



FORM FOR SUITABILITY ANALYSIS

1. Full Name of the proposer

Date of Birth

Age (years)

Full Address

Marital Status

2. Occupation

3. What is proposer's yearly income from:

(A) (i) Employment Rs per annum
(ii) Business or profession Rs per annum
(iii) Other sources(to be specified) Rs per annum
(iv) H.U.F if any Rs per annum
(v) Income of the life to be assured if assured is different from the proposer.
Rs per annum

(B) Whether Income proof submitted If Yes;
(i) Nature of document related to income verification
(ii) Is he/she an Income Tax Assessee ,If Yes
(iii) PAN
Tax Bracket %

4. Details of previous Insurance: [\(Please refer to annexure\)](#)

5. Family History : [\(Please refer to annexure\)](#)

5 (A). Spouse details:

Name
Occupation
Annual Income

6. Need Analysis:

Total Annual Income: 400000

Outstanding Liabilities:

(i) Secured Loan 0

(ii) Non-secured Loan 0

Based on his age and income, the maximum Insurance that can be granted as per existing rule is:

Age group: Up to 35yrs

Multiple of Avg. Annual Income: 25 times

Maximum Allowable Insurance: 10000000

7.(a) Object of Insurance: Risk Coverage with savings

(b) Risk Profile: Conservative to Moderate

(c) How would like to pay your premiums: Regular

(d) Time frame for this investment : 25

8. Categorization of Plans in relation to object of Insurance:

Category: Conservative to Moderate

Risk Profile: Conservative to Moderate

Plan Name: JEEVAN LABH

9. Product Chosen

| Table No. | Plan Name | Term |
|-------------|-------------------|---------|
| 936 | LIC's Jeevan Labh | 25 |
| Sum Assured | Mode | Premium |
| 500000 | Half-Yearly | 11484 |

9.(a) If ULIP is proposed, allocation charges:

| 1 st year | 2 nd year | 3 rd year onwards |
|----------------------|----------------------|------------------------------|
| N.A. | N.A. | N.A. |

(b) Other charges which will be levied by cancelling UNITS :

| Life Cover Charges % | Policy Administration Charges | Fund Management Charges |
|----------------------|-------------------------------|-------------------------|
| N.A. | N.A. | N.A. |

9.(c) If Annuity/Pension is opted;

Target Annuity per Annum

N.A.

Type of Annuity

N.A.

Annuity amount per annum

0

Deferment Period

N.A.

10. Is total insurance added to the present proposal reasonable in relation to income ?

No

The questions above pertain to your personal condition at the time of application and to your understanding of the features of the product for which you are applying. This information will not be used for any other purpose and will remain confidential.

I, **Nishad Dipak Thakare**.....having received the information with respect to the above, have understood the selection of product before entering into this contract. My preferred plan details are as following:

Table No.

936

Plan Name

LIC's Jeevan Labh

Term

25

Sum Assured

500000

Mode

Half-Yearly

Premium

11484

Place:

India

Signature of prospect

Date:

05-07-2021



Life Insurance Corporation of India

Product Name

LIC's Jeevan Labh (T-936)

Date of Illustration

05/07/2021

512N304V02

Policy Number

(to be mentioned after issuance of policy)

Benefit UID

99K 0000010687

Basic Plan UIN

Agent Name

Agent Code

| | | | | | | | |
|---|-------|---------------------|--------------|-------------------|---|-------------------|-------------|
| Age at Entry | 28 | Policy Term | 25 | Prem. Paying Term | 16 | Prem. Pay Mode | Half Yearly |
| Instalment Premium* (W/O GST) | 11159 | Annualised Premium* | 22086 | Sum Assured | 500000 | Death Sum Assured | 500000 |
| Note: GST rate shall be as applicable from time to time | | | | | | | |
| Instalment Premium With GST(First Year)/GST Rate | | | 11661 / 4.50 | Policy Option | Simple Revesrsionary and Final Additional Bonus | 11410 / 2.25 | |

How to read and understand this benefit illustration?

This benefit illustration is intended to show year-wise premiums payable and benefits under the policy, at two assumed rates of interest i.e., 8% p.a. and 4% p.a.

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 benefits then these will be clearly marked guaranteed in the illustration table on this page. If your policy offers variable benefits then the illustrations on this page will show two different rates of assumed future investment returns, of 8% p.a. and 4% p.a. 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.

