

EDELWEISS TOKIO LIFE INSURANCE COMPANY LIMITED

"USE OF UNIT LINKED INSURANCE POLICIES THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER"



PROPOSAL FORM FOR LIFE INSURANCE



IRDAI Regn. No.: 147 | CIN: U66010MH2009PLC197336

Registered Office: 6th Floor, Tower 3, Wing 'B', Kohinoor City, Kiroli Road, Kurla (W), Mumbai 400070.

Corporate Office: 3rd & 4th Floor, Tower 3, Wing 'B', Kohinoor City, Kiroli Road, Kurla (W), Mumbai 400070

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For official use only

AGENCY CORPORATE AGENCY

BROKER

DIRECT

Proposal No. 500349471E



Whether sourced through distance marketing?

WORKSITE

PFA/SP/RM/
Broker Code

B90054 DM/CA Code

B307GC

Branch Code

Branch Name

Sub Code

Corporate/Broker
Branch Code

(PFA-Personal Financial Advisor, SP-Specified Person, RM-Relationship Manager, DM-Development Manager,
CA-Corporate Agent)

URBAN RURAL

If case should be consider as "STAFF",
mention Employee Code

Form fill up in BLACK INK and UPPERCASE character.



Anupriya Sharma

1. PERSONAL DETAILS

Life to be Insured

Title

Dr. Mr. Ms. Mrs. Master

1. Name
(The Policy Bond will
show the name in
this manner)

PRASANNA NAME
DAMODAR NAME
DEVADIIGA

2. Date of Birth

21 07 1975

3. Gender

Male Female

4. Marital Status

Single Married Widow(er) Divorcee

5. PAN Card Number

AEDPD7258N

6. Name of the Father

DAMODAR DEVADIIGA

7. Name of the Mother

DEVAKI DEVADIIGA

8. Name of the Spouse

ANUPRIYA SHARMA

9. Nationality

Indian NRI FNIO/PIO Others (Specify)

10. Age Proof Submitted

Passport Driving License School/College leaving certificate
 PAN Card Others (Specify)

