





Date: 21/03/2022

Gaurav Singh

2071

Geetapuri Gomtinagar Lko

Lucknow

Uttar Pradesh

Kharagpur Cms

Pin - 226010 India

Tel. No.:

Mob. No.: 09044865771

Policy No.: 75122135

Email: singhgaurav.1144@gmail.com



BD LN1N KM 75122135

**Kotak Guaranteed Savings Plan**  
**A Non Linked Non-Participating Endowment Life Insurance Plan**  
**PART A**

Dear Gaurav Singh

We welcome you to Kotak Life Insurance family.

We view insurance as being much more than a cover; it is about savings and protection; about being carefree, about living life to the fullest. It is indeed heartening to know that you share our sentiments.

Please be rest assured, the faith and confidence that you have placed in us would certainly be a rewarding and wholesome experience.

**Your Policy details :**

Name of Plan	Policy No	Client Id
Kotak Guaranteed Savings Plan(UIN-107N100V02)	75122135	69764059

**Agent Details :**

<b>KLI Servicing Branch Address:</b>	<b>Lucknow-Branch1 Halwasiya Commercial House, Unit No. 8 to 15, 6th Floor, 11 M.G Marg, Hazratganj, Lucknow 226001</b>
Name of the Agent	<b>KMBL-0131-Hazratganj-UP-Retail-811 retail</b>
Agent Code	<b>60706230</b>
Agent Tel No	
Address of the Agent	<b>Kotak Mahindra Bank Hazratganj Lucknow Uttar Pradesh</b>
Agent PIN	<b>226001</b>
Agent Email	<b>service.bank@kotak.com</b>

Your enclosed Policy document is an important legal document and should be kept in a safe place. This Policy is subject to tax laws prevailing in India. You are kindly advised to consult your Tax Advisor for the tax benefits available under this Policy.

**Free Look Period :**

In case you are not agreeable to any of the provisions stated in the Policy, then you have the option of returning the Policy to us stating the reasons thereof within 15 days (30 days for policies obtained through Distance Marketing\* mode and electronic policies) from the date of the receipt of the Policy. The cancellation request should be submitted to your nearest Kotak Life Insurance Branch or sent directly to our Head Office. On receipt of your letter along with the original Policy document we shall arrange to refund the Premium paid by you after deducting the proportionate risk Premium, expenses of medical examination and stamp duty. A Policy once returned shall not be revived, reinstated or restored at any point of time and a new proposal will have to be made for a new Policy.

In addition to the above, this free look provision is also applicable to the Rider contract. The Rider stands cancelled when the free look provision of the Policy is exercised.

The free look period applicable to this Policy is 15 days.

\* Distance Marketing includes every activity of solicitation (including lead generation) and sale of insurance products through the following modes: (i) Voice mode, which includes telephone calling (ii) Short Messaging service (SMS) (iii) Electronic mode which includes e-mail and interactive television (DTH) and (iv) Physical

mode which includes direct postal mail and newspaper & magazine inserts.

**Contact us :**

If you notice any discrepancy with respect to your name, personal details or other information relating to the Policy please return the Policy documents to us immediately along with a letter stating the discrepancies. In case of claim or any service request, please contact yourLife Advisor or the nearest Kotak Life Insurance Branch. You may also write to us at [clientservicedesk@kotak.com](mailto:clientservicedesk@kotak.com) or call our Customer Service Officers at **1800 209 8800**. Please quote your Policy number and client id number in all your correspondence with us.

We hope this Policy meets your expectations and this is the beginning of a long relationship with you. It will be our pleasure to serve you, protect you and be with you; assuring you of our best services at all times.

**Best wishes,**



Authorised Signatory

**Kotak Mahindra Life Insurance Company Ltd**

CIN: U66030MH2000PLC128503, Regd. Office: 2nd Floor, Plot #C-12, G- Block, BKC, Bandra (E), Mumbai- 400051, Website: <http://insurance.kotak.com>, Email: [clientservicedesk@kotak.com](mailto:clientservicedesk@kotak.com), Toll Free No.: 18002098800.

## TAX INVOICE

(ORIGINAL FOR RECIPIENT)

## First Premium Certificate

## Kotak Mahindra Life Insurance Company Ltd

Lucknow-Branch1 Halwasiya Commercial House, Unit No. 8 to 15, 6th Floor, 11 M.G Marg, Hazratganj, Lucknow 226001

Branch	GSTIN	State Code	TIN No.
Lucknow-Branch1	09AAAC03983B1ZI	UP	09

Serial Number: 7512213521032022

Date: 21/03/2022

Name and Address of the Policyholder: Gaurav Singh

2071 Geetapuri Gomtinagar Lko Lucknow Uttar Pradesh Kharagpur Cms Pin- 226010

State Code: UP

GSTIN:

TIN No.:

Place of Supply (to be filled only In  
case of Inter State services): NA

Place of Supply-State: NA

Proposal No: 75122135

Policy No: 75122135

Basic Product: Kotak Guaranteed Savings Plan(UIN-107N100V02)

Date of Commencement of Policy: 21/03/2022

Payment Mode: Annual

Installment Premium [excluding Goods and Services Tax and Cess]: Rs. 50,000.00

Total Installment Premium: Rs. 52,250.00

Policy Term: 20 years

Next Premium Due: 21/03/2023

Premium Payment Term: 10 years

Description of Goods/Services	HSN/SAC Code	Total	Discount	Taxable Value	CGST		SGST		IGST		Cess	
					Rate	Amt	Rate	Amt	Rate	Amt	Rate	Amt
Kotak Guaranteed Savings Plan(UIN-107N100V02)	997132	50,000	0	12,500	9	1,125	9	1,125	0	0	0	0
<b>Total</b>		<b>50,000</b>		<b>12,500</b>		<b>1,125</b>		<b>1,125</b>		<b>0</b>		<b>0</b>

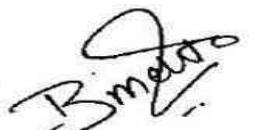
Total Invoice Value (In figure): 52,250.00

Total Invoice Value (in words): Fifty Two Thousand Two Hundred Fifty Only

Amount of tax subject to reverse charge: NIL

**Tax benefits on the Premium(s) paid and the benefits received are subject to fulfillment of conditions as specified under the prevailing tax laws and are subject to modifications made there to from time to time.**

\*Goods and Services Tax and Cess is levied at the applicable tax rates in accordance with the prevailing Tax Laws, from time to time.



