

**SBI Life Insurance Co. Ltd**

Corporate Office: 'Natraj', M.V. Road and Western Express, Highway Junction, Andheri(East), Mumbai 400069. Regn No. 111

Website: www.sbilife.co.in | Email: info@sbilife.co.in | CIN: L99999MH2000PLC129113. Toll Free: 1800 267 9090 (Between 9.00 am &amp; 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		
<b>Gender</b>	<b>DOB</b>	<b>Age</b>	<b>Monthly Income</b>	<b>Monthly Expenses</b>	<b>Outstanding Home Loan Amount</b>
Male	01-06-1988	30	Rs. 48,000	Rs. 20,000	Rs. 0
<b>Martial Status</b>	<b>No. of Minor Children</b>		<b>Outstanding Loan Amount (Others)</b>	<b>Expected Inflation Rates#</b>	<b>Risk Appetite</b>
Married	0		Rs. 0	6%	Aggressive

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		
					<b>Dream Home</b>	<b>Other</b>
<b>Total Protection Coverage Required</b>	Rs. 86,40,000	<b>Total Corpus Required</b>	Rs. 1,87,76,798	<b>Total Corpus Required</b>	Rs. 0	Rs. 0
<b>Gap in Protection Coverage*</b>	Rs. 86,40,000 (100%)	<b>Gap Remaining</b>	Rs. 1,77,70,532 (95%)	<b>Gap Remaining</b>	Rs. 0 (0%)	Rs. 0 (0%)
<b>Current Protection Coverage</b>	Rs. 0	<b>Monthly Investment Required*</b>	Rs. 12,536	<b>Monthly Investment Required*</b>	Rs. 0	Rs. 0
		<b>Years left to Retire</b>	30 Years	<b>No. of Years to realise</b>	0 Years	0 Years
<b>Suggested Product(s)</b>		<b>Suggested Product(s)</b>		<b>Suggested Product(s)</b>		
Sampoorn Cancer Suraksha (UIN: 111N109V01) Smart Shield (UIN : 111N067V05) Smart Swadhan Plus (UIN : 111N104V01) Poorna Suraksha (UIN: 111N110V01)		Retire Smart (UIN : 111L094V01)				

# Inflation Rates are assumed &amp; subjective in nature

\*The Monthly Investment Required is the absolute amount required and does not include the Mortality Charge, Applicable Taxes &amp; 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 have gone through the financial analysis carefully and have chosen the following products from those recommended to me, based on my financial circumstances and priorities. The products features along with its benefits, terms and conditions have been explained to me in detail.**

SBI Life- Smart Bachat ( UIN - 111N108V01 ) - Traditional Plan

**I have gone through the financial analysis carefully and have chosen the following products from those recommended to me, based on my financial circumstances and priorities. The products features along with its benefits, terms and conditions have been explained to me in detail.**

SBI Life- Smart Bachat ( UIN - 111N108V01 ) - Traditional Plan

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

**I further confirm that I have not been compelled to purchase any of the above insurance products by the sales intermediary (of the bank) for availing any other financial product or facility that is offered by the bank.**

**This document is eSigned by Proposer.**

Date :29-5-2019	(CIF code- 990819720) Name of CIF- DEBJIT NATH Authenticated by Id & Password
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Purchase of insurance product is voluntary. 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 for SBI LIFE - Smart Bachat (UIN: 111N108V01)

Quotation Number	OL2D00099081972029052019050923	Proposer Name	Mr. Balappa Kallappa Naik
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#### Introduction

Insurance Regulatory & Development Authority of India (IRDAI) requires all life insurance companies operating in India to provide official illustrations to their customers. The illustrations are based on the investment rates of return set by the Life Insurance Council (constituted under Section 64C(a) of the Insurance Act 1938) and is not intended to reflect the actual investment returns achieved or which may be achieved in future by SBI Life Insurance Company Limited. All life insurance companies use the same rates in their benefit illustrations.

For SBI Life Smart Bachat (UIN: 111N108V01) the two rates of investment return we choose to use for this purpose are 4% and 8% per annum.

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. Further information will also be available on request.