901 MORESHWAR COMPLEX
SECTOR-21, NEAR IOB1 BANK
SILP CHAWAK KHARGHAR

City NAVI MUMBAI

Pin code 410210

State MAHARASHTRA

11. Current Address

Same AS Above

12. Permanent Address

Same AS Above

City

Pincode

State

Current Address

Permanent Address

13. Which of the above address is your correspondence address?



14. Contact Details	Phone (M) 9987136034	Phone (O) S T D	Phone (R) prasanna.devadiga@gmail.com	9619723584 S T D S T D
15. Education /Professional qualification	<input type="checkbox"/> Student <input type="checkbox"/> Below 10th <input type="checkbox"/> 10th passed <input type="checkbox"/> 12th passed <input checked="" type="checkbox"/> Graduate	<input type="checkbox"/> Post Graduate <input type="checkbox"/> Professional <input type="checkbox"/> Others	Anupriya 0501@gmail.com <input type="checkbox"/> Below 10th <input type="checkbox"/> 10th passed <input type="checkbox"/> 12th passed <input type="checkbox"/> Graduate <input checked="" type="checkbox"/> Post Graduate <input type="checkbox"/> Professional <input type="checkbox"/> Others	
Specify highest Educational/Professional Qualification				Specify highest Educational/Professional Qualification
16. If Student, mention	1. The course being pursued	2. Duration of course	3. Year / Semester/Standard	
17. For Minor Lives :	1) In which standard life insured is studying _____ 2) Only if life insured is less than 5 years: (a) What is the weight of life insured at the time of birth _____ (b) Are all vaccinations done for the life insured <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. EMPLOYMENT DETAILS				
Life to be Insured				
1. Type of Employment	<input checked="" type="checkbox"/> Salaried <input type="checkbox"/> Self employed (Business) <input type="checkbox"/> Self employed (Professional)	<input type="checkbox"/> Agriculture <input type="checkbox"/> Housewife <input type="checkbox"/> Labourer/worker <input type="checkbox"/> Retired	Proposer (To be filled only if life to be insured and proposer are different) / Spouse (To be filled only if Better Half Benefit is chosen)	
2. Is your source of income from any one of the employment type selected above	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Salaried <input type="checkbox"/> Self employed (Business) <input type="checkbox"/> Self employed (Professional)	
If no, specify details				<input type="checkbox"/> Agriculture <input checked="" type="checkbox"/> Housewife <input type="checkbox"/> Labourer/worker <input type="checkbox"/> Retired
3. Name of Employer/Business (If Self Employed)	RUPEE BOSS FINANCIAL SERVICES PVT. LTD.			
4. Address of Employer/Business (If Self Employed)	MUMBAI			
5. Nature of Business (If Self Employed)				
6. Designation/Position Held	ASSOCIATE GENERAL MANAGER			
7. Nature of Duty	MANAGERIAL			
8. Duration of Working	02 Year(s) - Month(s)			
9. Annual Income	Rs. 230000/-			
3. OTHER DETAILS (IN CASE THE LIFE TO BE INSURED AND PROPOSER ARE DIFFERENT, THEN TO BE FILLED BY PROPOSER)				
1. Are you Politically Exposed Person (PEP)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, please specify		
*PEPs are individuals who are or have been entrusted with prominent public functions, e.g., Heads of States or of Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials and also immediate family members of the aforesaid persons which would include spouse, children, parents, siblings, spouse's parents or siblings and close associates				
2. Are there any Conviction/Criminal proceedings against you?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, please specify		
3. Photo Identity Submitted	<input type="checkbox"/> Passport <input type="checkbox"/> Driving License <input checked="" type="checkbox"/> PAN Card <input type="checkbox"/> Voter's ID <input type="checkbox"/> Others (Specify)			
4. Address Proof Submitted	<input type="checkbox"/> Bank Statement <input type="checkbox"/> Ration Card <input type="checkbox"/> Passport <input type="checkbox"/> Electricity Bill <input type="checkbox"/> Telephone Bill <input checked="" type="checkbox"/> Others(Specify) UID			
5. Income Proof Submitted	<input type="checkbox"/> Form No.16 <input type="checkbox"/> Income Tax Returns <input checked="" type="checkbox"/> Salary Slips (other than proprietorship) <input type="checkbox"/> Appointment Letter			
	<input type="checkbox"/> Audited Accounts and Statements <input type="checkbox"/> Others (Specify)			
<i>Please submit the relevant documents for income proof, in case the total premium is Rs. 1 lacs or above*</i>				
6. Policy Categorisation	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Keyman <input type="checkbox"/> Partnership <input type="checkbox"/> HUF <input type="checkbox"/> Employer - Employee <input type="checkbox"/> MWP Act <input type="checkbox"/> Others (Specify)			
7. Relationship of the Proposer to the Life Insured	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Employer <input type="checkbox"/> HUF <input type="checkbox"/> Grandparents*			
<input type="checkbox"/> Others (Specify)	Self			
* In case of Grandparents, provide declaration from parents duly signed.				
4. NOMINEE DETAILS				
Name of Nominee	ANUPRIYA SHARMA		Nominee 2	Nominee 3
Date of Birth of Nominee	05/01/1984		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Gender			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Nomination Percentage	100%			
Relationship of Nominee with the Life to be Insured	SPOUSE			
Name of Appointee (in case Nominee is a minor)				
Date of Birth of Appointee				
Relationship of Appointee to Nominee				
Signature of Appointee				

Proposal No. 500349471E



PRODUCT DETAILS

a) Product Name Zindagi Plus	Sum Assured (Rs.) 1000000/-	Choice of riders* (Sum Assured in Rs.)					
							<input type="checkbox"/> CI <input type="checkbox"/> ADB <input type="checkbox"/> ATPD <input type="checkbox"/> HCB <input type="checkbox"/> IB <input type="checkbox"/> Term <input type="checkbox"/> WOP
							<input type="checkbox"/> Yes
* Rider : CI-Critical Illness, ADB-Accidental Death Benefit, ATPD-Accidental Total and Permanent Disability, HCB-Hospital Cash Benefit, IB-Income Benefit, WOP-Waiver of Premium.							
Other Riders: Payor Waiver Benefit Rider (Please select one of three options) - <input checked="" type="checkbox"/> 1 On Death <input type="checkbox"/> 2 On CI or ATPD <input type="checkbox"/> 3 On Death or CI or ATPD (Applicable only when life to be insured and Proposer are different)							

b) Frequency of Premium Payment For Edelweiss Tokio Life - Simply Protect	<input type="checkbox"/> Single <input type="checkbox"/> Annual <input type="checkbox"/> Half Yearly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Monthly
c) Policy Term 27	d) Premium Payment Term 27

