

LIFE GOALS. DONE.

(In this Policy the Investment Risk in Investment Portfolio is borne by Policyholder)



NON-MEDICAL

Bajaj Allianz Company Ltd.,
Bajaj Allianz House, Airport Road, Yerawada, Pune - 411006

☐ Non Unit Linked ☐ Unit Linked TO BE FILLED IN BLOCK LETTERS WITH BLUE INK ONLY



PROPOSAL FORM FOR LIFE INSURANCE

UIN

CIN : U66010PN2001PLC015959

Agent's Details (For office use only)

Proposal No.	<input type="text"/>	<input type="checkbox"/> Employee <input type="checkbox"/> Individual <input type="checkbox"/> Bancassurance <input type="checkbox"/> Corporate <input type="checkbox"/> DMC <input type="checkbox"/> Others Sector <input type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/>
Bank Ref. Code	<input type="text"/>	FSC Name/IC Name <input type="text"/>
STM Code	<input type="text"/>	FSC Code/IC Code <input type="text"/>
STM Branch	<input type="text"/>	Receipt No. <input type="text"/>
Individual RI <input type="checkbox"/> (eIA) <input type="checkbox"/> E-insurance account (eIA) details <input type="checkbox"/>	Adhaar No. <input type="text"/>	
<input type="checkbox"/> 1 st Life Insured- NRI <input type="checkbox"/> PIO <input type="checkbox"/> Foreign National <input type="checkbox"/> 2 nd Life Insured- NRI <input type="checkbox"/> PIO <input type="checkbox"/> Foreign National <input type="checkbox"/>		

1. Personal Details

PROPOSED INSURED

Prefix – Mr./Mrs./ Ms/ Dr.	Suffix: MBBS/ CA /LLB/ Others	
Purpose of Insurance	<input type="text"/>	
Name	First	<input type="text"/>
	Middle	<input type="text"/>
	Last	<input type="text"/>
Date of Birth	<input type="text"/>	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality	<input type="text"/>	
Country of Residence	<input type="text"/>	
Age	<input type="text"/>	
Age Proof	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Per. Driving License <input type="checkbox"/> School Certificate <input type="checkbox"/> Service Record <input type="checkbox"/> Others	
ID Proof	<input type="checkbox"/> Aadhar Card <input type="checkbox"/> Driving License <input type="checkbox"/> PAN card <input type="checkbox"/> Passport <input type="checkbox"/> Voter ID card <input type="checkbox"/> Others	

2. PROPOSER

(To be filled if other than Proposed Insured)

Prefix – Mr./ Mrs./ Ms/ Dr.	Suffix: MBBS/ CA /LLB/ Others	
Name	First	<input type="text"/>
	Middle	<input type="text"/>
	Last	<input type="text"/>
Date of Birth	<input type="text"/>	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality	<input type="text"/>	
Country of Residence	<input type="text"/>	
Age	<input type="text"/>	
Age Proof	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Per. Driving License <input type="checkbox"/> School Certificate <input type="checkbox"/> Service Record <input type="checkbox"/> Others	
ID Proof	<input type="checkbox"/> Aadhar Card <input type="checkbox"/> Driving License <input type="checkbox"/> PAN card <input type="checkbox"/> Passport <input type="checkbox"/> Voter ID card <input type="checkbox"/> Others	

3. Family Details

PROPOSED INSURED

Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
If Married	Spouse's Date of Birth <input type="text"/>
Place of Birth	<input type="text"/>
Father's Name	<input type="text"/>
Mother's Name	<input type="text"/>
Husband's Name	<input type="text"/>
Maiden name for Female life	<input type="text"/>
Preferred mode of communication	Letter <input type="checkbox"/> e-mail <input type="checkbox"/>
Preferred language	English <input type="checkbox"/> Hindi <input type="checkbox"/> Marathi <input type="checkbox"/> Punjabi <input type="checkbox"/> Oriya <input type="checkbox"/> Malayalam <input type="checkbox"/> Kannada <input type="checkbox"/> Gujarati <input type="checkbox"/> Telugu <input type="checkbox"/> Bengali <input type="checkbox"/> Assamese <input type="checkbox"/> Tamil <input type="checkbox"/>

5. IT Assessee

☐ Y ☐ N

If yes, PAN	<input type="text"/>	Form 60 <input type="checkbox"/>
Unique Identification number (Aadhar Card)	<input type="text"/>	
Do you want to assign the policy after issuance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If policy has to be backdated, mention date <input type="text"/>
GSTIN, if available	<input type="text"/>	