Statutory Warning-Some benefits are guaranteed and some benefits are variable with returns based on the future performance of your Insurer carrying on life insurance business. If your policy offers guaranteed returns then these will be clearly marked 'guaranteed' in the illustration table on this page. If your policy offers variable returns then the illustrations on this page will show two different rates of assumed future investment returns. These assumed rates of return are not guaranteed and they are not the upper or lower limits of what you might get back, as the value of your policy is dependent on a number of factors including future investment performance.

#### Personal Details of Life to be Assured

Policy Term	10	Age(last birthday)	30
Gender	Male	Premium Payment Term (yrs)	5
Premium Payment Frequency	Yearly	Plan	Option B (Endowment Option with in-built Accidental Death and Total Permanent Disability (AD&TPD) Benefit)
Base Sum Assured (in Rs.)	1,10,000	Staff/Non-Staff	Non-Staff

#### Premium for Option B (Endowment Option with in-built Accidental Death and Total Permanent Disability (AD&TPD) Benefit)

Total Premium for Base Product(in Rs)	First Year	Second Year Onwards
Yearly premium for base cover(in Rs.)	20,985	20,985
Yearly premium for Accidental Death and Disability benefit(in Rs.)	158	158
Total Yearly premium excluding GST (in Rs.)	21,144	21,144
GST (Rs.)	952	476

Total Yearly premium including GST (in Rs.)	22,096	21,620
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BENEFIT ILLUSTRATION FOR SBI LIFE Smart Bachat											
Policy Term	Total basic premium paid (without taxes)	Benefit payable on death (in Rs.)			Benefit payable on Accidental death (in Rs.)	Benefit Payable at Maturity (in Rs.)			Benefit Payable at Surrender (in Rs.)		
		Guaranteed	Non-guaranteed		Guaranteed	Guaranteed	Non-guaranteed		Guaranteed (GSV)	Non-guaranteed (SSV)	
			4% pa	8% pa			4% pa	8% pa		4% pa	8% pa
1	21,144	2,11,440	880	3,630	1,10,000	0	0	0	0	0	0
2	42,288	2,11,440	1,760	7,260	1,10,000	0	0	0	12,686	16,093	30,045
3	63,432	2,11,440	2,640	10,890	1,10,000	0	0	0	25,373	25,891	48,338
4	84,576	2,11,440	3,520	14,520	1,10,000	0	0	0	42,288	36,795	68,696
5	1,05,720	2,11,440	4,400	18,150	1,10,000	0	0	0	52,860	53,899	1,00,629
6	1,05,720	2,11,440	5,280	21,780	1,10,000	0	0	0	52,860	56,002	1,06,696
7	1,05,720	2,11,440	6,160	25,410	1,10,000	0	0	0	52,860	58,239	1,13,150
8	1,05,720	2,11,440	7,040	29,040	1,10,000	0	0	0	58,146	60,616	1,20,018
9	1,05,720	2,11,440	7,920	32,670	1,10,000	0	0	0	58,146	63,143	1,27,326
10	1,05,720	2,11,440	10,120	41,745	1,10,000	1,10,000	10,120	41,745	58,146	65,826	1,35,106

Benefit payable to the nominee on death Higher of i) Sum Assured on death# + Vested Simple Reversionary Bonuses + Terminal bonus, if any. OR ii) 105% of all the basic premiums paid. #For details on Sum Assured on death please refer the Sales Brochure

Notes
1. For Monthly mode, 3 Months premium to be paid in advance. For Monthly Salary Saving Scheme (SSS), 2 month premium to be paid in advance.
2. The premiums can be paid by giving standing instruction to your bank or you can pay through your credit card.
3. In case Accidental Total and Permanent Disability is paid, then future premiums would be waived off for the rest of the premium payment term.
4. Tax deduction under Section 80 C is available. However in case the premium paid during the financial year, exceeds 10% of the sum assured, the benefit will be limited up to 10% of the sum assured. Tax exemption under Section 10(10D) is available at the time of maturity/surrender, subject to the premium not exceeding 10% of the sum assured in any of the years during the term of the policy. However, death proceeds are completely exempt.