For Edelweiss Tokio Life - Simply Protect, please select one of following:

1. Death Benefit Options
 Life Cover Life Cover with Inbuilt ADB
 Life Cover with Inbuilt Waiver of Premium on ATPD Life Cover with Inbuilt Waiver of Premium on CI

2. Payout Options
 Lumpsum Income Benefit

For Edelweiss Tokio Life - CritiCare+, please select one of following options:
 Single claim option Multi claim option

For Edelweiss Tokio Life - Zindagi Plus, please select one of following:

1. Plan Options
 Life Cover with Level Sum Assured Life Cover with Decreasing Sum Assured
 Yes No If yes, choose Top-up Rate 5% 10%

2. Additional Benefits
a) Top-up Benefit Yes No
b) Better Half Benefit Yes No
c) Waiver of Premium Benefit Yes No

2. Death Benefit Payout Options
a) Payout option Lumpsum Monthly Income Lump sum + Monthly Income
b) Lumpsum Proportion % (Lump sum + Monthly Income)
c) Monthly Income Options Level Increasing No. of Months 36 60 120 180

For Edelweiss Tokio Life - EduSave, please select one of the following opportunity pay out:

Graduation Post Graduation Marriage Dual Degree Doctor / Integrated 5 Years Degree

For Edelweiss Tokio Life - Single Pay Endowment Assurance Plan, please choose the Death Benefit option:
 Option A Option B

For Edelweiss Tokio Life - Smart Lifestyle, please choose the option:
 Base Option Family Protection Option

For Pension Policies - Please enter your annuity option preference at vesting

Life Annuity with Return of Purchase Price (ROP) Life Annuity Life Annuity Certain for 5 years
 Life Annuity Certain for 10 years Life Annuity Certain for 15 years Life Annuity Certain for 20 years
 Life Annuity increasing at simple rate of 3% per annum Life Annuity increasing at simple rate of 5% per annum Joint Life, Last Survivor
 Joint Life, Last Survivor with 50% Annuity Joint Life, Last Survivor with Return of Purchase Price on Last Death

For Edelweiss Tokio Life - Easy Pension, please choose the risk strategy opted for:
 Aggressive Conservative

For Edelweiss Tokio Life - Wealth Ultima, please complete the following section:

1. Policy Option: Option 1 (to age 70 years or less) Option 2 (to age 100 years)

2. Little Champ Benefit Yes No (Only applicable if Proposer and Life to be Insured are different)

3. Systematic Transfer Plan (STP)
 Yes No (If no, kindly complete the Fund Allocation section)
If yes, kindly select one of these STPs Life stage & duration based STP Profit target based STP

4. Systematic Withdrawal Plan (SWP)
 Yes No
If yes, kindly mention a) Systematic withdrawal % per annum . % of Fund Value
b) Payout Frequency Yearly Half Yearly Quarterly Monthly c) Policy year from which SWB is payable Years

For Edelweiss Tokio Life - Wealth Plus, please complete the following section:

1. Investment Strategy: Life stage & duration based strategy Self Managed Strategy (Kindly complete the Fund Allocation section)
 Yes No (Only applicable if proposer and life to be insured are different)

FUND ALLOCATION - Total should be 100%

(Applicable for UNIT LINKED INSURANCE PLANS Only, PE Based Fund is not applicable for Edelweiss Tokio Life - Wealth Enhancement Ace and Edelweiss Tokio Life - Wealth Accumulation (Privilege), Edelweiss Tokio Life - Wealth Ultima, Money Market Fund is not applicable for Edelweiss Tokio Life - Wealth Ultima)

