

Kindly Fill the form in CAPITAL and only in blue or black
(For Official Use only)

Proposal Number: C294246887

Branch Code: MU01

Channel: Broking

Campaign Code:

Sub Office Code:

RM CAMS Code: 4967389

POS/Agent/Broker/Specified Person/Employee: Policy Bazaar

Code:

Contact Details:

License No. & Validity Details:

Customer Relationship No. (For Bancassurance Channel)

PAN No.

IMPORTANT GUIDELINES: 1) IN UNIT-LINKED INSURANCE POLICIES (ULIPs), THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER. 2) Insurance is a contract of utmost good faith between the Insurer and the Insured. The Proposer and the Life to be Assured are required to disclose all facts in response to the questions in this application form. 3) Any cancellation/alteration is to be signed by Proposer/Life to be assured as applicable. 4) KYC documents will be required for all the parties to the contract.

I. GENERIC DETAILS Please [✓] your answer

Is this policy self-proposed? Yes . If No, please answer the following details

Type of Proposer: Individual

Relation with Life Assured: Self

Type of Proposal:

II. ELECTRONIC INSURANCE ACCOUNT (eIA) DETAILS OF THE PROPOSER/POLICYOWNER

e-Insurance Account Number (eIA),if any

I would like to receive myInsurance Policyand all the information related to the proposed Insurance Policy through Insurance Repository in the Electronic Format as and when applicable.

I understand that I can request a physical copy of my policy document by contacting the Company from my registered mobile number through WhatsApp number or customer care number which is available on the Company's website.

NSDL Data Management Limited

III. PRODUCT DETAILS

Proposal Number	Base Plan/ Rider (Benefit Option) Name	Unit Linked (Yes/No)	Life Insured Name	Sum Assured (₹)	Policy Term(Years)	Premium Paying Term(Years)	Premium (₹) (Inclusive of applicable taxes, cesses & levies)	Premium Paying Mode	Return of Premium option
C294246887	Tata AIA Sampoorna Raksha Promise	No	Prakyath S Arya	30000000	34	10	6606	Monthly	No
C294246887	Tata AIA Health Buddy (Accidental Total and Permanent Disability)	No	Prakyath S Arya	10000000	34	10	565	Monthly	No
C294246887	Tata AIA Health Buddy (Accidental Death)	No	Prakyath S Arya	15000000	34	10	1417	Monthly	No
C294246887	TATA AIA Health Buddy(Select Cl)	No	Prakyath S Arya	500000	30	10	477	Monthly	No

Base Plan/Rider (Benefit Option) Name	Life Insured Details			Benefit Payout Option	Benefit Payout Option Details			
	Name	DOB	Gender (Male/Female/Transgender)		Lumpsum	Income p.a (₹)	Income Duration(Years)	Income Frequency
Tata AIA Health Buddy (Accidental Total and Permanent Disability)	Prakyath S Arya	19-12-1999	Male	Lumpsum	10000000	NA	NA	NA
Tata AIA Health Buddy (Accidental Death)	Prakyath S Arya	19-12-1999	Male	Lumpsum	15000000	NA	NA	NA
TATA AIA Health Buddy(Select Cl)	Prakyath S Arya	19-12-1999	Male	Lumpsum	500000	NA	NA	NA

Please fill up Life Insured(s) details in "Annexure for Multiple Lives" in case multiple lives are proposed under Tata AIA Smart Health, Tata AIA Health Buddy

Below fields are applicable Only for Tata AIA Sampoorna Raksha Promise & Maha Raksha Supreme Select

Add On Benefit Details									
Select Benefit	Add on Benefit Option	Name	Gender (Male/Female/ Transgender)	Age(yrs)	Income Till Age (yrs)	Income frequency	Income (Rs.)	PPT	Premium (Rs.) (inclusive of applicable taxes, cesses & levies)
<input type="checkbox"/>	WOP on husbands Accidental Death				NA	NA	NA		
<input type="checkbox"/>	Child Education Protect*	-	-	-	NA	NA	NA	-	-
<input type="checkbox"/>	Child 1				Monthly				
<input type="checkbox"/>	Child 2								

Below fields are applicable Only for Tata AIA Sampoorna Raksha Promise & Maha Raksha Supreme Select

Please select Benefit payout option

Lumpsum

Lumpsum &Income

Lumpsum (a)	Total Income (b)(Income p.a*Income Duration)	Effective Sum assured(a)+(b)

Wellness Program:

TATA AIA Health Buddy Wellness Program

Below fields are applicable only for Tata AIA Health Secure Rider, Tata AIA Health Buddy

HospiCash Benefit Per Day - []

No of Days of Hospitalization Per Year - []

Please select Add on Benefits if required.