Other Terms and Conditions
1. The benefit calculation is applicable for a healthy individual and is based on the age shown above
2. The Maturity/Death/Surrender/AD&TPD Benefit amounts are derived on the assumption that the policy is in-force
3. The surrender values shown above are applicable only for in-force policies and values are shown at the end of policy year but before the payment of survival benefit for that policy year.

Bonus Rates
This is a with profit plan and participates in the profits of the company's life insurance business. It gets a share of the profits in the form of bonuses as a result of the statutory valuation carried out every year based on the applicable IRDAI regulations.
Simple reversionary bonuses are declared as a percentage rate, which apply to the sum assured of the basic policy. Once declared, they form a part of the guaranteed benefits of the plan. Terminal bonuses, if any, are declared as a percentage rate, which apply to the vested reversionary bonus.
The bonus rates in the benefit illustration are constant. However, in practice, future bonuses are not guaranteed and will depend on future profits. Therefore, the bonuses are shown as non-guaranteed benefits and are calculated so that they are consistent with the two projected investment return assumptions of 4% and 8% per annum.
Accordingly, for the purpose of guaranteed surrender value (GSV) in this illustration, the cash value of vested bonuses are not considered at all.

Guaranteed Surrender Value
The policy will acquire a paid-up and/or surrender value only if premiums have been paid for at least 2 full years for Premium Payment term less than 10 years and at least 3 full years for Premium Payment term 10 years or more
The GSV factor will depend on policy year in which the surrender request is made. The Guaranteed Surrender Value (GSV) will be equal to GSV

factors multiplied by the basic premiums paid. The basic premiums in this case will exclude Goods & Service Tax(GST), underwriting extra premiums, extra premium due to modal factors , if any.

#### Company's Policy on Surrender

In practice, the company may pay a surrender value which could be higher than the guaranteed surrender value. The benefits payable on surrender reflects the value of your policy, which is assessed based on the past financial/demographic experience of the company with regard to your policy/group of similar policies, as well as the likely future experience. The surrender value payable may be reviewed from time to time depending on company's experience of the various factors which impact the surrender values that may be paid. The surrender value would be higher of GSV or SSV.

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

Your SBI Life Smart Bachat (UIN: 111N108V01) is a Limited premium policy, for which your first year Yearly premium is Rs. 22,096. Your Policy Term is 10 years, Premium Payment Term is 5 years and Basic Sum Assured is Rs. 1,10,000

**I, Mr. Balappa Kallappa Naik have understood the terms and conditions, product features and applicable charges(if any) before purchase of the contract, after receipt of all information stated above from the insurer.**

**This document is eSigned by Mr. Balappa Kallappa Naik**

#### Marketing official's Signature & Company Seal

Place :BANGALORE

Date :29-5-2019

(CIF code- 990819720)  
Name of CIF- DEBJIT NATH  
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)

**Registered & Corporate Office: SBI Life Insurance Co. Ltd, Natraj, M.V. Road & Western Express Highway Junction, Andheri (East), Mumbai - 400 069. 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). Trade logo displayed above belongs to State Bank of India and is used by SBI Life under license.**

Proposal No.	<b>2DYA964013</b>
Proposer/Accountholder Name*	<b>Mr. Balappa Kallappa Naik</b>

(\* 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			Kallavva		
Spouse's Name			NA		
Residential Status			Resident Individual		
C-KYC number					
Country of Birth		India	Place of Birth		Athani
GSTIN					
Identification Proof	Pancard	Identification No	ASOPN9386Q	Expiry Date	NA
Address Proof			Voter s Identity Card		
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.

Signature of the Proposer	
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Place :BANGALORE	Date :29-05-2019
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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.