Equity Large Cap Fund <input type="checkbox"/> <input type="checkbox"/> %	Equity Top 250 Fund <input type="checkbox"/> <input type="checkbox"/> %	Bond Fund <input type="checkbox"/> <input type="checkbox"/> %	Money Market Fund <input type="checkbox"/> <input type="checkbox"/> %
SFIN: ULIF00118/08/11EQLARGECP147	SFIN: ULIF0027/07/11EQTOP250147	SFIN: ULIF00317/08/11BONDUND147	SFIN: ULIF00425/08/11MONEYMARKET147
PE Based Fund <input type="checkbox"/> <input type="checkbox"/> %	Managed Fund <input type="checkbox"/> <input type="checkbox"/> %	Equity Mid Cap Fund <input type="checkbox"/> <input type="checkbox"/> %	
SFIN: ULIF00526/08/11PEBASED147	SFIN: ULIF00618/08/11MANAGED147	SFIN: ULIF01107/10/16ETLIMIDCAP147	

6. PREMIUM DETAILS

Base Plan Premium Rs. 2799/-	Sum of All Rider Premium(s) Rs. -
Total Premium Including Applicable Taxes Rs. 3303/-	Cheque/DD Rs. 6606/-
Payable at Branch MUMBAI-51	

Cheque/DD details : (Cheque/DD should be made payable to "Edelweiss Tokio Life Insurance Company Limited")

Cheque/DD no. 000019	Dated 140918	Bank Name IDFC BANK
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BANK ACCOUNT DETAILS : (For credit of future payout if any)

Bank Account number 10001183432	IFSC Code IDFB0040101	Bank Name IDFC BANK	Branch Location MUMBAI-51
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Life to be Insured Proposer / Spouse

2. MEDICAL AND HEALTH RECORDS

1. Within the past five years, have you:
- Consulted any doctor or other health practitioner, except for common cold/influenza lasting less than four days?
 - Had ECG, X-rays, blood test or any other tests done? If Yes, please specify (except pre-employment)
 - Been attended by or admitted/advised to be admitted to any hospital or other medical facility or have you availed leave on medical ground?
2. Are you taking any medication at present or following a diet prescribed by a doctor?
3. Have you ever sought any advice or suffered from or received investigation or treatment or are you currently receiving treatment for or awaiting medical or surgical treatment for the following :
- Any disorder of the heart e.g. heart attack, heart murmur, heart valve disorder, breathlessness, irregular or fast heart rate, chest pain / discomfort or any other disorder of heart or blood vessels? If Yes, please fill Chest Pain Questionnaire.
 - History of high blood pressure, raised cholesterol, triglycerides? If Yes, please fill Hypertension Questionnaire.
 - Any other respiratory or lung trouble e.g. asthma, bronchitis, persistent cough, tuberculosis, pneumonia, coughing with blood,
 - Diabetes or sugar in the urine? If Yes, please fill Respiratory Questionnaire.
 - Disease or disorders of kidneys, bladder, prostate or reproductive organs, e.g. albumin in urine, blood or pus in urine, stones, sexually transmitted diseases or venereal diseases?
 - Any disorder of the digestive system, gall bladder or liver e.g. actual or suspected gastric or duodenal ulcer, recurrent indigestion, chronic diarrhoea, blood in stool, vomiting with blood, jaundice, cirrhosis? If Yes, please fill Digestive Disorder Questionnaire.
 - Cancer, enlarged gland, growth or tumour, chemotherapy or radiotherapy of any kind?
 - Any tropical diseases like malaria, dengue, filariasis, kala-azar etc.?
 - Thyroid disorder including goitre, hyperthyroidism or thyroiditis? If Yes, please fill Thyroid Disorder Questionnaire.
 - Anaemia, bleeding or any other disorder of the blood?
 - Any nervous or neurological disorder e.g. epilepsy, blackouts, paralysis, anxiety, state or depression, headaches, dizziness, fits, stroke, fainting, stress related problem, brain hemorrhage, etc. If Yes, please fill Nervous disorder/Epilepsy Questionnaire.
 - Ear, eye, nose or throat disorder, e.g. ear discharge, defective vision, recurrent tonsillitis, double vision etc.? If Yes, please fill ENT Questionnaire.
 - Disorder or disease of muscle, bones, joints, limbs, spine e.g. rheumatism, arthritis, gout, slipped disc, bone fracture or disorder, or other back trouble?
- If Yes, please fill Musculoskeletal Questionnaire.
- n. A test indicating the presence of HIV/ AIDS, Hepatitis B or Hepatitis C ?
- o. Excessive Alcohol consumption or to stop drinking or received alcohol abstinence treatment. If Yes, please fill Alcohol Habit Questionnaire.
- p. Any other illness, disorder, operation, disability not stated above ?
- Do you have deformity or physical abnormality? If Yes, please fill Deformity Questionnaire.
- Do you have any health related complaints or symptoms e.g. loss of appetite, persistent fever, pain, swelling etc. for which a physician has not been consulted or treatment received?