| Policy Year (End of the year) | Annualized premiums (Cumulative) | Guaranteed Benefits | | | Non Guaranteed Benefits @ 4% p.a. | | Non Guaranteed Benefits @ 8% p.a. | | Total Benefits (Including Guaranteed and Non-Guaranteed Benefits) | | | | | |
|-------------------------------|----------------------------------|---------------------|---------------|------------------|-----------------------------------|-------------------|-----------------------------------|-------------------|---|--|---|---|------------------------------------|------------------------------------|
| | | | | | | | | | Maturity Benefit | | Death Benefit | | Surrender Benefit | |
| | | Surrender Benefit | Death Benefit | Maturity Benefit | Reversionary Bonus | Surrender Benefit | Reversionary Bonus | Surrender Benefit | Maturity Benefit, incl. of Final Bonus, if any, @ 4% (5+6+FAB) | Maturity Benefit, incl. of Final Bonus, if any, @ 8% (5+8+FAB) | Total Death Benefit, incl. of Final Bonus, if any, @ 4% (4+6+FAB) | Total Death Benefit, incl. of Final Bonus, if any, @ 8% (4+8+FAB) | Total Surrender Benefit @ 4% (3+7) | Total Surrender Benefit @ 8% (3+9) |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 1 | 22,086 | 0.00 | 5,00,000 | 0.00 | 2,000 | 0.00 | 15,000 | 0.00 | 0.00 | 0.00 | 5,02,000 | 5,15,000 | 0.00 | 0.00 |
| 2 | 44,172 | 13,252 | 5,00,000 | 0.00 | 4,000 | 0.00 | 30,000 | 0.00 | 0.00 | 0.00 | 5,04,000 | 5,30,000 | 13,252 | 13,252 |
| 3 | 66,258 | 23,190 | 5,00,000 | 0.00 | 6,000 | 917 | 45,000 | 6,876 | 0.00 | 0.00 | 5,06,000 | 5,45,000 | 24,107 | 30,066 |
| 4 | 88,344 | 44,172 | 5,00,000 | 0.00 | 8,000 | 1,234 | 60,000 | 9,252 | 0.00 | 0.00 | 5,08,000 | 5,60,000 | 45,406 | 53,424 |
| 5 | 1,10,430 | 55,215 | 5,00,000 | 0.00 | 10,000 | 1,555 | 75,000 | 11,663 | 0.00 | 0.00 | 5,10,000 | 5,75,000 | 56,770 | 66,878 |
| 6 | 1,32,516 | 66,258 | 5,00,000 | 0.00 | 12,000 | 1,886 | 90,000 | 14,148 | 0.00 | 0.00 | 5,12,000 | 5,90,000 | 68,144 | 80,406 |
| 7 | 1,54,602 | 77,301 | 5,00,000 | 0.00 | 14,000 | 2,230 | 1,05,000 | 16,727 | 0.00 | 0.00 | 5,14,000 | 6,05,000 | 79,531 | 94,028 |
| 8 | 1,76,688 | 91,524 | 5,00,000 | 0.00 | 16,000 | 2,595 | 1,20,000 | 19,464 | 0.00 | 0.00 | 5,16,000 | 6,20,000 | 94,119 | 1,10,988 |
| 9 | 1,98,774 | 1,06,344 | 5,00,000 | 0.00 | 18,000 | 2,984 | 1,35,000 | 22,383 | 0.00 | 0.00 | 5,18,000 | 6,35,000 | 1,09,328 | 1,28,727 |
| 10 | 2,20,860 | 1,22,136 | 5,00,000 | 0.00 | 20,000 | 3,406 | 1,50,000 | 25,545 | 0.00 | 0.00 | 5,20,000 | 6,50,000 | 1,25,542 | 1,47,681 |
| 11 | 2,42,946 | 1,38,722 | 5,00,000 | 0.00 | 22,000 | 3,868 | 1,65,000 | 29,007 | 0.00 | 0.00 | 5,22,000 | 6,65,000 | 1,42,590 | 1,67,729 |
| 12 | 2,65,032 | 1,55,839 | 5,00,000 | 0.00 | 24,000 | 4,219 | 1,80,000 | 31,644 | 0.00 | 0.00 | 5,24,000 | 6,80,000 | 1,60,058 | 1,87,483 |
| 13 | 2,87,118 | 1,73,994 | 5,00,000 | 0.00 | 26,000 | 4,592 | 1,95,000 | 34,437 | 0.00 | 0.00 | 5,26,000 | 6,95,000 | 1,78,586 | 2,08,431 |
| 14 | 3,09,204 | 1,92,943 | 5,00,000 | 0.00 | 28,000 | 4,998 | 2,10,000 | 37,485 | 0.00 | 0.00 | 5,28,000 | 7,10,000 | 1,97,941 | 2,30,428 |
| 15 | 3,31,290 | 2,12,357 | 5,00,000 | 0.00 | 30,000 | 5,448 | 2,25,000 | 40,860 | 0.00 | 0.00 | 5,30,000 | 7,27,500 | 2,17,805 | 2,53,217 |