Product Code	2D	Proposal Number	2DYA964013
Product Name	SBI Life - Smart Bachat	Plan Option	Option B (Endowment Option with in-built Accidental Death and Total Permanent Disability (AD&TPD) Benefit)

## COMMON PROPOSAL FORM - TRADITIONAL & VARIABLE INSURANCE PRODUCTS SBI LIFE INSURANCE COMPANY LTD.

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

**Registration No. 111**

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

**L99999MH2000PLC129113**

Channel Name	Corporate Agency(SBG)
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**Channel Details(This section is filled by Sales Representative)**

CIF Code	990819720	CIF Name	DEBJIT NATH
Bank/Broker/CA/IMF Code	00	Bank/Broker/CA/IMF Name	State Bank Of India
Sourcing Branch Code	254	Sourcing Branch Name	PARASGAD SAUNDATTI

**For Institutional Alliance / Corporate Agency(SBG) only**

Code 1	NA	Code 2	NA	Code 3	NA
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1. Are You an Existing SBI Life Customer?(If Yes, provide Customer ID/ Policy No)	No
2. Whether Proposal is Under : (If any option is selected, please submit relevant Questionnaire/annexure/supporting documents along with the Proposal form as applicable)	NA
3. Simultaneous Proposals Nos (If any)	NA
4. Do you want to assign this policy on Issuance? (If yes, please submit relevant documents/annexure with the Proposal form)	No
5. Preferred Language For Communication	Kannada

### 6. DETAILS OF PROPOSER/ LIFE TO BE ASSURED/HUF KARTA

First Name				Mr. Balappa			
Middle Name				Kallappa			
Last Name				Naik			
Father's Name				Kallappa			
Maiden Name (For Female Proposers only)				NA			
Gender		Male		Date of Birth		01-06-1988	
Nationality		Indian		Country of Residence		India	
Passport Number	NA	Date of Issue	NA	Valid Upto		NA	
Age Proof		Pancard		Identity Proof		Pancard	
Marital Status		Married		Qualifications		Graduate	

Occupation		Service			
Name and Address of Employer/Business Organisation/Work Place		Morarji Desai Residential School			
Specify the Exact Nature of your Duties		Assistant Teacher			
Force Name		NA			
Force Number		NA			
Are you exposed to any special hazard associated with your occupation(e.g chemical factory, mines, explosives, corrosives, combative duties, oil exploration, high sea voyage etc.) which may render you susceptible to injuries or illnesses?				No	
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.) If No, then in case your PEP status changes in future you shall inform SBI Life Insurance Co Ltd. of such a change.				No	
Do you have any history of conviction under any criminal proceedings in India or abroad?				No	
Please indicate whether you or your spouse is working / retired from State Bank Group	No	Self :PF/Pension Index/ Employee No	NA	Spouse :PF/Pension Index/ Employee No	NA
Annual Income	Rs. 576000	Source of Income	Salary		
PAN*	ASOPN9386Q	Income Proof	Not Applicable		
*Please submit self attested copy of PAN Card or PAN Exemption form if annualised premium under this proposal is Rs. 50,000 or above					
If total premium paid by you is Rs. 1 lakh and above please submit documents to show the fund source.					
Document Submitted		Copy of PAN			
Domicile	Rural	Aadhar Number	XXXXXXXXX7181		
Communication Address		S/O, Kallappa Naik, Adalatti, Taluk Athani, Dist Belgaum-BELGAUM, 591248, KARNATAKA India			
Mobile Number	9535481064	Email Id	balappa64@gmail.com		
Tel.No(Home)	NA	Tel. No.(Office)	NA		
Address Proof		Voter s Identity Card			
Indian Permanent Address (It is optional and applicable only for NRI)		S/O, Kallappa Naik Adalatti, Taluk Athani Dist Belgaum-BELGAUM, 591248, KARNATAKA, India			
Indian Permanent Address Proof		Voter s Identity Card			

## 7.DETAILS OF MINOR / LIFE ASSURED(Same as Proposer)

Name		Mr. Balappa Kallappa Naik	
Address		S/O, Kallappa Naik Adalatti, Taluk Athani Dist Belgaum-BELGAUM, 591248, KARNATAKA, India	
Gender	Male	Date of Birth	01-06-1988
Relationship with the Proposer	Life Assured is same as Proposer	Age Proof	Pancard

## 8. NOMINEE DETAILS(Nomination is not applicable for Minor or HUF Member)

Full Name		Mrs.Mahadevi B Naik	
Address		S/O, Kallappa Naik, Adalatti, Taluk Athani, Dist Belgaum-BELGAUM, 591248, KARNATAKA ,India	
Gender	Female	Date of Birth	31-07-1994
Relationship with the Proposer		Wife	

In case of more than one nominee, please provide details in the requisite annexure.