For Female lives:

a. Are you pregnant? If Yes, specify number of weeks

b. Have you or have you ever had, any disorder of the female organs (breasts, ovaries, uterus) or any abnormality of pregnancy or Confinement e.g. caesarian section or miscarriage, high blood pressure, gestational diabetes, etc.?

If Yes, please give details

If any of the answers to question 12 are "YES", provide the below details. (Please provide medical records pertaining to the declaration)

Name of the Life to be Insured/Proposer	Question No.	Please provide details including exact diagnosis / medical condition, date of diagnosis, treatment prescribed, name of the tablets or medication

Have you ever been hospitalized for this condition? Date of hospitalization Are you now fully recovered and off all medications? If No, give details

13. TAX RESIDENCE DECLARATION : (tick any one, as applicable to you)

 I am a tax resident of India and not of any other country

OR

 I am tax resident of country/ies other than India mentioned separately in FATCA / CRS Annexure*

* If you are tax resident of another country then please fill in the FATCA/CRS form annexed

14. DETAILS FOR INSURANCE REPOSITORY

1. Do you have an eIA account number? If yes, please provide (Mandatory if Answer is "Yes")2. If no, would you like to apply? (Mandatory if Answer to Q1 is "No", if yes to Qs 2, please submit eIA request form)3. Would you like to have an e policy? (Mandatory if answer to either of the Q1 or Q2 is "Yes")

4. Specify the Insurance Repository Name for eIA creation. List of Insurance Repository:

<input type="checkbox"/> NSDL Data Management Limited	<input type="checkbox"/> CDSL Insurance Repository Limited
<input type="checkbox"/> Karvy Insurance repository Limited	<input type="checkbox"/> CAMS Repository Services Limited

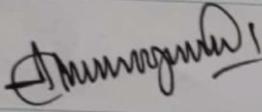
15. DECLARATIONS

- I/We declare and warrant on my behalf and on behalf of the person whose life is to be insured that I/We have read/been interpreted this proposal form and that the same has been explained to me/us and I/We have fully understood its content. I/We declare that the answers given in response to the questions above and the statements made by me/us in this proposal form or otherwise in support of this proposal are true, correct and complete in all respects, and there is no other information, material to this

- I/We declare that the premium amounts paid along with this proposal and payable in future under the policy, have not been generated from the proceeds of any criminal activities/offences. I/We declare that I/we shall abide by and conform to the Prevention of the Money Laundering Act, 2002 as amended from time to time or under any other applicable law/regulations.