| | | | | | | | | | | | | | | |
|----|----------|----------|----------|----------|--------|--------|----------|----------|----------|----------|----------|----------|----------|----------|
| 16 | 3,53,376 | 2,32,875 | 5,00,000 | 0.00 | 32,000 | 5,952 | 2,40,000 | 44,640 | 0.00 | 0.00 | 5,32,000 | 7,42,500 | 2,38,827 | 2,77,515 |
| 17 | 3,53,376 | 2,38,882 | 5,00,000 | 0.00 | 34,000 | 6,521 | 2,55,000 | 48,909 | 0.00 | 0.00 | 5,34,000 | 7,60,000 | 2,45,403 | 2,87,791 |
| 18 | 3,53,376 | 2,45,243 | 5,00,000 | 0.00 | 36,000 | 7,175 | 2,70,000 | 53,811 | 0.00 | 0.00 | 5,36,000 | 7,77,500 | 2,52,418 | 2,99,054 |
| 19 | 3,53,376 | 2,51,604 | 5,00,000 | 0.00 | 38,000 | 7,923 | 2,85,000 | 59,423 | 0.00 | 0.00 | 5,38,000 | 7,95,000 | 2,59,527 | 3,11,027 |
| 20 | 3,53,376 | 2,57,611 | 5,00,000 | 0.00 | 40,000 | 8,796 | 3,00,000 | 65,970 | 0.00 | 0.00 | 5,40,000 | 8,12,500 | 2,66,407 | 3,23,581 |
| 21 | 3,53,376 | 2,63,972 | 5,00,000 | 0.00 | 42,000 | 9,820 | 3,15,000 | 73,647 | 0.00 | 0.00 | 5,42,000 | 8,30,000 | 2,73,792 | 3,37,619 |
| 22 | 3,53,376 | 2,70,333 | 5,00,000 | 0.00 | 44,000 | 11,022 | 3,30,000 | 82,665 | 0.00 | 0.00 | 5,44,000 | 8,52,500 | 2,81,355 | 3,52,998 |
| 23 | 3,53,376 | 2,76,340 | 5,00,000 | 0.00 | 46,000 | 12,448 | 3,45,000 | 93,357 | 0.00 | 0.00 | 5,46,000 | 8,75,000 | 2,88,788 | 3,69,697 |
| 24 | 3,53,376 | 3,18,038 | 5,00,000 | 0.00 | 48,000 | 14,400 | 3,60,000 | 1,08,000 | 0.00 | 0.00 | 5,48,000 | 8,97,500 | 3,32,438 | 4,26,038 |
| 25 | 3,53,376 | 3,18,038 | 5,00,000 | 5,00,000 | 50,000 | 17,500 | 3,75,000 | 1,31,250 | 5,50,000 | 9,25,000 | 5,50,000 | 9,25,000 | 3,35,538 | 4,49,288 |

Notes:

The main objective of the illustration is that the client is able to appreciate the features of the products and the flow of the benefit in different circumstances with some level of quantification.

This illustration is applicable to a standard (from medical, life style and occupation point of view) life.

1. It includes rider(s) premiums in respect of all the rider(s) opted by the proposer / policyholder at inception of the policy.
2. Annualized Premium excludes underwriting extra premium, frequency loadings on premiums, the premiums paid towards the riders, if any, and Goods & Service Tax. Refer Sales literature for explanation of terms used in this illustration.
3. In any case the total death benefit at any time shall not be less than 105% of the total premiums paid (excluding GST, extra premium and rider premiums, if any).
4. Special surrender value may however be payable, if it is more favourable to the Policyholder.

I, (name), have explained the premiums, and benefits under the product fully to the prospect / policyholder.

Place:

Date : Signature of Agent / Intermediary / Official

I, (name), having received the information with respect to the above, have understood the above statement before entering into the contract.

Date : Signature of Prospect / Policyholder

Plan Name Plan No UIN

Proposal No. Proposal Date BO Code SO code

Access_Id Agency Code D.O. Code

Email Id Mobile No.



- ☒ * I hereby confirm that the mobile number provided by me, is registered in my own name. By ticking this box,
☒ I hereby authorize Life Insurance Corporation of India to verify the above information and call me back
even if I am registered in the Do not call List of TRAI.

▼ Details of plan proposed

| | | | | |
|--|---|---|---|---|
| Term & PPT <input type="text" value="25-16"/> | Sum Assured <input type="text" value="500000"/> | Premium <input type="text" value="11484"/> | Mode of Payment <input type="text" value="Half-Yearly"/> | Date of commencement <input type="text" value="05-07-2021"/> |
| AB/ADDDB Req <input type="text" value="ADDDB-Yes"/> | AB/ADDDB Sum Assured <input type="text" value="500000"/> | C.I. Sum Proposed <input type="text" value="0"/> | T.R Sum Proposed <input type="text" value="0"/> | PWB Rider Req <input type="text" value="No"/> |

Applicable to Police Personnel if LIC's Accident Benefit Rider / LIC's Accidental Death And Disability Benefit Rider is opted for :

- (i). Whether you are engaged in police duty in any police organization other than paramilitary force? ☐ Yes ☒ No
- If "Yes", (ii). Whether you wish to avail the AB/AD& DB rider while on police duty? ☐ Yes ☒ No

Applicable for SSS Policies only

PA Code and Dept No. Badge or SR No.