Authorised Signatory

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## **I. AGREEMENT:**

Kotak Mahindra Life Insurance Company Limited, is registered with the Insurance Regulatory & Development Authority of India (hereinafter referred to as "IRDAI") under the Insurance Act, 1938 (4 of 1938) (hereinafter referred to as the "Act") as a life Insurer having Registration No. 107, and accordingly is engaged in the business of life insurance, which includes its assigns and successors (hereinafter called "the Company"). The Company has received a Proposal and Declaration together with first Premium/Single Premium, as the case may be, for insurance from the Policyholder named in the Schedule hereto, and it has been agreed to by the Policyholder that the proposal, declaration and statements contained and referred to therein are declared to be the basis of this contract of insurance for the benefits and on the terms stated in the Schedule.

The Company agrees that, subject to realization of the first Premium/Single Premium as the case may be, received and due receipt of the subsequent Premiums, if any, as set out in the Schedule, and subject to the terms and conditions set forth in this Policy Contract, it will pay the benefits as mentioned in the Schedule, to the Policyholder/Nominee/Legal Heir/ Assignee as mentioned in the Schedule, on proof of the benefits having become payable as set out in the said Schedule,

- of the title of the said person(s) claiming payment,
- of the correctness of the Age of the Policyholder/Life Insured stated in the proposal form and the proof of Age submitted to the Company,
- of the correctness of all the statements stated in the proposal form and during the telephonic interview of the Policyholder/Life Insured and any documents submitted to the Company, viz., health, family medical history, occupation, income, personal medical history, existing insurance details etc.

It is hereby declared that this policy contract of insurance shall be subject to the conditions and privileges as hereinafter stated and that the following Schedule and every endorsement incorporated in this policy by the Company shall be deemed to be part of the policy.

In this policy, unless the context specifies otherwise, references to the Recitals, Clauses, Schedules and Annexures, if any, shall be deemed to be a reference to the Recitals, Clauses, Schedules and Annexures of this policy.

Words and expressions used in this policy but not defined herein shall, unless the context specifies otherwise, have the same meaning as defined in the Insurance Act, 1938 and/or any Rules/Regulations made there under.

This Policy is subject to the Tax Laws\* and other legislations prevailing in India. In the event of any amendments, or change (prospective and retrospective) to any of the provisions of the said tax laws and/or legislations and /or in the event any interpretation adopted by the Company is held contrary to the position adopted by the government authorities, impacting cash flows, charges, revenue and remuneration accruing from this contract, the Company reserves the right to revise the Premium(s), charges or the benefit(s) under this policy and/or modify the terms and conditions entailed in this Contract with the prior approval of IRDAI. Any change, modification, or reversal of the Premium, charges or the benefit by the Company shall be informed to the Policyholders and cannot be disputed or contested by the Policyholders. References to any enactment are to be construed as referring to any amendment, re-enactment (whether before or after the date of signing of the policy) or enactment that has replaced the first mentioned enactment (with or without amendment) and to any regulation or order made under it.

\*"Tax Laws" means all laws, regulations, legislations including any amendments made in

relation to taxes, levies, imposts, cesses, duties and other forms of taxation, including (but without limitation) Goods and Services Tax, any other tax which are applicable or may be applicable on any future date, corresponding to the Premium(s), charges or benefits under this policy and includes any interest, surcharge, penalty or fine in connection therewith which may be payable.

**Tax Deducted at Source:**

This policy is subject to Tax deducted at source at the applicable rates, in accordance with the prevailing Tax Laws.

**Exemptions/ Concessions:**

Where the Company is entitled to an exemption or concession concerning any Tax to be levied in India in respect of the Policy, the Policyholder shall use reasonable endeavors to enable the Company to claim such concession or exemption.

**Collection of Taxes:**

The Policyholder/ Customer/ Claimant shall be liable for any tax amount which is payable under the applicable Tax Laws to any competent governmental authority in India on the premium, charges or any benefits/ claims payable to such Policyholder/ customer/ Claimant by the Company.

In the event that any term, condition or provision of this policy is held to be in violation of any applicable Law, Statute or Regulation or if for any reason a court of competent jurisdiction finds any provision of the policy or portion thereof, to be unenforceable, that provision shall be enforced to the maximum extent permissible so as to give effect to the intent of the policy, and the remainder of this policy shall continue in full force and effect. The Policyholder/Assignee/Legal Heir/Nominee shall be liable for any amount which is payable under the applicable Tax Laws to any competent governmental authority in India on the Premium amount or any benefit payable to such Policyholder/Assignee /Legal Heir/Nominee by the Company.

Any dispute under this policy shall be subject to the laws prevailing in India.

**The stamp duty of Rs. 174/- (Rupees One Hundred and Seventy Four Only) is affixed to this instrument out of the consolidated stamp duty of Rs. 15000000/- (Rupees One Crore Fifty Lakh Only) deposited with the additional controller of stamps, Mumbai, vide Letter of Authority no. CSD/260/2022/523 Dated 01-02-2022.**



Proper Officer  
(Signature)

## II SCHEDULE

### a) Policy Details:

Policy No.:	<b>75122135</b>
Plan Name:	<b>Kotak Guaranteed Savings Plan</b>
Unique Identification Number (UIN):	<b>107N100V02</b>
Plan Description:	<b>A Non-Linked Non-Participating Endowment Life Insurance Plan</b>
Participating:	<b>No</b>
Name of the Policyholder in full:	<b>Gaurav Singh</b>
Date of Birth of the Policyholder:	<b>30/11/1992</b>
Gender of the Policyholder:	<b>Male</b>
Policyholder's Age at Commencement:	<b>29 years</b>
Whether Age of the Policyholder at Commencement Admitted:	<b>Yes</b>
Client ID of Policyholder:	<b>69764059</b>
Name of the Life Insured in full:	<b>Gaurav Singh</b>
Address of the Life Insured:	<b>2071 Geetapuri Gomtinagar Lko Lucknow Uttar Pradesh Kharagpur Cms 226010</b>
Date of Birth of the Life Insured:	<b>30/11/1992</b>
Gender of the Life Insured:	<b>Male</b>
Life Insured's Age at Commencement:	<b>29 years</b>
Whether the Life Insured's Age at Commencement Admitted:	<b>Yes</b>
Client ID of Life Insured:	<b>69764059</b>
Date of Commencement of Policy:	<b>21/03/2022</b>
Date of Commencement of Risk:	<b>21/03/2022</b>
Basic Sum Assured:	<b>Rs. 869,205.00</b>
Guaranteed Additions:	<b>Rs. 17,500.00</b>
Guaranteed Loyalty Additions:	<b>Rs. 81,000.00</b>
Guaranteed Maturity Benefit:	<b>Rs. 1,125,205.00</b>
Date of Maturity:	<b>21/03/2042</b>
Policy Term:	<b>20 years</b>

Amount of Premium: (Incl. of applicable taxes and cess as mentioned in the First Premium Certificate)	<b>Rs. 52,250.00</b>
Premium Payment Term:	<b>10 years</b>
Premium Payment Mode:	<b>Annual</b>
Due Date for payment of Premium:	<b>21/03/2023</b>
Date of Last Installment Premium:	<b>21/03/2031</b>

**b) Rider Details: NA**

Please note if any riders are attached they will form part of the Policy Document by way of an endorsement or annexure.