- Waiver of Premium
- Indexation of Sum Assured
- Restoration Benefit for HospiCash
- Diagnostic Test Benefit

- Return of Premium
- Monthly Income Assurance
- Restoration Benefit for SurgiCash
- Overseas Treatment Booster

Kindly DATE BACK my Application to DD/MM/YYYY 1. Allowed only as per product specifications 2. Allowed within the same financial year 3. In case of juvenile (less than 1 year) back date is not allowed.
4. Date Back of policy is allowed only up to the official launch date of the product.

FUND SELECTION DETAILS (To be filled for Unit Linked Products) a. Kindly mention the names of the fund chosen b. In case you opt for a specific Portfolio Strategy (as available with individual products), kindly mention the Fund Names or other details as applicable c. Kindly fill in whole numbers in percentage only. Decimals and Fractions not allowed.

OR

Portfolio Strategy	
Funds for the chosen Portfolio Strategy (If Applicable)	
Debt oriented fund	Equity oriented fund
Other Details(if applicable)	

IV. PROPOSER / POLICYHOLDER DETAILS (Please fill in details of Life Assured if same as Proposer)

1. Title	Mr
2. Name	Prakyath S Arya
3. Aliases (Known by additional/ assumed name)	
4. Father's Name / Spouse Name	K Suryanarayana Arya
5. Mother's Name	Dayavathi S Arya
6. Maiden Name(For female lives only)	
7. Gender/Date of Birth	Male/ 19-12-1999

8. Which is your Dominant Hand? (Question to be answered only if ADDL Rider is selected)	Right
9. Marital Status	Single
10. Life Stage	
11. Nationality (If other than resident Indian, Passport as an age proof is mandatory)	Nationality: Resident Indian Country of Residence : India (If country of residence or nationality outside India then FATCA/ CRS-Self Certification Form to be mandatorily completed)
12. Residence for Tax purposes in Jurisdiction(s) outside India	No (If 'Yes' then FATCA/ CRS-Self Certification Form to be mandatorily completed)
13. Highest Educational Qualification	Graduate
14. Correspondence Residence Address	No. 22, Bairaveshwara Nilaya, Gadi Mudanna Rd, Kamakshipalya Landmark: Mathrushree Medicals City: BENGALURU State: KARNATAKA Country: India Pin code: 560079
15. Permanent/Updated Address/Registered office address	22 Byeraveshwara Nilaya Gadi Muddanna Road, 5th Main Road Srirama Nagar Landmark: Kamakshi Palya Bangalore City: BANGALORE State: KARNATAKA Country: India Pin code: 560079
16. Telephone and Email Details	Residence No: +91 Mobile No: 6362881710 E-mail: arya.prakyath@gmail.com
17. Occupation Class	Salaried
a. Name of Organisation /School / College	DELOTTE CONSULTING INDIA PVT LTD
b. Organisation Type	Private Limited
c. Industry	Information Technology
d. Nature of Work	Software Professional
e. Annual Income () (Mention Annual Income as per latest Income Tax Return. In case of any inconsistency, the insurer reserves the right to cancel the policy or repudiate the claim)	1320479
18. Income Proof	
19. Identity Proof (In case of Passport & Driving License please mention expiry date)	Expiry Date :
20. Address Proof for updated address	
21. Permanent Account Number (PAN) :	EVHPP4636M (kindly attach copy of Pan card)
22. CKYC No. (If available)	
23. ABHA Number:	ABHA number is a 14-digit number that uniquely identifies you as a participant in India's digital healthcare ecosystem. ABHA number establishes a strong and trustable identity for you that will be accepted by healthcare providers and payers across the country.
24. Source of Funds	
25. Are you a Politically Exposed Person? No (Definition of PEP: "PEP are individuals who are or have been entrusted with prominent public functions, domestically/in an international organisation /in a foreign country. This would include individuals who have or have had positions of Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials". "Close relations of PEP: Family members are individuals who are related to a PEP either directly (consanguinity) or through marriage or similar (civil) forms of partnership. Close associates are individuals closely connected to a PEP, either socially or professionally")	