- ☒ I undertake to undergo all the medical tests as may be prescribed / required by the Corporation for the grant of insurance.

▼ Personal details of the life to be insured

| | | |
|--|--|--|
| 1. Name` <input type="text" value="Mr."/> <input type="text" value="Nishad"/> <input type="text" value="Dipak"/> <input type="text" value="Thakare"/> | 2. Father's Name <input type="text" value="DIPAK RAMRAO THAKARE"/> | 3. Mother's Name <input type="text" value="NANDA THAKARE"/> |
| 4. Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender | 5. Marital Status <input type="text" value="Single"/> | |
| 6. Spouse Name <input type="text" value="nanda dipak thakare"/> | 7. Date of birth <input type="text" value="03-03-1993"/> | |
| 8. Age <input type="text" value="28"/> years. | 9. Age Proof <input type="text" value="Aadhar with full DOB"/> | |
| 10. Place of birth <input type="text" value="wani"/> | 11. Residential Status <input type="text" value="Resident Indian"/> | |
| 12. Citizenship <input type="text" value="India"/> | | |

▼ Communication details

13. Present Address for communication

Address Line 1

Address Line 2

Address Line 3

PIN Code

Phone (Landline)

14. Permanent Residential Address

Address Line 1

Address Line 2

Address Line 3

PIN Code

Phone (Landline)

▼ KYC particulars

1. Are you an IT Assessee ☐ Yes ☒ No If yes, provide 2. PAN
3. Proof of Identity 4. Address Proof
5. Are you (Proposer) registered under the GST act ? ☐ Yes ☒ No
If yes, provide GSTIN
6. Central KYC Registry No.

▼ Occupation Details

| | | | |
|------------------------------|--|---------------------------|----------------------------|
| 1. Present Occupation | Service(Listed Companies/Pvt Institutions) | 2. Exact Nature of duties | Service |
| 3. Name of present employer | tcl pune | 4. Length of service | 3 |
| 5. Annual income | 400000 | 6. Source of income | Salary |
| 7. Educational Qualification | Graduate Or Post Graduate | 8. Purpose of Insurance | Risk Coverage with savings |

8. Are you employed in armed forces?

☐ Yes ☒ No

(If your answer is 'Yes', please provide the following details:

| | | | |
|---------------------------------------|--|---|--|
| (a) Wing to which you belong? | | (b) Date of last medical examination | |
| (c) Rank therein | | (d) Medical category after medical exam | |
| (e) Were you ever below A-1 category? | | (f) If yes, when. (please provide date) | |

▼ Other details

1. Is your occupation associated with any specific hazard or do you take part in hazardous activities or have hobbies that could be dangerous in any way? ☐ Yes ☒ No

If yes, provide details

2. Have you ever been or are currently being investigated, charge sheeted, prosecuted or convicted or having pending charges in respect of any criminal/civil offences in any court of law in India or abroad ? ☐ Yes ☒ No

If yes, provide details

3. Are you Politically Exposed Person (PEP as per RBI Guidelines PEPs are the individuals who are or have been entrusted with prominent public functions in a foreign country.) ☐ Yes ☒ No

If yes, provide details

▼ Lifestyle details

1a.

| Do you smoke / consume or have you ever smoked / consumed the following (i , ii, iii) | Yes / No | If YES, Quantity consumed and Duration | If STOPPED, Since how many months |
|--|---|--|-----------------------------------|
| (i) Alcoholic drinks | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (ii) Narcotics | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (iii) Any other drugs | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

1b.

Do you smoke/consume or have you smoked/consumed tobacco in any form (cigars, cigarettes, beedis, pan masala etc) in the past 60 months.(in sticks/packets/ sachets/gms per day)

☐ Yes ☒ No

2. What has been your usual state of health?

☒ Good ☐ Not Good

If 'Not Good', please mention the health issues

▼ Details of previous policies held / proposals applied

1. Previous policy details not provided

2. Is your life now being proposed for another assurance or an application for revival of a policy on your life or any other proposal under consideration in any office of Life Insurance Corporation of India or to any other insurer?

☐ Yes ☒ No

If yes, please give details

3. Whether proposed simultaneously on the life of spouse and children ?

☐ Yes ☒ No

If yes, please give details

4. Has a proposal (or an application for revival of a policy) on your life made to any office of Life Insurance Corporation of India or to any other insurer ever been:

(a) Withdrawn, Deferred, Dropped or Declined?

☐ Yes ☒ No

If yes, please give details

(b) Accepted with extra Premium or Lien?

☐ Yes ☒ No

If yes, please give details

(c) Accepted on terms otherwise than those proposed?

☐ Yes ☒ No

If yes, please give details

(d) Have you during past one year returned any policy of Life Insurance Corporation of India as the same was not acceptable to you?