**c) Nominee Details:**

Name of the Nominee(s)	Age of Nominee	Gender of Nominee	Name of the Appointee where Nominee is minor	Entitlement (%)	Relationship with the Life Insured
<b>Yashoda Devi</b>	<b>50</b>	<b>Female</b>	<b>NA</b>	<b>100.00</b>	<b>Mother</b>

**Please Note: To enjoy the full benefits under this Policy, please ensure that all Premiums are paid up to date.**

## PART B

### **DEFINITIONS**

- i. **Act:**  
Means Insurance Act, 1938, as amended from time-to-time.
- ii. **Age:**  
Means the age of the Life Insured on the last birthday (as per the English calendar)
- iii. **Annualised premium:** Means the total of all Premiums payable by the Policyholder in one Policy year excluding the underwriting extra Premiums and loadings for modal Premium.  
The Annualised Premium shall also exclude Goods and Services Tax, Cess and Rider Premium, if any.
- iv. **Basic Sum Assured:**  
Means the amount mentioned in Schedule as Basic Sum Assured.
- v. **Board:**  
Means the board of Directors of the Company.
- vi. **Claimant:**  
Means the Policyholder; or the Life Insured; or the Assignee; or the nominee; or the legal heir of the Policyholder or the nominee, as the case may be.
- vii. **Date of Commencement of Policy:**  
The date mentioned in the Schedule as Date of Commencement of Policy
- viii. **Date of Commencement of Risk:**  
The date mentioned in Schedule as Date of Commencement of Risk.
- ix. **Grace Period:**  
Means the time granted by the Company i.e. 30 days from the due date for the payment of Premium for annual, half-yearly and quarterly mode and 15 days for monthly mode, without levy of any interest or penalty during which time the Policy is considered to be in-force with the risk cover without any interruption as per the terms of the Policy. Grace Period is not applicable for Single Premium payment option under the Policy.
- x. **Guaranteed Additions:**  
Guaranteed Additions shall be calculated as a percentage of the Annualised Premiums paid and will be based on the chosen Premium Payment Term and Policy Term. It will start accruing after the completion of the Premium Payment Term, from the end of the next Policy Year and shall continue until the end of the last Policy Year. The accrued Guaranteed Additions shall be payable as per the terms and conditions of the Policy. The rates of Guaranteed Yearly Additions are as follows:

PPT	Term	Guaranteed Addition Rate (as % of Annualised Premium)	Accrual Duration (end of the Policy year)
7	14	25%	8 <sup>th</sup> to 14th
8	16	30%	9 <sup>th</sup> to 16th
10	15	32%	11 <sup>th</sup> to 15th
10	20	35%	11 <sup>th</sup> to 20th

**xi. Guaranteed Loyalty Addition:**

Guaranteed Loyalty Addition shall be calculated as a percentage of Annualised Premium and will be payable at maturity in lump sum. The Guaranteed Loyalty Addition will be based on the Annualised Premium band, the Premium Payment Term and the Policy Term option chosen

		Guaranteed Loyalty Addition Rate (as % Annualised Premium)		
Term	PPT	Less than Rs.50,000	Greater than or equal to Rs. 50,000 but less than Rs.1,00,000	Greater than or equal to Rs.1,00,000
14	7	100%	135%	150%
16	8	110%	148%	165%
15	10	115%	155%	172%
20	10	120%	162%	180%

**xii. Guaranteed Maturity Benefit:**

Guaranteed Maturity Benefit shall be calculated as follows:

Basic Sum Assured  
PLUS Accrued Guaranteed Additions  
PLUS Guaranteed Loyalty Addition

**xiii. "Insurer/ Company/us":** means Kotak Mahindra Life Insurance Company Limited.

**xiv. Lapse:**

Means suspension of the benefits under the Policy upon non-payment of the due Premiums within the Grace Period. Such suspension shall be effective from the date of the first unpaid Premium.

**xv. Minimum Age & Maximum Age:**

Minimum Age of the Life Insured at entry is 3 years.  
Maximum Age of the Life Insured at entry is 60 years

Minimum Age of the Life Insured at maturity is 18 years.  
Maximum Age of the Life Insured at maturity is 75 years.

**xvi. Policy:**

Means the contract of insurance entered into between the Policyholder and the Insurer as evidenced by Policy Document.

**xvii. Policy Document:**

Means the present contract of insurance which has been issued on the basis of the proposal, other representations and documents submitted by the Policyholder and/or the Life Insured(s).

**xviii. Policy Term:**

Means the period mentioned in the Schedule, it is the period during which the Life Insured is covered, subject to the Policy being in force at the time of the death of Life Insured.

**xix. Policy Year:**

Means the period from the last Policy anniversary date (or the date of commencement of Policy) up to the next Policy anniversary date.

**xx. Premium:**

Means the Single Premium (for Single Premium payment option) or the total initial Premium and subsequent Premiums due (in case of other than Single Premium payment option) and payable under the Policy. The Premium shall be subject to taxes as may be applicable from time to time.

**xxi. Premium Payment Term (PPT):**

This is the period during which the Policyholder shall pay the Premium to get the full benefits as mentioned in the Schedule of the Policy. If the Premium Payment Term is less than the Policy Term, it shall mean Limited Premium payment Policy.

**xxii. "Proposal Form":**

Means a form to be filled in by the prospect in written or electronic or any other format as approved by the Authority, for furnishing all material information as required by the insurer in respect of a risk, in order to enable the insurer to take informed decision in the context of underwriting the risk, to determine the rates, advantages, terms and conditions of the cover to be granted.