V. LIFE ASSURED DETAILS (Please fill in this section only if Life Assured is different from Proposer)

1. Title	
2. Name	
3. Aliases (Known by additional/ assumed name)	
4. Maiden Name(For female lives only)	
5. Gender/Date of Birth	
6. Which is your Dominant Hand? (Question to be answered only if ADDL Rider is selected)	
7. Marital Status	
8. Nationality (If other than resident Indian, Passport as an age proof is mandatory)	Country of Residence

9. Residence for Tax purposes in Jurisdiction(s) outside India	(If 'Yes' then FATCA/ CRS-Self Certification Form to be mandatorily completed)
10. Life Stage	
11. Highest Educational Qualification	
12. Occupation Class	
a) Name of Organisation/ School/College	
b) Organisation Type	
c) Industry	
d) Nature of Work	
e. Annual Income (₹) (Mention Annual Income as per latest Income Tax Return. In case of any inconsistency, the insurer reserves the right to cancel the policy or repudiate the claim)	
13. Income Proof	
14. Identity Proof (In case of Passport & Driving License please mention expiry date)	Expiry Date : Others :
15. Address Proof for updated address	
16. Permanent Account Number (PAN):	
17. ABHA Number:	

ABHA number is a 14-digit number that uniquely identifies you as a participant in India's digital healthcare ecosystem. ABHA number establishes a strong and trustable identity for you that will be accepted by healthcare providers and payers across the country.

18. Are you a Politically Exposed Person? (Definition of PEP: "PEP are individuals who are or have been entrusted with prominent public functions, domestically/in an international organisation /in a foreign country. This would include individuals who have or have had positions of Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials". "Close relations of PEP: Family members are individuals who are related to a PEP either directly (consanguinity) or through marriage or similar (civil) forms of partnership. Close associates are individuals closely connected to a PEP, either socially or professionally")

VI. HEALTH & LIFESTYLE DETAILS OF THE LIFE ASSURED

1. Nature of Age proof (Non-standard age proof submission will attract extra premium)

2. a) Height (cms or ft) 172.72cms b) Weight (kg or lbs) 85Kg

PART A: LIFESTYLE DETAILS

1. Are you employed in the Armed Forces, Paramilitary, Police Forces, Fire Brigade or any other similar occupation? No

2. Is your occupation/your hobbies associated with any specific accident/health hazard or are dangerous in any way (e.g. working with dangerous or corrosive chemicals, explosives, radiation, working underwater/underground or at height, working in mines, non-commercial flying activities, diving, mountaineering, any form of motorbike/car racing etc.)? No

3. Have you ever been charge sheeted or convicted of any criminal proceedings or have any criminal case or charge pending against you in any court of law in India or abroad? If Yes, please provide complete details. No

4. Do you intend to live or travel outside India for more than 30 days for reason other than family vacation in next 6 months? No

5. Do you consume or have consumed any of the following? Please tick all relevant options and provide details Yes

Substance Consumed	Yes/ No	Consumed As	Quantity/ Per Day for Tobacco & Per week for Alcohol and Narcotics	No. of Years	If stopped consumption, mention month and year in which last consumed
Tobacco	No				
Alcohol	Yes	Beer	330		
Alcohol	Yes	Hard Liquor	30		
Any Narcotics	No				

PART B: HEALTH & PERSONAL DETAILS

1. Has any of your insurance application or reinstatement application on life, accident, medical or health, critical illness, or disability ever been declined, postponed or accepted at extra premium or modified terms? No

2. Did you have any loss or Gain of weight of 10 kgs or more in the last six months? No

3. Do you have any physical deformity / handicap or congenital defect / abnormality? No

4. Have you ever been advised to and / or have undergone any tests, investigations or surgery or had signs or symptoms of any condition, ailment or injury and / or were advised treatment for or have been hospitalized for check-up or treatment other than minor flu, cold or influenza? No

5. Have you ever been diagnosed with or investigated for any of the following:

a. **Cardio:** High or Low Blood Pressure / Raised Cholesterol / Chest Pain / Palpitation / Rheumatic Fever / Heart Murmur / Shortness of Breath / Heart Attack / Stroke / Any other heart condition No

b. **Hormonal:** High Blood Sugar/ Diabetes / Thyroid or endocrine disorder / Sugar in Urine / Any other hormonal disorder No

c. **Respiratory:** Asthma / Tuberculosis / chronic cough, chronic bronchitis, emphysema, pneumonia / Any other respiratory disorder No

d. **Blood/Cellular:** Cancer / Tumor or malignant growth / Leukemia / Anemia / Enlarged lymph nodes/ Any blood disorder No

e. **Digestive/Regulatory:** Recurrent indigestion / Gastritis / Stomach or Duodenal Ulcer / Hernia / Jaundice / Disorders of the liver / Cirrhosis and Gastrointestinal System/ Any other disease No