☐ Yes ☒ No

If yes, please give details

▼ Medical details of the life to be insured

1. Are you suffering from or have you ever suffered or undergone investigation in the past or have you been advised to undergo investigation or treatment for the following ailments.

a). Lungs/Respiratory disease/Persistent cough, asthma, bronchitis, pneumonia, spitting of blood etc.

☐ Yes ☒ No

b). Hypertension, Hypotension, rheumatic fever, pain in chest, breathlessness, palpitation, any disease of the heart or arteries

☐ Yes ☒ No

c). Peptic ulcer/colitis, jaundice, anaemia, piles, dysentery, or any other disease of the stomach, liver, spleen, gall bladder or pancreas/digestive disorder

☐ Yes ☒ No

d). Any disease of kidney/prostate or urinary system

☐ Yes ☒ No

e). Paralysis/epilepsy/insanity/tremors, numbness, double vision, dizzy or fainting spells/head injury /insomnia /nervous breakdown/any other disease of the brain or the nervous system

☐ Yes ☒ No

f). Hernia/hydrocele, varicocele, fistula, varicose veins, filariasis, gonorrhoea, syphilis or any other venereal disease

☐ Yes ☒ No

g). Cancer/leukemia/lymphoma/tumour/cyst/ any other growth/lumps/blood disorder/enlarged glands.

☐ Yes ☒ No

h). Any disease of ear, nose, throat or eyes, including defective sight or hearing and discharge from the ears

☐ Yes ☒ No

i). Endocrine disorders such as Diabetes, Goitre, Thyroid etc or have you ever passed sugar, albumin, pus or blood in urine

☐ Yes ☒ No

j). Bone / Joint / Spine disease / Arthritis

☐ Yes ☒ No

k). Mental Disorder (Depression/Anxiety etc)

☐ Yes ☒ No

l). Chronic infections - Tuberculosis/pleurisy/skin disease/skin eruption/leprosy

☐ Yes ☒ No

m). Hepatitis or AIDS & HIV related condition

☐ Yes ☒ No

n). Any operation, accident or injury/any bodily defect or deformity

☐ Yes ☒ No

o). Any other disease ?

☐ Yes ☒ No

▼ Medical History of the life to be insured

2. Height (in cms) Weight (in kgs)
3. During the last five years did you consult a Medical Practitioner for any ailment requiring treatment for more than a week ? ☐ Yes ☒ No
If yes, please give details
4. Have you ever been admitted to any hospital or nursing home for general check up, observation, treatment or operation? ☐ Yes ☒ No
If yes, please give details
5. Have you remained absent from place of work on grounds of health during the last 5 years ? ☐ Yes ☒ No
If yes, please give details

▼ Family Medical history

1. Have your parents / spouse / partner / children and/or any of your relations ever suffered from or died of heart disease, stroke, high blood pressure, diabetes mellitus, cancer, kidney disease or any hereditary disorders, Insanity, or any contagious diseases such as tuberculosis ,hepatitis, AIDS / HIV etc.? ☐ Yes ☒ No
If yes, please specify
- a. Name of the disease
- b. Relationship with the life to be assured
- c. date / year of death

▼ Family history

Please refer to annexure "Family History"

▼ Female Life (if applicable)

Please refer to annexure "Female Life"

▼ Settlement Options (as per plan conditions)

1. Do you wish to avail "Option to take Maturity Benefit in Instalments" ☐ Yes ☒ No
2. Do you wish to avail "Option to take Death Benefit in Instalments" ☐ Yes ☒ No

If yes, please refer to annexure "Settlement Option(Maturity) and Death Benefit Option"

▼ Bank details of the life to be insured

1. Your bank account type ☒ Savings ☐ Current 2. Account Number
3. IFS Code 4. Bank Name
5. Bank Address

▼ Premium Waiver Benefit

To be answered only if proposing for "LIC's Premium Waiver Benefit Rider " in case of insurance on Minor Life

Premium Waiver Benefit under this rider shall be equal to waiver of premiums payable under the Base Policy falling due on and after the date of death of Proposer till the expiry of rider term. However, premiums in respect of any riders, if opted for, other than this rider under the base policy shall not be waived and continue to be paid as per respective rider conditions. Further if premium paying term of the base policy exceeds the rider term all the premiums due under the base policy from the date of expiry of "LIC's Premium Waiver Benefit Ridezr" shall be payable by the Life Assured as per the terms and conditions of the Base policy.

Do you agree with the above

☐ Yes ☐ No

Note: Proposal shall be considered for LIC's Premium Waiver Benefit Rider only, if your answer to the above question is "Yes"

▼ For Aadhaar Stambh / Aadhaar Shila Plans

To be answered only if proposing under "LIC's Aadhaar Stambh " or " LICs Aadhaar Shila "

a. Total existing (excluding the proposal under consideration) sum assured under LIC's Aadhaar Shila/ LIC's Aadhaar Stambh :

b. Is your life being proposed simultaneously under the same plan?