- I/We declare that I/We am/are not a Previously Exposed Person ('PEP') at any time after submitting the proposal form and during the continuance of the policy.
- That in order to enable the Company to assess the risk under this proposal and any time thereafter, I/we hereby authorise my/our past and present employers, business associates, banks, accountants, medical practitioners, hospitals, medical source, any other life and non-life insurance company/(ies) and any other person/entity to release/disclose to the Company, the records of my/our employment, business, financial position, health and medical records and other details pertaining to me/us or the Life to be Insured, as may be considered relevant for acceptance or otherwise, of this proposal. I/We agree that the insurance protection shall only be provided effective from the date of acceptance of risk by the Company.
 - I/we accord to the Company my/our consent to undergo tests for screening, confirmation, reconfirmation of overall health status of the Life to be Insured. These tests shall include but shall not be limited to medical examinations, laboratory, pathological or biological tests, cardiac, radiological investigations and other medical tests including but not limited to HIV 1 / 2 tests by various methods. I/We am/are aware that these tests are only for screening purposes and not confirmatory for HIV/AIDS. These tests may also include blood tests to detect bacterial, viral, fungal infections, if so required under the underwriting policy of the Company. I/We agree and declare that in the event of the Life to be Insured being medically examined, answers given by the Life to be Insured to the medical examiner acting on behalf of the Company shall be deemed to be part of the statements and answers given in this proposal form and subject to this declaration and warranty.
 - I/We agree that after the date of submission of this proposal form but before the issue of policy, (i) if there is any change in my/our occupation, or (ii) if there are any adverse circumstances connected with my/our financial position or the general health of the Life to be Insured/Proposer (wherever applicable); or (iii) if any proposal for insurance or an application for revival of a policy on the Life to be Insured made to any insurer is accepted at standard rate, withdrawn, deferred, declined, or is accepted at an increased premium, or is subject to a lien or on terms other than as proposed, I/We shall forthwith intimate the same to the Company in writing.
- I here by give consent to all the declarations mentioned above.

PLEASE DO NOT SIGN ON BLANK PROPOSAL FORM

Signature*/ Thumb impression	Life to be Insured  140918 Place MUMBAI	Proposer / Spouse Anupriya Sharma	PROFA / SP / RM / Broker 
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* The Proposer / Life Insured can upload a scanned copy of their signature in the above box.

DECLARATION IN VERNACULAR OR FOR UNEDUCATED PERSON

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):

"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."

In case the Proposer is illiterate, his/her thumb impression should be attested by a person of standing whose identity can easily be established, but unconnected to the insurer 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 affixed the thumb impression above after fully understanding the contents thereof."

Name of the Declarant : Mr Miss Mrs _____

Place: _____ Date: D D M M Y Y Y Y

Declarant's Signature in English

Declarant Address : _____

Name of the Witness : Mr Miss Mrs _____

Place: _____ Date: D D M M Y Y Y Y

Witness Signature in English

Witness Address : _____

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

Proposer's Signature or Thumb Impression

Proposer's Signature or Thumb Impression

FREE LOOK PERIOD

The Policyholder is provided with a period of 15 days (30 day for policies sourced through distance marketing) from the receipt of the policy document to review the terms and conditions. On disagreement of any of the terms and condition, the policyholder has the option to return the policy, stating the reasons for the objection.

The Policyholder shall be entitled to the refund of amount as per the provisions of the policy.

APPLICABLE PROVISIONS OF THE INSURANCE LAWS (AMENDMENT) ACT, 2015 AS AMENDED FROM TIME TO TIME

SECTION 41 : No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables or the insurer.

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.

SECTION 45 : The provisions of Section 45 of the Insurance Laws (Amendment) Act, 2015 as amended from time to time, will be applicable to my/our Policy Contract.



Instruction for Medicals

1. For Proposals which require a medical examination, we request you to undergo the required medical tests at the earliest to ensure speedy processing of the proposal
2. Please carry a photo ID as Proof of your Identification when going for a medical and/or laboratory examination
3. Prior to any blood test, please ensure fasting of 10-12 hrs (only water is allowed)
4. Please do not pass urine for atleast 1 hour before appointment, as a Urine Test would be required with Full Medical Report
5. For Females only - Please avoid going for a Full Medical Report during your menstruation cycle. Please get your appointment fixed accordingly.

Checklist

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Completely filled and signed Proposal Form | <input type="checkbox"/> Photo Identity |
| <input type="checkbox"/> Age Proof | <input type="checkbox"/> Benefit Illustration |
| <input type="checkbox"/> Proof of Residence | <input type="checkbox"/> Relevant Questionnaire if any |
| <input type="checkbox"/> Copies of medical report/doctor's consultation papers pertaining to health question declared in the Proposal Form | |
| <input type="checkbox"/> Other (Specify) _____ | |

Proposal no. **500349471E**



Name of PFA / SP / Broker _____

Signature of PFA / SP / Broker _____

Date DDMMYYYY

DISCLAIMER : This is an acknowledgement and should not be considered as acceptance of risk under the proposal.

