000
Applicable Tax Amount*				2250
Backdating Interest, if any				0
Total Installment Premium Payable				52250

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

BackDating : Upto a date within the same financial year in which the policy has been taken.

Do you wish to Backdate the policy?	No	If Yes, provide the Backdating Date	NA
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SELECT - PRODUCTS/ STRATEGY/ PLAN OPTION, (if any)

SBI Life-Smart Platina Plus

Income Plan Option	Life Income
Payout Period opted for	20 years
How do you wish to receive the Guaranteed Income payout under the product	Yearly

Maturity/ Annuity/ Any other option*	NA	Maturity/ Annuity/ Any other option Frequency*	NA
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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		
NA	NA	NA	NA	NA		
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		NA		
No.		Health Details of Life Assured			Y/N	
1	Height	5Feet 6inches	Weight	60 Kgs	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	No	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			No	
c. Lung /Respiratory disorder of any nature: Asthma, COPD, Tuberculosis (TB), Pneumonia, Bronchitis, emphysema, or any other chest or lung disease etc	No	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			No	
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	No	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			No	
g. Joints & Bone disorder, Vision	No	h. Brain or Spinal cord: Disorder			No	

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		of brain and/or spinal cord or Nervous system, Hemorrhage, bleeding, Tumor, stroke, paralysis, TIA, epilepsy/fits, seizures, coma, head injury, fainting loss of consciousness, tremors, impaired movement of limbs, incontinence, or any other disorder of nerves or had MRI, CT scan etc	
i. Psychiatric disorder: Mental illness including, anxiety, depression, schizophrenia, stress, Nervous breakdown, attempted suicide etc	No	j. HIV or STD: Were you or your spouse/partner test positive for HIV/AIDS or any other Sexually Transmitted Disease?	No
k. Blood or hormonal disorder(Thyroid etc) & others: Anemia, Bleeding or clotting disorders, Autoimmune Disorder, SLE, Lupus, thyroid disorder, goiter, pituitary hormones disorder etc	No	l. Current/ past general medical condition Do you have any or in last 5 years any, medical condition, symptoms , test results or procedure not asked above for 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, common cold, fever) or are you currently under any medication?	No
o. Questions For Female Lives			
1) Are you currently pregnant?	NA	If YES, kindly state expected delivery date	NA
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	NA		

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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NA	NA	NA	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	No		
Relation	Alive(Yes/ No)	Current Age/Age at Death	Specify Nature of disorder
NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

4. Do you currently or have you in the past Smoked, Consumed Tobacco,	No
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Alcohol, any Narcotic or have ever been treated for complications arising due to them?					
			If currently pursuing habit	If Quitted	
Habit	Type	Quantity	Consuming since how long? (Number of Years)	Since how long? (Number of Years)	Consumed how long? (Number of Years)
Smoking	NA	NA	NA	NA	NA
Tobacco Chewing	NA	NA	NA	NA	NA
Alcohol	NA	NA	NA	NA	NA
Narcotic	NA	NA	NA	NA	NA

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	NA
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SECTION 'C-2b' Additional Questions For Female Lives			
1. Husband's Annual Income(Rs)			NA
2. Husband's Insurance Details			
Name of Insurance Co.	Yearly Premium(Rs)	Sum Assured(Rs)	Policy status
NA	NA	NA	NA

SECTION 'D' CHANNEL DETAILS(For office use - to be filled by Sales Representative)			
Channel Name		Agency	
Is this Proposal sourced through Distance Marketing?	No	If Yes, please state the Distance Marketing Mode	NA
IA Code	17024194	IA Name	PRADIP BANERJEE
Bank/Broker/CA/IMF Code	NA	Bank/Broker/CA/IMF Name	NA
Worksite Code	NA		
Sourcing Branch Code	BRP	Sourcing Branch Name	KOLKATA 7

For Institutional Alliances / Corporate Agency(SBG) only

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

SECTION 'E-2' PREMIUM & BANK DETAILS**E-2 a. PREMIUM PAYMENT**

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

Source of premium funding	Salary
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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	Auto Debit^
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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	603301542029	Account Type	Savings
Bank Name	ICICI BANK LIMITED	Bank Branch Name	CHENNAI - BESANT NAGAR
Name of Account Holder	Mr ANISH KUMAR DAS		
IFS Code	ICIC0006033		
Please submit any one of the below listed documents for direct credit of any refunds / payouts if any, to this account.	Cancelled Cheque		
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. ANISH KUMAR DAS			

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 Platina Plus is a Limited premium policy and I am aware that I would need to pay premium for 10 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. ANISH KUMAR DAS		
Witness by	(IA code- 17024194) Name of IA- PRADIP BANERJEE Authenticated by Id & Password	
Place :NORTH 24 PARGANAS	Date :08-05-2022	

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

a). 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.

b). 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	NORTH 24 PARGANAS	Date	08-05-2022
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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.