X. PAYMENT DETAILS

Premium Payment Method: Digital / Online Payment

Name of Credit Card/Debit Card Holder: Credit Card/Debit Card Number

Cheque/DD No. Issuing Bank Branch Amount Rs. 7171 Date: 04-02-2026

Premium[#] ₹ 4712 + Taxes, cesses & levies ₹ 0 = Total Payment ₹ 7171 for months initial deposit (To be filled for monthly mode only)

On the first policy/modal anniversary I would like to change the premium payment mode to , subject to policy contract provisions. For Annual/Monthly mode issued # policies mode change shall be accepted only on completion of first policy anniversary. #Premium is exclusive of applicable taxes, cesses & levies. All Premiums are subject to applicable taxes, cesses & levies which will entirely be borne by the Policyholder and will always be paid by the Policyholder along with the payment of Premium. If any imposition (tax or otherwise) is levied by any statutory or administrative body under the Policy, Tata AIA Life Insurance Company Limited reserves the right to claim the same from the Policyholder. Alternatively, Tata AIA Life Insurance Company Limited has the right to deduct the amount from the benefits payable by Us under the Policy. Cheque/DD should be drawn in favor of "Tata AIA Life Insurance Company Ltd. (Proposal No)". Do not issue blank cheque.

Renewal Payment Mode:**XI. Mandatory Bank Account Details:**

Please provide below bank details. Bank details provided should be in the name of Proposer. All policy payouts will be made to the below mentioned bank account through electronic transfer (NEFT). Payout would be in accordance and subject to terms and conditions of the policy.

Name of Account Holder	Bank Account No.	Bank Name and Branch	Account Type	IFSC Code

Note: 1. Please provide a cancelled copy of your personalized cheque. If personalized cancelled cheque is not available, attach bank statement showing account holder name, address and account number. 2. In case of Non-Credit to the given bank account with/without assigning any reason thereof or if the transaction is delayed or not effected at all for any reason of incomplete information, Tata AIA Life Insurance Co Ltd will not be responsible. 3. Further, the Company reserves the right to use any alternative payout option inspite of opting for Direct Credit option. 4. If Account type is NRE/NRO then FATCA/CRS-Self Certification Form to be mandatorily completed.