8.1. APPOINTEE DETAILS (Applicable in case Nominee is a Minor)			
Full Name		NA	
Address		NA	
Gender	NA	Date of Birth	NA
Relationship with Life Assured	NA	Relationship with the Nominee	NA
Signature of Appointee			

#### 9. DETAILS OF INSURANCE COVER PROPOSED

#### Basic Plan Details

Plan Type	Limited	Plan Option	Option B (Endowment Option with in-built Accidental Death and Total Permanent Disability (AD&TPD) Benefit)
Premium Frequency	Yearly	Objective of taking this Policy	Both

#### Plan Details

Maturity/ Annuity/ Any other option	NA	Maturity/ Annuity/ Any other option Frequency	NA
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Plan/Rider/option Benefit	Policy Term(Yrs)	Premium Paying Term(Yrs)	SAMF	Sum Assured(Rs)	Premium Payable(Rs)
SBI Life-Smart Bachat-Option B (Endowment Option with in-built Accidental Death and Total Permanent Disability (AD & TPD) Benefit)	10	5	NA	110000	20985
Accidental Death and Total Permanent Disability Benefit	10	5	NA	110000	158
Modal Premium Payable(Rs)			NA		21143
GST					952
Backdating Interest					0
Total Installment Premium					22096

#### BackDating

I wish to Backdate the Policy(Policy will be backdated to a date within the same financial Year in which the policy has been taken)	No	Backdating Date	NA
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#### 10. Details Of Premium Remittance

Is deposit for premium under this proposal paid by you	Yes
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10.1. Mode of Payment of Renewal Premium	EFT (Available only through SBG Branches)
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SBI Life shall not be responsible for the failure of any of the payment mechanisms, if any. it is the sole responsibility of the Proposer to ensure that the premium is received by SBI Life.

11. Do you have any other individual life insurance policy or have you applied for one	No
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12. FAMILY HISTORY OF THE LIFE TO BE ASSURED				
Relation	Alive/Not Alive	Present Age/Age at Death	Nature of Disorder (Have any of your parents, brothers or sisters died or suffered from any of the diseases / disorders specified below? ***)	Particulars, including date of diagnosis if not alive, specify cause of death (Have any of your parents, brothers or sisters died or suffered from any of the diseases / disorders specified below? ***)
Father	Alive	68	NA	NA
Mother	Alive	65	NA	NA
Spouse	Alive	24	NA	NA

\*\*\* Heart disease, hypertension, high blood pressure, Diabetes, Stroke, Cancer, Kidney disease, any hereditary disease, if any other disease, pls. specify.

13. MEDICAL AND OTHER DETAILS OF THE LIFE TO BE ASSURED			
1A) Height	167.64 Cms	1B) Weight	60 Kgs
2) Visible Identifications marks, if any	No		
3) During the last one year, has there been any increase/decrease in your weight over 5 Kg ?	No		
4) During the last 10 years, have you undergone or advised to undergo hospitalization or an operation or any investigation or tests or Medical treatment ?	No		
5) During the last 5 years, whether you were under any medical treatment or regular monitoring for more than 14 consecutive days ?	No		
6) During the last 5 years, have you remained absent from your place of work (Professional or Non Professional) on grounds of health, injury, mental condition or sickness for 30 consecutive days or more ?	No		
7) Do you plan or have been advised to undergo any surgery or hospitalization or visit to a doctor or practitioner for any physical, mental or emotional condition, injury, or sickness in near future ?	No		
8) Do you have any Physical Deformity or congenital/acquired defect ?	No		
9) Have you undergone any test for HIV ? If YES, was HIV present?	No		
10) Have you undergone any test for Hepatitis A/B/C ? If YES was Hepatitis A/B/C present?	No		
11) Have you met with any accident or suffered from any physical impairment/ head injuries/ loss of consciousness due to any accident ?	No		
12) Have you ever been tested or treated or have been advised to undergo investigation for a sexually transmitted disease ?	No		
13) Do you have High Blood Pressure or have you ever suffered or treated or have you been advised to undergo investigation for High Blood Pressure ?	No		
14) Do you have Diabetes or have ever suffered or treated or have you been advised to undergo investigation for Diabetes?	No		
15) Are you suffering from, or did you suffer or undergo investigation in the past from or have you been advised to undergo investigation or treatment for :			
a) Cancer/ Leukemia/ Lymphoma	No	h) Bone/ Joint / Back Disease/ Arthritis	No
b) Kidney Disease (Stones, blood in Urine, etc)	No	i) Mental Disorders (Depression, Anxiety, etc)	No
c) Liver Disease (Jaundice/ Hepatitis, etc)	No	j) Chronic Infections/ Circulatory/ Blood Disorder	No
d) Heart Disease (Chest	No	k) Brain/ Nervous System Disease/	No