☐ Yes ☐ No

If "Yes", give details :

Note: The total Sum Assured under LIC's Aadhaar Stambh or LIC's Aadhaar Shila on an individual should not exceed Rs. 3 lakhs .

▼ For Jeevan Amar & Plans where applicable as per plan specifications

To be answered only if applicable as per Plan specifications and for Jeevan Amar

a. Under which category do you wish to apply?

☐ Smoker ☐ Non-Smoker

Note: Non- smoker rates will be offered only on the basis of findings of Urine Cotinine Test.

b. Question regarding Death Benefit:

Please select one of the options for Sum Assured on Death (by ticking (✓) in the appropriate box) depending upon your specific needs:

☐ Option I: Level Sum Assured

"Level Sum Assured", where **Sum Assured on Death** shall be an amount equal to Basic Sum Assured and shall remain constant throughout policy term.

☐ Option II: Increasing Sum Assured

"Increasing Sum Assured", where **Sum Assured on Death** shall remain equal to Basic Sum Assured till completion of fifth policy year. Thereafter, it increases by 10% of Basic Sum Assured each year from the sixth policy year till fifteenth policy year till it becomes twice the Basic Sum Assured. This increase will continue under an inforce policy till the end of policy term; or till the Date of Death; or till the fifteenth policy year, whichever is earlier. From sixteenth policy year and onwards, the **Sum Assured on Death** remains constant i.e. twice the Basic Sum Assured till the policy term ends.

▼ Consent

a) Have you understood fully the terms & conditions of the plan you propose to take?

☒ Yes ☐ No

b) Whether the terms & conditions of the proposed plan and any other information that you needed for matching your objectives of insurance have been explained to you by the agent?

☒ Yes ☐ No

Are you registered with LIC Portal:

☐ Yes ☒ No

If yes, give Customer ID

N.A.

If not, Please visit our site www.licindia.in and register yourself with LIC Portal after completion of this proposal to avail the benefit of e services.

▼ Summary of Section 45 of Insurance Laws (Amendment) Act 2015

(1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.

(2) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud :

Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and the materials on which such decision is based.

Explanation I - For the purpose of this sub section, the expression "fraud" means any of the following acts committed by the insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy :

- (a) The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
- (b) The active concealment of a fact by the insured having knowledge or belief of the fact ;
- (c) Any other act fitted to deceive ; and
- (d) Any such act or omission as the law specially declares to be fraudulent.

Explanation II - Mere silence as to facts likely to affect the assessment of the risk by the insurer is not fraud, unless the circumstances of the case are such that regard being had to them, it is the duty of the insured or his agent, keeping silence to speak, or unless his silence is, in itself, equivalent to speak.

(3) Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intension to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer:

Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.

Explanation: A person who solicits and negotiates a contract of insurance shall be deemed for the purpose of the formation of the contract, to be agent of the insurer.

(4) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued:

Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based:

Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.

Explanation - For the purposes of this sub-section, the mis-statement of or suppression of fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer, the onus is on the insurer to show that had the insurer been aware of the said fact no life insurance policy would have been issued to the insured.

(5) Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

▼ Summary of Section 41 of Insurance Laws (Amendment) Act 2015

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 other 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: 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 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 bonafide insurance agent employed by the insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakh rupees.

Signature of the
Life to be Assured

Signature of the Agent /
Intermediary

▼ Declaration of the life to be insured

Nishad Dipak Thakare

_____ the person whose life is herein being proposed to be assured, do hereby declare that the foregoing statements and answers have been given by me after fully understanding the questions and the same are true and complete in every particular and that I have not withheld any information and I do hereby agree and declare that these statements and this declaration shall be the basis of the contract of assurance between me and the Life Insurance Corporation of India and that if any untrue averment be contained therein the said contract shall be dealt with as per provisions of Section 45 of the Insurance Act, 1938 as amended from time to time. Notwithstanding the provision of any law, usage, custom or convention for the time being in force prohibiting any doctor, hospital, diagnostic center and/or employer, reinsurer/ credit bureau from divulging any knowledge or information about me concerning my health or employment, occupation, insurance, financial etc. on the grounds of privacy, 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 Corporation, and the Corporation to divulge the same to any Authorised Organisation / Institution / Agency / and Governmental / Regulatory Authority for the sole purpose of underwriting / investigation / risk mitigation / fraud control and/or claim settlement. And I further agree that if after the date of submission of the proposal but before the issue of First Premium Receipt (i) any change in my occupation or any adverse circumstances connected with my financial position or the general health of myself or that of any members of my family occurs or (ii) if a proposal for assurance or an application for revival of a policy on my life made to any office of the Corporation is withdrawn or dropped, deferred or accepted at an increased premium or subject to a lien or on terms other than as proposed, I shall forthwith intimate the same to the Corporation in writing to reconsider the terms of acceptance of assurance. Any omission on my part to do so shall render this contract to be dealt with as per provisions of Section 45 of the Insurance Act, 1938 as amended from time to time.