Explanation: "Material Information" for the purpose of this regulation shall mean all important, essential and relevant information sought by the insurer in the Proposal Form and other connected documents to enable him to take informed decision in the context of underwriting the risk.

**xxiii. Revival:**

Means reinstatement of the lapsed or Reduced Paid-Up Policy in accordance with the provisions of the Policy Document. Revival may be of the following two types and the same may be made before the date of maturity of the Policy but, within the timelines indicated below:

- a. 'Minor Revival': means revival made within six months from the due date of the first unpaid Premium causing the Policy to Lapse; and
- b. 'Major Revival': means revival made after six months but within five years from the due date of the first unpaid Premium causing the Policy to Lapse.

**xxiv. Sum Assured on death:**

If all the due premiums have been paid, the Sum Assured on death during the Policy Term will be as follows:

Higher of (a), (b) and (c);

- (a) 11 times (Annualised Premium including extra premium, if any)
- (b) Basic Sum Assured plus Guaranteed Loyalty Addition
- (c) 105% of (all Premiums plus extra premium, if any) paid till the date of death (excluding Goods and Services tax and cess, as applicable and rider premium, if any).

**xxv. Surrender:**

Means the termination of the Policy by the Policyholder before the Date of Maturity, in accordance with the provisions of the Policy Document.

## **PART C**

### **A. BENEFITS PAYABLE**

#### **1. Death Benefit:**

- i. On death of the Life Insured at any time during the Policy Term, provided all the due Premium(s) have been paid up to date, the following benefit will be available:
  - a. Sum Assured on death  
PLUS
  - b. Accrued Guaranteed Additions till the date of death
- ii. If the death occurs during Grace Period, the due unpaid Premium (if any) till the date of death will be deducted from the aforesaid Death Benefit.
- iii. In case if the Premium payment mode is not annual, the balance of the Premium for that Policy year along with the due unpaid Premium (if any) will be deducted from the Death Benefit.
- iv. The Death Benefit shall be reduced to the extent of any outstanding loans (including interest).
- v. For Death Benefit payable under Lapse and Reduced Paid-up mode kindly refer to the respective Sections.
- vi. The Death Benefit shall be payable in lump sum. Once the Death Benefit under the Policy is paid, the Policy stands terminated.

#### **2. Maturity Benefit:**

On survival of the Life Insured till the end of the Policy Term, provided all the due Premium(s) have been paid up to date, Guaranteed Maturity Benefit shall be payable. The Maturity Benefit shall be reduced to the extent of any outstanding loans (including interest).

#### **3. Rider Benefits:**

The Policyholder may opt for the following Riders, subject to the terms and conditions applicable to the riders:

- Kotak Accidental Death Benefit Rider (UIN – 107B001V03)
- Kotak Permanent Disability Benefit Rider (UIN – 107B002V03)
- Kotak Accidental Disability Guardian Benefit Rider [ADGB] (UIN – 107B011V02)
- Kotak Life Guardian Benefit Rider [LGB] (UIN – 107B012V02)
- Kotak Term Benefit Rider (UIN – 107B003V03)

#### **Rider Conditions:**

- a. Rider Cover only applies during the rider benefit term. Riders will cease at the end of Grace Period depending on the features of the Riders attached.
- b. The payment of rider premiums would be made in addition to the premium payable under base policy.
- c. Sum Assured under each rider <= Sum Assured under Base Plan

- d. Sum of premiums for all riders chosen or premium for each rider chosen (in case opted individually) by Policyholder ≤ 30% of Basic premium
- e. Mode of Rider Premium should be same as Base Plan
- f. Modal Factors apply for Rider Premiums
- g. Minimum rider term is 5 years.
- h. Rider can be opted either at inception or at any policy anniversary and can also be detached during Policy Term.
- i. Rider attachment shall be allowed anytime during the Policy Term subject to availability of the Rider with the Insurer. Such Rider shall be effective only from next policy anniversary
- j. Rider detachment shall be allowed anytime during the Policy Term but will be effective only from next Rider premium due date
- k. The following will be applicable for all riders except LGB & ADGB Rider:
  - i. Rider benefit term should be less than or equal to the outstanding policy term of the Base Plan. The maximum Rider benefit term allowed will be the outstanding Policy Term selected under the Base Plan subject to the maximum maturity age under the Rider
  - ii. Rider Premium Payment Term should be less than or equal to the outstanding PPT of the base plan
  - iii. Premium Payment options under Rider will have to be same as that of the Base Plan. For this plan only Limited premium payment option is applicable
- l. For LGB & ADGB Riders, Rider benefit term will be outstanding PPT of Base Plan subject to minimum of 5 years. It will also be subject to not breaching the maturity age of the Base Plan
- m. For LGB and ADGB riders, policies will not be eligible for these riders where the Age of Policyholder and PPT of Base Plan, together exceeds, the maximum maturity age allowed under these riders.
- n. Rider cannot be revived independently and can only be revived along with the revival of the base Policy.
- o. For more details, please refer to respective Rider terms and conditions

## **B. PREMIUMS PAYABLE:**

The annual Premiums are payable in advance on the anniversary of the Date of Commencement of the Policy. However, with the consent of the Company, the Premium(s) can also be paid in Half-yearly/ Quarterly/Monthly installments.

Grace Period, as applicable, is available for payment of Premiums due.

Premiums may be revised by the Company to give effect to any changes in the prevailing Tax Laws or other legislation.

As a gesture of goodwill, the Company may by way of written intimation remind the Policyholder of the Premiums due and payable under this Policy. However, whether or not such intimation is received by the Policyholder, it shall be the sole responsibility of the Policyholder, at all times, to discharge the Premium obligations as mentioned in the Policy.

Likewise it shall not be obligatory on the Company to issue any communication to a Policyholder conveying that his/her Premium paying instrument (including those for any other payments under the Policy) has bounced and/or any standing instructions by the Policyholder to a bank has not been honoured, thereby resulting in non-payment/non-receipt of the Premium(s)/payments under the Policy. As mentioned above it shall be the sole responsibility of the Policyholder, to ensure that the Premiums as mentioned herein (including for any other payments under the Policy) are duly and properly discharged.

Any excess money upto Rs. 100/- paid by the Policyholder over and above the Premium amount shall be adjusted against future Premium payable under the Policy or shall be refunded along with the benefits payable under the Policy

**Mode of Premium payment: Annual**

Due date(s) of Future Premium Payments: **21/03/2023** and Annual thereafter.