XII. DECLARATION & CONSENT

- I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorised to propose on behalf of these other persons (applicable where the proposer and life insured are different).
- I understand that the information provided by me 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.
- I further declare that I 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.
- I declare that I 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.
- I confirm that I have understood the contents of this Proposal Form and I am submitting this Proposal Form with all the details which are true and correct. I have not withheld any material information or suppressed any fact which are essential for issuance of the policy. I also hereby irrevocably authorize the Company to ascertain all the details from any third parties, as may be required for assessing the risk.
- I agree to undergo all medical tests as determined by the Company for obtaining the policy and I further understand that the Company reserves the right to issue the policy if all the required criteria are met and in case of any fraud or misrepresentation being established, the insurer shall take action in accordance with Section 45 of the Insurance Act, 1938 as amended time to time. I understand that the contract will be governed by the provisions of the Insurance Act, 1938 as amended time to time, the IRDA Act, 1999 and the Regulations framed there under and that the contract will not commence until the Company's written acceptance of this Proposal Form is received. In case of the life to be insured being a minor, I further declare and affirm that this proposal of insurance is for the benefit of the life to be insured.
- I confirm that I am comfortable with the English version of this proposal form and fully understand its content. I acknowledge that I have the option to request the proposal form in Hindi or any other regional language by contacting the Agent, Specified Person, Broker Qualified Person, or Authorized Representative.
- Anti-Money Laundering Declaration:** I hereby confirm that all premiums will be paid from bona fide sources and no premiums will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002. The Company has the right to peruse my financial profile and also agree that the Company has right to cancel the insurance contract in case I have been found guilty of any of the provisions of any law, directly or indirectly, having relation to the laws governing prevention of money laundering in the country, by any competent court of law.
- I/We understand that in accordance with the Insurance Regulatory and Development Authority of India (Protection of Policyholder's Interests, Operations and Allied Matters of Insurers) Regulations,2024 the insurer is permitted to share policyholder information with the statutory authorities in accordance with the existing statutory laws; or for the purpose of underwriting the policy or settling a claim under the policy; or with any other institution as authorised by the Authority. I permit/authorize the Company to collect, store, communicate and process information relating to the Policy/Account and all transactions therein, by the Company and any of its affiliates or service providers wherever situated including sharing, transfer and disclosure between them or with any entity or entities for the purpose of underwriting, policyholder servicing and claims; and to the authorities in and/or outside India for compliance with any law or regulation whether domestic or foreign.
- I hereby consent that my KYC information (including FATCA/CRS) under this application form will be applicable to all my existing policies with the Company and supersede previous KYC information. I understand that this KYC information will be used by the Company for determining my tax residential status for all statutory/regulatory reporting purposes
- Applicable for customer whose Date of Birth on the application form does not match with PAN card record:** I hereby acknowledge that there is a difference in the date of birth provided in my application form with my PAN card details. I hereby agree to submit alternate age proof document to be considered for my insurance application.
- Applicable for NRI/PIO/OCI customers in case of assisted sales:** I am aware that Tata AIA Life is licensed to conduct life insurance business in India and understand that the premiums for the insurance policy shall be received by Tata AIA Life in Indian Rupees from my declared source of income and will be paid from my own Indian current/ savings bank account, Non-Resident Ordinary Account or Non-Resident External Account, Credit card or Debit Card. I confirm that this product has been solicited to me in person in India, or through email/ telephonic communication from India, upon an enquiry initiated by me from my place of residence. I am aware of the laws and regulations as may be applicable to this proposal and undertake to comply the same from time to time. I also undertake to inform the Company of any change in the above particulars, including residential status. In case of any failure to do so, I shall indemnify the Company for all losses and damages incurred by the Company due to non-fulfillment of my aforesaid obligation to the Company.



Signature/Thumb Impression of Life Assured

Digitally signed through
OTP on 04-02-2026 at
14:57:05

Signature/Thumb impression of Proposer

Date: 04-02-2026
Place: BENGALURU

This OTP, received vide mobile no. 6362881710 , will be used to authenticate proposal form no. C294246887, Benefit Illustration no. C294246887, Customer Information Sheet and suitability document on 04-02-2026 at 14:57:05

I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately in case any of the above information is found to be false or untrue or misrepresenting, before issuance of the proposal. "I, the undersigned confirm that I have verified photocopies of the proofs submitted along with this proposal form against the originals and certify the same to be true copy".

I declare and confirm that I have carried out necessary suitability analysis while advising this product to the proposer and that the product is suitable to the proposer.

WHERE THE PROPOSAL FORM IS FILLED IN BY AGENT/INTERMEDIARY/EMPLOYEE: I hereby declare that I have explained the contents of this proposal to the Proposer/Annuitants in the language known to him/her and ensured that the contents have been fully understood by him/her. I have accurately recorded the Proposer/Annuitant responses to the information sought in the proposal form and I have read out the responses to the Proposer/Annuitants and he/she has confirmed that they are correct



Signature of Agent/ Specified Person/ Broker/ Employee

X

ACKNOWLEDGEMENT

Tear away portion (To be handed over to the customer)

Proposal Number: _____

Dear Customer

We acknowledge receipt of your Cash/Cheque/DD for Rs. _____ by number _____ dated ____ / ____ / ____ drawn on _____ toward's Initial Deposit. We request you to kindly verify the details filled in the proposal form before signing the same. Please do insist on Official Receipt issued by Tata AIA Life from your advisor within 2 working days from submission of this proposal form. In case you do not hear from us or do not receive your policy within 15 days from the date of submission of your proposal, please visit us at www.tataaia.com or call our helpline number 1860 266 9966 (local charges apply) or email us at customercare@tataaia.com.

This is only acknowledgement slip and not the premium receipt.



Agent code



Agent name



Signature of Agent



Date of Acknowledgement

IN CASE OF THUMB IMPRESSION OF PROPOSER/ANNUITANTS OR WHERE THE ANSWERS/SIGNATURE OF THE PROPOSER/ ANNUITANTS ARE IN VERNACULAR

Note: The below must be declared by someone other than advisor/employee of the company.