I undertake to inform the Corporation immediately of any changes in KYC documents such as residence. I also give my consent to share my data with Central KYC Registry and to receive phone calls, SMS/ E mail from Central KYC registry in this regard.

I understand that the Corporation reserves the right to accept /Postpone/ drop/ decline or offer alternate terms on this proposal for life insurance.

I hereby give my consent to receive phone calls, SMS/E mail on the below mentioned registered number/ E mail address from / on behalf of the Corporation with respect to my life insurance policy/regarding servicing of insurance policies/enhancing insurance awareness/ notifying about the status of Claim etc

I also understand that the terms and conditions including premium and benefits under the policy are subject to taxes / duties/ charges in accordance with the laws as applicable from time to time.

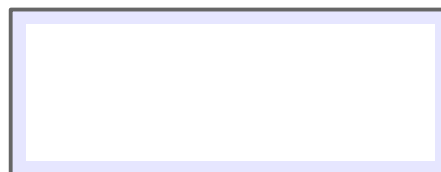
I also give my consent to receive all communications including policy document at the registered email address provided by me in this proposal form.

Signature of witness

Witness should be a third party (Not related to the life to be insured)

Signature of the life to be insured

Name _____
Address _____
Pin Code _____



1. Declaration by the person filling in the form (in case form is filled up/signed in a language different from that of the Proposal Form or in case the proposer is person with disability (PWD) where he/she is not able to fill the proposal form himself/herself.)

"I hereby declare that I have fully explained the above questions to the proposer and I have truthfully recorded the answers given by the proposer and proposer has affixed the thumb impression/ signature as below after fully understanding the contents thereof."

Name of the Declarant:.....

Address of the Declarant:.....

Signature :.....

I certify that the contents of the form and documents have been fully explained to me by (Name, Designation, Occupation) Mr./Mrs..... and I have understood the significance of the proposed contract.

(Signature or thumb impression of the person whose life is proposed to be assured:)

2. In case the proposer is illiterate, his/her thumb impression should be attested by a person of standing whose identity can be established, but unconnected with the Corporation and this declaration should be made by him.

I hereby declare that I have fully explained the above questions and contents of the proposal form to the proposer in _____ language, and that the proposer has affixed the thumb impression above after fully understanding the contents thereof.

Name of the declarant :.....

Signature.....

Address of the declarant.....

Nishad Dipak Thakare

Access Id : 950004276

Settlement Option (for Maturity Benefit)

Do you wish to avail Settlement Option (for Maturity Benefit) under the proposal ?

☐ Yes

☒ No

If yes, please give the following details :

II) Period for Settlement option : YEARS

III) Whether Settlement option (for Maturity Benefit) is required for :
FULL / PART of the benefit proceeds ?

of the benefit proceeds

If in PART, specify the amount / percentage of e Benefit proceeds :

Absolute amount :

Percentage of benefit proceeds :

Mode of instalment payment :

Death Benefit Option

Do you wish to avail the Death Benefit in instalments under the proposal ?

☐ Yes

☒ No

If yes, please give the following details :

II) Period for option to take Death Benefit in installments : YEARS

III) Whether option to take Death Benefit proceeds in installments is required for
FULL / PART of the benefit proceeds.

If in PART, specify the amount / percentage of e Benefit proceeds :

Absolute amount :

Percentage of benefit proceeds :

Mode of instalment payment :

For Settlement and Death Benefit Options:

If the Net Claim Amount is less than the required amount to provide the minimum instalment amount (as mentioned below) as per the option exercised by the Proposer/Life to be Assured, the claim proceed shall be paid in lump sum only.

| Mode of Instalment payment | Monthly | Quarterly | Half-Yearly | Yearly |
|--------------------------------|-------------|--------------|--------------|--------------|
| Minimum Instalment amount (Rs) | Rs. 5,000/- | Rs. 15,000/- | Rs. 25,000/- | Rs. 50,000/- |



NOMINATION DETAILS

Nishad Dipak Thakare

Access Id : 950004276

▼ Particulars of Nomination

| Sl No | Name of the Nominee | Age | Relationship to the life assured | Share (%) | Full Communication Address of the Nominee with PINCODE. | | | |
|-------|---------------------|-----|----------------------------------|-----------|---|---------------------------|--|--------|
| 1 | NANDA DIPAK THAKARE | 52 | Mother | 100 | Rangaripura Ward No.21 Ganeshpur | Wani Yavatmal Maharashtra | | 445304 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

▼ Particulars of Appointee (when nominee is minor)

| Sl No | Name of the Appointee | Age | Relationship to the nominee | Full Communication Address of the Appointee with PINCODE. | | | |
|-------|-----------------------|-----|-----------------------------|---|--|--|--|
| | | | | | | | |