Benefits	Limited Premium (Rs.)	Extra Premium (Rs.)	Date of Commencement	Date of Last Premium Due
<b>Base Plan</b>	<b>50,000.00</b>	<b>NA</b>	<b>21/03/2022</b>	<b>21/03/2031</b>

Total Annual Premium for Basic Benefit is: **Rs. 50,000.00**.

Goods and Services Tax and Cess at prevailing applicable rate will be collected together with the Premiums.

### **Modal Factors:**

<b>Frequency</b>	<b>Modal Factor</b>
Yearly:	100% of the tabulated rates
Half-Yearly:	51% of yearly premium
Quarterly:	26% of yearly premium
Monthly:	8.8% of yearly premium

### **Special Conditions, if any:**

Signed for and on behalf of Kotak Mahindra Life Insurance Company Ltd at Mumbai on  
**2022-03-21**



Bimla  
Authorised Signatory

## PART D

### 1. Lapse

If Premiums are discontinued anytime during the first two policy years, the Policy, together with the rider benefits, if any, shall Lapse at the end of the Grace Period and no benefits under the Policy shall be payable.

- i. If the Policy lapses, all the benefits under the Policy also Lapse.
- ii. The lapsed Policy can be revived in the manner as mentioned in the Revival clause below.
- iii. Fresh nomination is not allowed during lapse mode.

### 2. Revival

The Policyholder can revive a Lapsed/ Reduced Paid-Up Policy by making an application within a period of five years from the date of the first due unpaid Premium and before the date of maturity of the Policy.

The Policy may be revived on the following terms:

Sr. No.	Type of Revival	Requirements for Revival	Amount Payable for Revival
1.	within six months from the due date of the first unpaid Premium ("Minor Revival");	without evidence of good health;	on payment of a) Outstanding Premiums and; b) Interest rate at such rates as may be prescribed by the Company from time to time on Premiums in arrears (9% per annum of outstanding premiums).
2.	after six months but within five years from the due date of the first unpaid Premium and before the date of maturity of the Policy ("Major Revival");	on production of evidence of good health and good habits by the Policyholder/Life Insured /attending physician of the Life Insured, as the case may be to the satisfaction of the Company and also the evidence of there being no adverse change in the personal or family history or	on payment of a) Premiums in arrears, and; b) interest rate (9%per annum of outstanding premiums) at such rates as may be prescribed by the Company from time to time on Premiums in arrears. Extra Premiums may be required based on the Board Approved Underwriting Policy (BAUP).

	occupation of the Life Insured; In such cases, extra Premiums and any other documents may be required based on the Board Approved Underwriting Policy (BAUP).	
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- i. The Company may, at its absolute discretion, accept or decline the request for revival (made by the Policyholder in writing) of a lapsed/Reduced Paid-Up Policy, or accept the request for revival on such terms and conditions as it deems fit. The revival of the Policy will be effective after the Company's approval is communicated in writing to the Policyholder. Revival will be based on Board Approved Underwriting Policy (BAUP).
- ii. In the event, the Lapsed Policy is not revived within five years of due date of the first unpaid Premium and before the date of maturity of the Policy, the Policy shall stand terminated and the benefits payable under the Policy shall cease.
- iii. If Policy is converted to Reduced Paid-Up state (Please refer Clause on Reduced Paid-Up) and is not revived as aforesaid, it will continue in that mode until maturity, death or surrender, whichever is earlier.
- iv. The interest charged shall be changed if the current interest rate is outside the range of 150 basis point from average of last 5 years of 10 year G-Sec rate + 100 basis points. Company shall review this in the month of October every year.
- v. All benefits under the policy will be reinstated on the revival of a lapsed Policy.
- vi. Rider cannot be revived independently and can only be revived along with the revival of the Base Plan.

### **3. Surrender**

- i. Policy shall acquire Surrender Value after payment of 2 consecutive full years' Premiums
- ii. On Surrender, the benefits payable shall be higher of Guaranteed Surrender Value or Special Surrender Value.
- iii. **Guaranteed Surrender Value (GSV)**

The Guaranteed Surrender Value shall be a percentage of the total Premiums paid including extra premium, if any (but excluding Goods and Services Tax & Cess and

Rider premium, if any) as on the date of first unpaid premium, PLUS Value of accrued Guaranteed Additions, if any.

The Value of the accrued Guaranteed Additions will be calculated as:

Accrued Guaranteed Additions X Guaranteed Surrender Value Factor.

**GSV Factors** as percentage of total Premiums paid is given in the **table A** below:

Policy year	Policy Term - 14 years PPT - 7 years	Policy Term - 16 years PPT - 8 years	Policy Term - 15 years PPT - 10 years	Policy Term - 20 years PPT - 10 years
1	0%	0%	0%	0%
2	30%	30%	30%	30%
3	35%	35%	35%	35%
4	50%	50%	50%	50%
5	50%	50%	50%	50%
6	50%	50%	50%	50%
7	50%	50%	50%	50%
8	55%	54%	56%	54%
9	60%	59%	61%	58%
10	65%	63%	67%	62%
11	70%	68%	73%	65%
12	80%	72%	78%	69%
13	90%	77%	84%	73%
14	90%	82%	90%	77%
15	-	90%	95%	81%
16	-	90%	-	85%
17	-	-	-	88%
18	-	-	-	92%
19	-	-	-	96%
20	-	-	-	100%

**GSV Factors** as percentage of Guaranteed Additions is given in the **table B** below:

Outstanding Term	GSV Factor
0	100%
1	91%
2	83%
3	75%
4	68%

<b>5</b>	<b>62%</b>
<b>6</b>	<b>57%</b>
<b>7</b>	<b>51%</b>
<b>8</b>	<b>47%</b>
<b>9</b>	<b>43%</b>
<b>10</b>	<b>39%</b>

iv. **Special Surrender Value (SSV):**

On Surrender, the Company may consider paying a Special Surrender Value once Policy acquires Guaranteed Surrender Value. Such Special Surrender Value will be solely determined by the Company at its discretion, and the same will be quoted in writing by the Company, on receipt of a written request from the Policyholder.

- v. Once the surrender value is paid, all the benefits will cease and the Policy shall be terminated.