Pain, Vascular Disease)		Stroke	
e) Digestive Disorder(Ulcer, Gastric Bleeding, etc)	No	l) Tumor/ Cysts/ Any other unusual growth/ Lumps	No
f) Lung/ Respiratory disease(T.B, Asthma, Pneumonia, etc)	No	m) Eye Disease/ Ear Disorders	No
g) Goitre/ Thyroid/ Other Endocrine Diseases	No	n) Skin Disorders(Psoriasis, etc)	No
16) Do you consume or have ever consumed Narcotic substances or addictive drugs in any form ?			No
Name of the Drugs	NA	Since When	NA Years
17) Do you consume or have ever consumed Tobacco in any form(Cigarettes/ Beedis/ Guthka/ Cigar, etc) ?			No
No. of Cigarette/ Beedi/ Cigars per day	NA per day	Tobacco/ Guthka per day (In gms)	NA (In gms)
For How many years			NA Years
18) Do you consume or have ever consumed Alcohol in any form or have you suffered from complications due to Alcohol consumption ?			No
Consumption per day(In ml)	NA ml	Since When	NA years
<b>14. FOR FEMALE LIVES ONLY</b>			
i) Are you presently pregnant?	NA	Date of Last Delivery	NA
ii) Have you ever had any abortion or miscarriage or undergone any caesarian operation(s)?			NA
No. of Occasion	NA	Date of Abortion	NA
Cause			NA
iii) Have you ever suffered / are you suffering from / undergone any investigation/received any medical advice / expected to undergo any investigation/ consulted a physician for any gynaecological/obstetrics problem related to uterus, cervix, ovary, breasts, etc or undergone surgical procedure like hysterectomy etc?			NA
iv) Have you undergone a Family Planning Operation?			NA
v) Husband's Annual Income(Rs)			NA
vi) Husband's Insurance Details			
Name of Insurance Co.	Policy No.	Yearly Premium(Rs)	Sum Assured(Rs)
NA	NA	NA	NA
<b>15. DETAILS OF HOBBIES AND PASTIMES</b>			
Do you take part in any adventurous hobbies/activities that could be dangerous in any way, such as aviation (other than as a fare paying passenger), mountaineering, diving or any form of racing, etc.?			No

**16. BANK ACCOUNT DETAILS OF PROPOSER/LIFE TO BE ASSURED (MANDATORY)**

Please Provide accurate details to avoid wrong payments as all future payouts from SBI Life shall be based on the information furnished here.

A/C No	54056506408	A/C Type	Savings
Bank Name	STATE BANK OF INDIA	Bank Branch Name	PARASGAD SAUNDATTI
Name of the A/C Holder		Mr Balappa Kallappa Naik	
MICR Code	NA	IFSC Code	SBIN0000254
Please submit any one of the below listed Documents submitted for direct credit of any refunds/payouts if any to this account.		Copy of Bank Passbook	
I declare that the information given above is true and correct. I shall not hold SBI Life responsible for non-credit/nonpayment of payout or refund, if any due to any reason including but not limited to incorrect/incomplete information. I hereby authorise SBI Life to directly credit payout/refund, if any, to the above mentioned account.			
This document is eSigned by Mr. Balappa Kallappa Naik			

**17. e-Insurance A/C details**

I would like to receive my insurance policy and all the information related to the proposed insurance policy through insurance repository (If opted for the above, please submit requisite annexure with the proposal Form.)	No
If you already have e-insurance A/C number, please provide the same ?	NA

e-Insurance A/c No	NA	Repository Name	NA
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#### 18. DECLARATION BY THE PROPOSER/ HUF KARTA/ LIFE TO BE ASSURED