I, _____ (name) have explained the contents of this proposal to the _____
(Proposer) in _____ (language) and ensured that the contents have been fully understood by him/her. I have accurately recorded the Proposer responses to the information sought in the proposal form and I have read out the responses to the Proposer and he/she has confirmed that they are correct.

Date: 04-02-2026
Place: BENGALURU

(Signature of the person making the declaration)

Address of the person making the declaration:

Declaration by Proposer:

I have understood the contents of this proposal explained to me in _____ language and confirm that the responses provided by me are correct.

Date:
Place:

Digitally signed through
OTP on 04-02-2026 at
14:57:05

Date: 04-02-2026
Place: BENGALURU

Signature/Thumb Impression of the Life Assured

Signature/Thumb impression of Proposer

This OTP, received vide mobile no. 6362881710 , will be used to authenticate proposal form no. C294246887, Benefit Illustration no. C294246887, Customer Information Sheet and suitability document on 04-02-2026 at 14:57:05

(Prohibition of Rebates) Section 41 - of the Insurance Act, 1938 as amended from time to time: 1. 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 OF THE INSURANCE ACT, 1938 STATES: No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of policy, i.e. from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later. A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based. Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to 172.72cms be called in question merely because the terms of the policy adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal. For further details, please refer to the Insurance Act, as amended from time to time.

Disclaimers: IN CASE OF A ULIP POLICY, THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER. Tata AIA Life Insurance Company Limited is only the name of the Company and any contract bearing the prefix "Tata AIA Life" is only the name of the contract and does not in any way indicate the quality of the contracts, its future prospects or returns. Premium paid in ULIP is subject to investment risks associated with capital markets & the NAV of the units may go up or down based on the performance of the funds and factors influencing capital markets and the insured is responsible for his decision. Past performance is not indicative of future results. For more details on risk factors, terms and conditions please read sales brochure carefully before concluding a sale.

BEWARE OF SPURIOUS PHONE CALLS AND FICTIOUS / FRAUDULENT OFFERS

IRDAI or its officials do not involve in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.

Full Form for abbreviations used:

HUF – Hindu Undivided Family | MWPA – Married Women's Property Act | OCI – Overseas Citizen of India | NRI – Non-Residential Indian PIO – Person of Indian Origin | FATCA - Foreign Account Tax Compliance Act | CRS – Common Reporting Standard | CKYC – Central Know Your Customer
Area census code is an identifier of the location as rural / urban as per the latest census.

L&C/Advt/2025/Jul/2598

 1. Please carry valid Identity card to the medical examination center wherever applicable. 2. For cash payment, please visit our nearest Tata AIA Life branch. Please do not handover cash to Agent. If handed over to the agent, the company will not be liable for any loss. 3. In case there is any change in the particulars given above including Life Assured/Proposer's health and/or medical and/or financial and/or occupational status and/or being charged with and/or arrested for any criminal offence after the date of proposal but before risk acceptance by the company; please inform the company. 4. Acceptance of premium does not constitute risk commencement. 5. Risk commencement starts after the acceptance of risk by the company. 6. Frelook Period: If you are not satisfied with the terms & conditions/features of the policy, you have the right to cancel the Policy by providing written notice to the Company and receive the premiums after deducting a) Proportionate risk premium for the period on cover & b) Stamp duty and medical examination costs including applicable taxes, cesses & levies, which have been incurred for issuing the Policy. Such notice must be signed by you and received directly by the Company within 30 days from the date of receipt of the policy document by you or person authorized by you whether the policy is sourced electronically or otherwise. For Unit Linked Life Insurance products, you would receive the non - allocated premiums plus charges levied by cancellation of units plus fund value at the date of cancellation and after deducting the charges as mentioned in (a) & (b) above.

Tata AIA Life Insurance Company Limited (IRDAI Regn. No.110 CIN: U66010MH2000PLC128403). **Registered & Corporate Office:** 14th Floor, Tower A, Peninsula Business Park, Senapati Bapat Marg, Lower Parel, Mumbai - 400013. Trade logo displayed above belongs to Tata Sons Ltd and AIA Group Ltd. and is used by Tata AIA Life Insurance Company Ltd under a license. For any information including cancellation, claims and complaints, please contact our Insurance Advisor/ Intermediary or visit Tata AIA Life's nearest branch office or call 1- 860-266-9966 (local charges apply) or write to us at customercare@tataaia.com. Visit us at: www.tataaia.com.