**4. Reduced Paid-Up**

- i. Once the Policy acquires Surrender Value, if the subsequent Premiums are not paid within the Grace Period, the Policy will be converted into a Reduced Paid-Up policy by default. Riders (if any) will also get converted to Reduced Paid-Up, subject to terms and conditions of respective Riders.
- ii. Upon being made Reduced Paid-up, Basic Sum Assured will be reduced to Reduced Paid-Up Sum Assured and policy will be eligible for accruals of Reduced Guaranteed Additions and Reduced Guaranteed Loyalty Addition where ;

Reduced Paid-Up Sum Assured= (Total Premiums paid / Total premiums payable over the Policy Term) X Basic Sum Assured

Reduced Guaranteed Additions = (Total Premiums paid / Total premiums payable over the Policy Term) X Guaranteed Additions

Reduced Guaranteed Loyalty Addition = (Total Premiums paid / Total premiums payable over the Policy Term) X Guaranteed Loyalty Additions

- iii. If a Reduced Paid-up policy is surrendered, the surrender value (if any) shall be a percentage of the total Premiums paid including extra premium, if any (but excluding Goods and Services Tax & Cess and Rider premium, if any) as on the date of surrender, PLUS value of accrued Reduced Guaranteed Additions.

The Surrender Value Factor as a percentage of Premiums paid shall be based on the Policy year of surrender as mentioned in table A of the 'Surrender' section.

The Value of the accrued Reduced Guaranteed Additions will be calculated as:

Accrued Reduced Guaranteed Additions X Guaranteed Surrender Value Factor as mentioned in table B under 'Surrender' section.

- iv. Upon being made Reduced Paid-up, the Policy can be revived as per the terms mentioned in the Revival clause. All benefits under the Policy will be reinstated on the revival of the Policy.
- v. In case Reduced Paid-Up policy is not revived within the revival period it will continue in that mode till end of the Policy Term.

**vi. Payout at Maturity:**

Upon survival of the Life Insured till the completion of the Policy Term, the benefit payable will be Reduced Paid-Up Guaranteed Maturity Benefit.

The Reduced Paid-Up Guaranteed Maturity Benefit will be calculated as follows:

Reduced Paid-Up Sum Assured  
PLUS accrued Reduced Guaranteed Additions  
PLUS Reduced Guaranteed Loyalty Addition

**vii. Payout on Death:**

- i. The Sum Assured on Death will also be reduced to the Reduced Paid-Up Sum Assured on death and shall be calculated as:

Sum Assured on Death as on the date of Policy being made Reduced Paid-Up X [(Total Premiums paid/ Total premiums payable over the Policy Term)]

- ii. On death of the Life Insured, the benefit payable will be:

Reduced Paid-Up Sum Assured on death PLUS accrued Reduced Guaranteed Additions

**5. Loans**

- i. Loans may be granted under the Policy for a minimum amount of Rs.10,000/- and maximum up to 50% of the surrender value (higher of Guaranteed Surrender Value or Special Surrender Value) of the Policy specified by the Company from time to time, subject to the following terms and conditions, for such amounts and on such further terms and conditions as the Company may fix from time to time.

- ii. The Policy shall be assigned absolutely to the Company as security for the repayment of the loan, interest on the loan and expenses incurred in connection with the loan.
- iii. The rate of interest (9.30% p.a. as on 1<sup>st</sup> May 2020) will be specified by the Company in respect of each loan when the same is sanctioned and can be revised from time to time subject to methodology approved by IRDAI. The first payment of the interest will be on the date specified by the Company and every 6 months thereafter.
- iv. The Company shall accept repayment of the loan in part or in full.
- v. In case the outstanding loan amount (including Interest) exceeds 95% of the Surrender value, the Company will send an intimation/reminder to the Policyholder for payment. In the event of failure to pay interest within one calendar month after each due date or if Premiums are discontinued, the Policy may be forfeited to the Company, without notice of forfeiture being necessary. However, the Policy will not be auto foreclosed where all due premiums have been paid. For such policies, the benefit payable under the Policy will be reduced by outstanding loan amount (including interest).

## **6. Vesting on Attaining Majority**

Where the Policy has been issued on the life of a minor, the Policy shall automatically vest on him/her with effect from the date of completion of 18 years of Age and the Life Insured would be the holder of the Policy from such date, subject to assignment, if any and the Company shall thereafter enter into all correspondence directly with him/her.

## **7. Free Look Provision**

The Policyholder is offered 15 days free look period for a Policy sold through all channels (except for policies obtained through Distance Marketing\* mode and electronic policies which will have 30 Days) from the date of receipt of the Policy wherein the Policyholder may choose to return the Policy, stating the reasons thereof, within 15 days / 30 days of receipt if s/he is not agreeable with any of the terms and conditions of the plan. Should s/he choose to return the Policy, s/he shall be entitled to a refund of the Premium paid after adjustment for the expenses of medical examination, stamp duty and proportionate risk Premium for the period of cover. A Policy once returned shall not be revived, reinstated or restored at any point of time and a new proposal will have to be made for a new Policy.

In addition to the above, this free look provision is also applicable to the Rider contract. The Rider stands cancelled when the free look provision of the Policy is exercised.

The free look period applicable to this Policy is 15 days.

\*Distance Marketing includes every activity of solicitation (including lead generation) and sale of insurance products through the following modes: (i) Voice mode, which includes telephone calling (ii) Short Messaging service (SMS) (iii) Electronic mode which includes e-mail, and interactive television (DTH) and (iv) Physical mode which includes direct postal mail and newspaper & magazine inserts.

## **Part E**

This part deals with applicable charges to unit linked policies and as this is a non-unit linked policies, this part is not applicable

## **PART F**

### **1. Suicide Exclusion**

- i. If the Life Insured commits suicide within 12 months from the Date of Commencement of Risk, no death benefit under the Policy shall be payable. However, in such cases 80% of the total Premiums\* paid till the date of death shall be payable to the Claimant.
- ii. In case of Minor Revival done after one year from Date of Commencement of Risk, Suicide Exclusion shall not be applicable and the Death Benefit under the Policy shall be payable.
- iii. In case of suicide within 1 year of the date of Major Revival, done after one year from the Date of Commencement of Risk, the benefit payable shall be higher of 80% of total Premiums\* Paid till the date of death or Surrender Value (if any ) as at the date of death provided the Policy is in force. In such cases, no death benefit under the Policy shall be payable.

\*includes extra Premiums, if any

### **2. Fraud and Misstatement**

The provisions of Section 45 of the Insurance Act, 1938, as amended from time-to-time, will be applicable to this contract. [A Leaflet containing the simplified version of the provisions of Section 45 is enclosed in Annexure – 3 for reference].