4. RESIDENTIAL AND MAILING ADDRESS

C/O	Relation to LA: <input type="text"/>	
Flat/Door no.	<input type="text"/>	
Name of Premises	<input type="text"/>	
Road/Street/Lane	<input type="text"/>	
Landmark (Near/Opp)	<input type="text"/>	
Village	<input type="text"/>	
Post/Area/Nagar	Town/Suburb/Taluka <input type="text"/>	
District	State <input type="text"/>	
County	Pin Code <input type="text"/>	
Tel.	Country Code <input type="text"/>	Area Code <input type="text"/>
Mobile	Country Code <input type="text"/>	Mobile No. <input type="text"/>
E-mail	<input type="text"/>	
Address Proof	<input type="checkbox"/> Passport <input type="checkbox"/> Telephone Bill <input type="checkbox"/> Electricity Bill <input type="checkbox"/> Driving License <input type="checkbox"/> Aadhar Card <input type="checkbox"/> Current Bank Passbook <input type="checkbox"/> Others	

6. Nominee Details (Under Sec. 39 of Insurance Act 1938) To be filled where Proposed Insured and Proposer are same

Name & Surname	Nominee 1 <input type="text"/>	Nominee 2 <input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>
Relationship to Insured	<input type="text"/>	<input type="text"/>
% Share of Nomination	<input type="text"/>	<input type="text"/>

7. Appointee Details (If Nominee is a minor)

Relationship to Nominee	<input type="text"/>
-------------------------	----------------------

8. Education & Occupation Details

PROPOSED INSURED

Education	<input type="checkbox"/> Non-matriculation (If non-matric, please state the highest standard <input type="text"/>) <input type="checkbox"/> Matriculation <input type="checkbox"/> Graduation & Higher <input type="checkbox"/> None
Annual Income	<input type="text"/>
Occupation*	<input type="checkbox"/> Salaried <input type="checkbox"/> Agriculture <input type="checkbox"/> Investment <input type="checkbox"/> Housewife <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Others
Income Proof	<input type="text"/>
Industry Type	<input type="text"/>

Employer's Name	<input type="text"/>
Address	<input type="text"/>
Office Phone No.	<input type="text"/>

*Please inform the Company of any change in occupation in the future.

9. a) Bank details of proposer

Bank & Branch Name	<input type="text"/>	Account No.	<input type="text"/>	IFSC Code	<input type="text"/>
Recurring Direct Debit A/c. No.	<input type="text"/>	MICR Code:	<input type="text"/>	A/c Type:	<input type="text"/>

9. b) Renewal Premium Payment Method

☐ Cheque/Cash/DD ☐ NACH ☐ CCSI ☐ ADI

Amount in words (in Rs.)	<input type="text"/>	Top-up Sum Assured	<input type="text"/>
Top-up Multiplier	<input type="text"/>	Top-up Rs.	<input type="text"/>
Date	<input type="text"/>	Cheque No.	<input type="text"/>

10. Coverage Information

Product Name	<input type="text"/>	Option/ Variant	<input type="text"/>
Premium Amount	<input type="text"/>	Extended Life Cover <input type="checkbox"/> Multiplier <input type="text"/>	
Sum Assured /GMB	<input type="text"/>		
Systematic Partial Withdrawal ____%	<input type="checkbox"/> Annual <input type="checkbox"/> Half-yearly <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly		

Riders (Tick if required) Proposer/ 1 st Proposed Insured	WOP for base policy and rider(s) chosen <input type="checkbox"/>	Riders (Tick if required) Proposer/ 2 nd Proposed Insured	WOP for base policy and rider(s) chosen <input type="checkbox"/>
ADB <input type="checkbox"/> Sum Assured <input type="checkbox"/> APTPDB <input type="checkbox"/> Sum Assured <input type="checkbox"/>		ADB <input type="checkbox"/> Sum Assured <input type="checkbox"/> APTPDB <input type="checkbox"/> Sum Assured <input type="checkbox"/>	
FIB <input type="checkbox"/> Sum Assured <input type="checkbox"/> CI <input type="checkbox"/> Sum Assured <input type="checkbox"/>		FIB <input type="checkbox"/> Sum Assured <input type="checkbox"/> CI <input type="checkbox"/> Sum Assured <input type="checkbox"/>	

11. a) Premium Apportionment For Unit Linked

NAME OF FUND*	%	NAME OF FUND*	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

11. b) Details of previous insurance held/currently applied with Bajaj Allianz Life Insurance Company/other medical insurance policies, if any

Policy/ Proposal Numbers	Insurance Company	Amount of Insurance	Status
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ Investor Selectable Portfolio Strategy ☐ Wheel of Life Portfolio Strategy ☐ Systematic Switching Option (SSO) ☐ Trigger based Portfolio Strategy ☐ Automatic Transfer Strategy (Please select any one of the above mentioned strategy) For Available Fund Names & SFIN, please see bottom of proposal form

[illegible]