- I hereby declare that the foregoing statements and answers have been given by me after fully understanding the questions and the same are true, accurate and complete in every manner and that I have not withheld or omitted to give any information.
- Further, I have not provided any false information in reply to any question. I understand and agree that the statements in this proposal constitute warranties.
- I do hereby agree and declare that these statements and this declaration shall be the basis of contract of assurance between me and SBI Life Insurance Co. Ltd. (Company) and that 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 per the provisions of Section 45 of the Insurance Act 1938, as amended from time to time.
- I also understand and agree that the company shall additionally levy or recover all the applicable taxes like Service Tax, Surcharges, Cess, GST etc. from the premium which are necessitated by various enactments of Central and/or State Legislatures from time to time.
- I undertake to undergo all medical tests as may be required by the Company for the grant of insurance.
- 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, administrators and assignees or any other person or persons having interest of any kind whatsoever in the policy contract issued to me, hereby agree that such authority, having such knowledge or information, shall at any time be at liberty to divulge any such knowledge or information to the Company.
- I hereby authorize the Company to provide my details to banks, financial institutions and third party service providers that the Company may have tie-ups with, for verification of proposal's details and for servicing of resulting policy.
- I further agree that if after the date of submission of this proposal but before the issue of the premium receipt by the Company (i) if there are any adverse circumstances connected with the general health of myself, or (ii) if a proposal for assurance on my life 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, or, (iii) if there is any change in my occupation, I shall forthwith intimate the same to SBI Life Insurance Co. Ltd. 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.
- In the event that this proposal is not converted into a policy, I agree that the Company has the right to recover from me, any medical expenses incurred by the Company. I understand and agree that SBI Life will not be responsible for any delay in premium payment, irrespective of any mode for remittance opted.
- I understand that the contract will be governed by the provisions of the Indian Insurance Act 1938 and Indian contract Act, 1872 etc, as amended from time to time and other applicable Statutes and prevailing laws in India and that the risk cover will not commence until a written acceptance of this proposal is issued by the Company and that the risk cover and other benefits under the policy shall be subject to the terms and conditions contained in the contract of assurance.
- I also agree that the amount held in proposal/policy deposit shall not earn any interest except as prescribed under regulatory provisions, as applicable.
- I hereby declare that the deposit for this proposal has been paid from my own source/income.
- I hereby understand and agree that no physical policy document will be issued to me if I have requested for issuing this insurance policy in electronic format to my eInsurance Account.
- I further request SBI LIFE to send me any information relating to this proposal/ resulting policy and I hereby give my consent to receive such information through SMS/ Email/ Phone/ Letter, notwithstanding any Regulations/ Statutory provisions to the contrary. This consent shall hold good even if I register my number with the National Customer Preference Register (NCPR).
- For Regular Premium Policyholders Only – Please Note Smart Bachat is a regular premium/limited premium policy and I am aware that I would need to pay premium for 5 years (Premium Payment Term).
- I hereby declare that I have reviewed details in the Need Analysis, Benefit Illustration, FATCA and relevant questionnaires provided. I have also thoroughly scrutinized all pages of the proposal form. I declare that the information given above is true and correct.
- I understand and agree that by submitting this application through the tablet/mobile device, I shall be bound by such statements/disclosures of material facts in the same manner and to the same extent, as if I have signed and submitted the written proposal for insurance to the company.

Signature of the Proposer This document is eSigned by Mr. Balappa Kallappa Naik		
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Witness by	(CIF code- 990819720) Name of CIF- DEBJIT NATH Authenticated by Id & Password	
Place :BANGALORE	Date :29-05-2019	

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

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 prospectus or tables of the insurer.

Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.

2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

**Non-Disclosure : Extract of Section 45 of the Insurance Act 1938, as amended from time to time,states**

1. No policy of life insurance shall be called into question on any ground whatsoever after the expiry of three years from the date of policy. A policy of life insurance may be called into question at anytime within three years from the date of 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.

2. 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 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.

3. 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.

4. 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.