### **3. Nomination and Assignment**

- i. Assignment is allowed as per Section 38 of the Act, as amended from time-to-time. [A Leaflet containing the simplified version of the provisions of Section 38 is enclosed in Annexure – 1 for reference.]
- ii. Nomination is allowed as per Section 39 of the Act, as amended from time-to-time. [A Leaflet containing the simplified version of the provisions of Section 39 is enclosed in Annexure – 2 for reference].
- iii. In case of Lapsation of the Policy, fresh nomination will not be allowed.
- iv. The provisions of nomination shall not apply to any policy of the life insurance to which Section 6 of the Married Women's Property (MWP) Act, 1874, applies or has at any time applied.
- v. By registering the nomination or change in nomination, the Company does not express any opinion upon the validity nor accepts any responsibility on the nomination.

### **4. Issuance of Duplicate Policy Document**

The Policyholder may request for issuance of duplicate Policy Document by making a request to the Company in writing or in the prescribed form as the case may be. Issuance of duplicate Policy Document shall be made subject to the following conditions:

- i. The Policyholder pays the applicable fee (currently Rs. 250/-), which may be changed in future subject to approval of IRDAI.
- ii. The Policyholder submits an affidavit cum indemnity in the format prescribed by the Company
- iii. Free Look clause shall not be applicable with respect to such duplicate Policy Document.

## **5. Claims**

### **(a) Procedure and Documentation for Maturity Claims:**

The Maturity Benefit will be paid if (a) The Policy has matured and the Life Insured is alive on the date of maturity, (b) The Policy has not been discontinued or surrendered, cancelled or terminated; and (c) All relevant documents including the following documents have been provided to the Company:

- Valid Bank Documents of Payee i.e. Personalized Cheque /Bank Statement,
- Copy of PAN Card or Form 60;
- NRE declaration/Confirmation (if premiums are received from NRE account);
- Settlement request form or self-declaration (if applicable).

The Insurer may raise additional requirements depending on the circumstances of the case.

The Claimant may submit these documents at any of our branches.

### **(b) Procedure and Documentation for Death Claims:**

- i. The Claimant shall submit the claim intimation form along with necessary documents at any of our branches or send the documents directly to our head office at the below mentioned address:  
 Claims Department  
 Kotak Mahindra Life Insurance Company Ltd  
 Kotak Tower, 7th Floor, Zone II,  
 Building no. 21, Infinity Park  
 Off Western Express Highway  
 Malad (East), Mumbai - 400097
- ii. In the unfortunate event of death of the Life Insured, the benefit will be paid to the Policyholder/Nominee/Legal Heir/Assignee or to such other person(s) as directed by a Court of competent jurisdiction in India.
- iii. All claims payable will be subject to production of proof of death satisfactory to the Company, such other requirements as stipulated by the Company and the legal title of the Claimant, satisfactory to the Company.

- iv. The Company reserves its rights to condone the delay on merit for delayed claims, where the delay is genuine and proved to be for reasons beyond the control of the Life Insured/ Claimant.
- v. The Primary documents normally required for processing a death claim are:
  - Intimation of death (duly supported by evidence of death), in writing and in the Company's format and signed by the beneficiary / nominee/ assignee/ legal heirs as the case may be. This intimation shall mention the following:
    - A statement that death has occurred
    - Details of the Policy under which the Life Insured is covered
    - Date of death
    - Place of occurrence of death (i.e. residence/ hospital etc.) and the address of such place
    - Bank Account Details
  - Cause of death with supporting documents.
  - Proof of death with supporting documents (e.g. original death certificate in the case of a death claim/hospital reports in the case of a critical illness claim etc.)
  - Original Policy document.
  - Proof of age of the insured, if this has not been previously admitted by the Company (e.g. birth certificate, school leaving certificate etc.).
  - Recent photograph of the beneficiary, as mentioned above.
  - Current residential and permanent address proof and identity proof of beneficiary, as mentioned above.
  - Photocopy of Bank Pass Book / Bank Statement of beneficiary, as mentioned above showing name of Bank, location of Bank Branch, Name of Account Holder and Account No.
  - Documents relied on for taking the said Policy.
- vi. The Company reserves the right to call for any additional information and documents required to establish the validity of a claim. The Company at its sole discretion may settle a claim by conducting its own investigation or enquiry to the satisfaction of the Company that the required documents are not available and the claimant approaching the Company is the genuine Claimant.

## **8. Policy Alteration**

- i. Sum Assured, Premium, Policy Term and Premium Payment Term related alterations are not allowed under the Policy.
- ii. Minor alterations shall be allowed as per prevailing Policy Servicing manual of the Company.
- iii. Alteration charges will be as per prevailing Policy Servicing manual of the Company.

## **9. Notice**

Any notice, information or instruction to the Company must be in writing and delivered to the address intimated by the Company to the Policyholder which is currently:

Customer Care,  
Kotak Mahindra Life Insurance Company Ltd,  
Kotak Towers, 7th Floor, Zone IV,  
Building No. 21, Infinity Park, Off Western Express Highway,  
Goregaon Mulund Link Road, Malad East, Mumbai 400097  
Toll Free: 1800 209 8800  
e-mail: clientservicedesk@kotak.com

The Company may change the address stated above and intimate the Policyholder of such change by suitable means.

The Policyholder is also advised to promptly notify the Company of any change in his/her address and/or that of his/her nominee to ensure timely and effective communication of policy related information to the Policyholder.

Any notice, information or instruction from the Company to the Policyholder shall be mailed to the address specified in the proposal form or to the changed address as intimated to the Company in writing.

## **10. Electronic Transactions**

The Policyholder will adhere to and comply with all such terms and conditions as prescribed by the Insurer from time to time, and all transactions effected by or through facilities for conducting remote transactions including the internet, world wide web, electronic data interchange, call centers, tele-service operations (whether voice, video, data or any combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by the Insurer or on behalf of the Insurer, for and in respect of this Policy, or in relation to any of the Insurer's products and services, shall constitute legally binding and valid transactions when executed in adherence to and in compliance with the terms and conditions for such facilities, as may be prescribed by the Insurer from time to time.

Similarly, the electronic communication received from the Policyholder/Life Insured/Legal Heir/Nominee (including their digital signature/online consent) with respect to the Policy shall be legally binding, if the same is made in accordance with the terms and conditions of this Policy and other terms and conditions of the Insurer from time to time with respect to individual transactions.