Nishad Dipak Thakare

Access Id : 950004276

| Relationship | Living / Dead | Present Age | State of Health | Age at Death | Cause of Death |
|--------------|---------------|-------------|-----------------|--------------|----------------|
| Mother | Living | 52 | Good | 0 | |
| Father | Living | 62 | Good | 0 | |

| | | |
|--|--|---|
| I. Is life to be assured under quarantine in last 14 days in view of living with anyone diagnosed with Covid-19? <i>If yes , please give details like location, dates, quarantine period</i> | N.A. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| II. Has life to be assured serving a notice of quarantine by health/government/airport authority for possible exposure to novel coronavirus (SARS-CoV2/COVID-19) <i>If yes , please provide details like location, dates, quarantine period</i> | N.A. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| III. Has life to be assured been advised to be tested or awaiting the result of test for novel coronavirus (SARS-CoV2/COVID-19) in last 14 days? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| IV. Has life to be assured experienced any of the following symptoms, such as any fever, Cough, Shortness of breath, Malaise (flu-like tiredness), Rhinorrhea (mucus discharge from the nose), Sore throat, Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhoea, Chills, Repeated shaking with chills, Muscle pain, Headache, Loss of taste or smell within last 14 days ? <i>If Yes , provide all investigation and treatment details</i> | N.A. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| V. 1) Is life to be assured a Health Care Worker 2) Whether enrolled as Corona Warrior or working in Hospital / clinic with novel coronavirus (/SARS-CoV2/COVID-19) ward/unit or treating/ in contact with Covid-19 infected individuals, 3) <i>If yes , please give details of service / nature of duties ?</i> 4) Whether vaccinated <i>Health Care Worker(HCW): Includes Doctors, General Practitioners, Hospital Doctors, Surgeons, Therapists, Nurses, Pathologist, Paramedics, Pharmacist, Ward Helpers, Individuals working in Hospitals / Clinics</i> | N.A. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| VI. Has life to be assured ever been diagnosed with Covid-19 , <i>If yes state</i> a). Date of diagnosis b). Whether home quarantined/in Covid care center (CCC)/Hospitalised? c). If hospitalized, name of the hospital where life to be assured was admitted and treated for Covid-19. d). Date of discharge after fully cured <i>Please submit discharge summary, all investigation reports including all Covid-19 reports</i> | N.A. N.A. N.A. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Home Quarantined <input type="checkbox"/> Hospitalised <input checked="" type="checkbox"/> None |
| VII. Is the life to be assured NRI/FNIO/OCI ? <i>If Yes, please give :</i> a) Name of Country of residence b) Are you currently residing in India, If yes, since when c) Date of return to Foreign country of residence | N.A. N.A. N.A. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| X. Has life to be assured been vaccinated for novel coronavirus(SARS-CoV-2/COVID-19), <i>If Yes</i> a). Date of first Dose b). Date of second Dose c). Name of vaccine d). Have you experienced any adverse reaction post vaccination? If yes, please share details including treatment taken for adverse reaction (and how many days after vaccination) <i>Copy of vaccination certificate (or copy of any official documentation confirming complete vaccination issued by the relevant health authority)</i> <i>Please note self-declarations are not acceptable.</i> | N.A. N.A. N.A. N.A. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

Declaration

I confirm that the answers I have given are, to the best of my knowledge, true, and that I have not withheld any material information that may influence the assessment or acceptance of this proposal. I agree that this form will constitute part of my proposal for insurance(s) and that failure to disclose any material fact known to me may invalidate my insurance(s).



Branch Address LIC OF INDIA,WANI BR OFFICE PAMPATTIWAR'S PREMISES NEAR SAIBABA
MANDIR WANI.-445304

Email BO_99K@LICINDIA.COM

Phone 0

Transaction No. 900118

Access Id 950004276

Date (Time) 05-Jul-2021 00:00:00

ONLINE PROPOSAL DEPOSIT RECEIPT

Received with thanks Rs. 12001 through Payment Gateway over the Internet from
Smt./Ms./Shri : Nishad Dipak Thakare
towards the following:-

BOC Number : 900118

Proposal Deposit (Rs.) : 12001

Amount in words : Twelve Thousand One

Receipt of payment made online is issued subject to realisation.

ACCEPTANCE OF THIS DEPOSIT DOES NOT MAKE THE CORPORATION LIABLE FOR ACCEPTANCE OF RISK

We may mention that your risk will be covered only after all the above documents and Medical / Special reports are received and accepted to the satisfaction of our underwriters. Hence you are requested to kindly expedite the same.

This receipt is electronically generated.

Zindagi Ke Saath Bhi, Zindagi Ke Baad Bhi

Access Id : 950004276

▼ Personal Details

Aadhaar No. / Virtual ID : *****1431

Name : Nishad Dipak Thakare

Date of Birth : 03-03-1993

Gender : M



▼ Contact Details

C/o.

House / Bldg. / Apt.

Street / Road / Lane

Ganeshpur Road

Landmark

Area / Locality / Sector

Rangaripura Ward No.21

Pincode

445304

Village / Town / City

Wani

P.O.

District

Yavatmal

State

Maharashtra