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Proposal No. 500349471E



CONFIDENTIAL REPORT BY PFA/SP/RM/BROKER

Name of the Proposer

Name of the Life to be Insured **PRAASANNA DEVARADIGA**

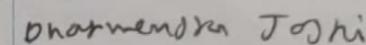
A. Personal Details of the Life to be Insured/Proposer

1. Have you personally met the life to be insured for his application?
2. Does life to be insured appear to be in good health?
If "No", give details
3. Are you aware of anything about the life to be insured / or proposed owner's lifestyle, participation in hazardous sport, habits, medical history or any risk factor that would have an adverse effect on insurability?
4. Has any application or revival of life insurance on the life proposed ever been Declined, Deferred, Postponed or Accepted at Special terms?
If "Yes", give details
5. Are you personally satisfied about the financial standing of the proposed owner / life to be insured and insurability of the life to be insured?
6. Are there any "Specified Suspicious Activity Observed/Reported"?
If yes, give details
7. Please state how the amount of insurance was calculated? AS PTR B.I.

B. Source of Sale

- | | | | | | |
|-----------------------------------------------|-----------------------------------|--------------------------------------------|--------------------------------------|---------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Reference/Cold Call | <input type="checkbox"/> Relative | <input type="checkbox"/> Financial Advisor | <input type="checkbox"/> Direct Mail | <input checked="" type="checkbox"/> Applicant's request | <input type="checkbox"/> Existing client |
| <input type="checkbox"/> Friend/ Acquaintance | <input type="checkbox"/> Others | | | | |

I Mr./Ms. **LANDMARK** (PFA's relation with life to be insured / proposer) **Broker**
 of the Life to be Insured/Proposer, know him/her since (yrs/months/days) and hereby declare that all statements mentioned above are true and correct to the best of my knowledge and belief. I have complied with the Code of Conduct as stated in the regulations framed by the Insurance Regulatory & Development Authority and the provisions of my contract with the company applicable to the policy to be issued. I hereby confirm verifying the copies of all the documents submitted herewith against the originals. I hereby confirm that the applicable KYC /AML guidelines have been adhered to the best of my/our knowledge and the current/permanent address has been verified by me/us.

Signature of the PFA / SP / RM / Broker		PFA / SP / RM / Broker's Reporting Manager's Signature	
Name of the PFA / SP / RM / Broker		PFA / SP / RM / Broker's Reporting Manager's Name	
PFA / SP / RM / Broker Code	B90054	140918	Place MUMBAI <input type="text"/>

**Instruction for filling up the Proposal Form**

1. Before you sign this Proposal Form and addendum (if any), the personal financial advisor is obliged to have provided you with the sales brochure and Benefit Illustration containing a summary of the important information in relationship to the product you are applying for. This information will help you to understand the product and to decide whether it is appropriate to your needs.
2. Insurance is a contract of utmost good faith, which requires the Insurer, proposer and life to be insured to disclose all material facts. In case of any doubt, as to whether a fact is material or not, the fact should be disclosed. As the statements in this proposal constitute warranties, complete and accurate information must be given.
3. Please answer all questions and/or tick a box (✓) where appropriate.
4. Please strike out parts which are not applicable and write 'N.A'.
5. Strokes of Pen, dots and dashes are not accepted as replies.
6. This form is to be legibly filled by the Proposer/Life to be Insured in black or blue ink. You may dictate the answers to the questions in the proposal form to a scribe other than Personal financial advisor/corporate agent/broker/Relationship manager.
7. The proposer must sign any cancellation or alteration.
8. Please use an additional sheet where space is not sufficient.
9. Any evidence submitted should not be dated more than six months prior to the date of proposal.
10. Amount paid under the policy is acceptable only by Cheque/DD.
11. Please provide your Email ID and Mobile number as these details will be required by you to view your Policies online in the Customer Portal.
12. Only one product can be applied under one Proposal Form.
13. Please avoid submitting original documents.

Please refer reverse side of the page