## **11. Governing Laws**

### **1. Anti Money Laundering Provisions:**

The Prevention of Money Laundering Act, 2002, also applies to insurance transactions. As such the Insurer shall enforce the said legislation to the extent it may be applicable to this Policy.

**2. Miscellaneous:**

This Policy is subject to the Insurance Act, 1938, as amended by the Insurance Regulatory and Development Authority Act, 1999, such amendments, modifications as may be made from time to time and such other relevant regulations as may be introduced thereunder from time to time by that Authority.

**3. Entire Agreement:**

This Policy Document along with the documents and agreements referred to herein, supersedes all prior discussions and agreements (whether oral or written, including all correspondence) with respect to the subject matter of this Policy, and this Policy Document (together with any written and mutually agreed amendments or modifications thereof) contain the sole and entire agreement between the Company and the Policyholder with respect to the subject matter hereof.

**4. Jurisdiction:**

Without prejudice to the generality of the aforesaid provisions, this Policy shall be governed by the laws of India.

## **PART G**

### **Grievance Redressal System**

1. In case you have any query or complaint/grievance, you may approach any of our branches or you may contact our Customer Service Department at the following address:

#### **Customer Care,**

Kotak Mahindra Life Insurance Company Ltd,  
Kotak Towers, 7th Floor, Zone IV,  
Building No. 21, Infinity Park, Off Western Express Highway,  
Goregaon Mulund Link Road, Malad East, Mumbai 400097  
Toll Free: 1800 209 8800  
Email ID: clientservicedesk@kotak.com

2. In case you are not satisfied with the decision of the above office, or have not received any response within 10 days, you may contact the following official for resolution:

#### **The Grievance Redressal Officer,**

Kotak Mahindra Life Insurance Company Ltd,  
Kotak Towers, 7th Floor, Zone IV,  
Building No. 21, Infinity Park, Off Western Express Highway,  
Goregaon Mulund Link Road, Malad East, Mumbai 400097  
Contact No: 1800 209 8800  
Email ID: kli.grievance@kotak.com

3. If you are not satisfied with the response or do not receive a response from us within 15 days, you may approach the Grievance Cell of the Insurance Regulatory and Development Authority of India (IRDAI) on the following contact details:

IRDAI Grievance Call Centre (IGCC) TOLL FREE NO: 155255 or 1800 4254 732

Email ID: [complaints@irdai.gov.in](mailto:complaints@irdai.gov.in)

You can also register your complaint online at <http://www.igms.irda.gov.in/>

#### **Address for communication for complaints:**

Consumer Affairs Department  
Insurance Regulatory and Development Authority of India  
Sy.No.115/1,Financial District, Nanakramguda,  
Gachibowli, Hyderabad-500032

4. In case you are not satisfied with the decision/resolution of the Company, you may approach the Insurance Ombudsman at the address given below if your grievance pertains to:

- (a) delay in settlement of claims, beyond the time specified in the regulations, framed under the Insurance Regulatory and Development Authority of India Act, 1999;
- (b) any partial or total repudiation of claims by the Insurer;
- (c) disputes over premium paid or payable in terms of insurance policy;
- (d) misrepresentation of policy terms and conditions at any time in the policy document or policy contract;

- (e) legal construction of insurance policies in so far as the dispute relates to claim;
- (f) policy servicing related grievances against Insurer and their agents and intermediaries;
- (g) issuance of life insurance policy, including health insurance policy which is not in conformity with the proposal form submitted by the proposer;
- (h) non-issuance of insurance policy after receipt of premium in life insurance including health insurance; and
- (i) any other matter resulting from the violation of provisions of the Insurance Act, 1938 or the regulations, circulars, guidelines or instructions issued by the IRDAI from time to time or the terms and conditions of the policy contract, in so far as they relate to issues mentioned at clauses (a) to (f).
5. The complaint should be made in writing duly signed by the complainant or by his legal heirs with full details of the complaint and the contact information of complainant.
  6. As per provisions of Insurance Ombudsman Rules, 2017, notification no. GSR 413(E) [F.NO.14019/22/2010-INS.II], dated 25-4-2017 the complaint to the Ombudsman can be made:
    - o Only if the grievance has been rejected by the Grievance Redressal Machinery of the Insurer
    - o Within a period of one year from the date of rejection by the Insurer
    - o If it is not simultaneously under any litigation.

**List of Insurance Ombudsman:**

<p><b>AHMEDABAD</b>            Office of the Insurance Ombudsman,            Jeevan Prakash Building, 6th floor, Tilak            Marg, Relief Road,            Ahmedabad – 380 001.            Tel.: 079 - 25501201/02/05/06            Email: <a href="mailto:bimalokpal.ahmedabad@cioins.co.in">bimalokpal.ahmedabad@cioins.co.in</a></p>	<p><b>BENGALURU</b>            Office of the Insurance Ombudsman,            Jeevan Soudha Building,PID No. 57-27-N-19            Ground Floor, 19/19, 24th Main Road,            JP Nagar, Ist Phase,            Bengaluru – 560 078.            Tel.: 080 - 26652048 / 26652049            Email: <a href="mailto:bimalokpal.bengaluru@cioins.co.in">bimalokpal.bengaluru@cioins.co.in</a></p>
<p><b>BHOPAL</b>            Office of the Insurance Ombudsman,            Janak Vihar Complex, 2nd Floor,            6, Malviya Nagar, Opp. Airtel Office,            Near New Market,            Bhopal – 462 003.            Tel.: 0755 - 2769201 / 2769202            Fax: 0755 - 2769203            Email:  <a href="mailto:bimalokpal.bhopal@cioins.co.in">bimalokpal.bhopal@cioins.co.in</a></p>	<p><b>BHUBANESHWAR</b>            Office of the Insurance Ombudsman, 62,            Forest park,            Bhubaneshwar – 751 009.            Tel.: 0674 - 2596461 /2596455            Fax: 0674 - 2596429            Email: <a href="mailto:bimalokpal.bhubaneswar@cioins.co.in">bimalokpal.bhubaneswar@cioins.co.in</a></p>
<p><b>CHANDIGARH</b>            Office of the Insurance Ombudsman,            S.C.O. No. 101, 102 &amp; 103, 2nd Floor,            Batra Building, Sector 17 – D,            Chandigarh – 160 017.            Tel.: 0172 - 2706196 / 2706468</p>	<p><b>CHENNAI</b>            Office of the Insurance Ombudsman,            Fatima Akhtar Court, 4th Floor, 453, Anna            Salai, Teynampet,            CHENNAI – 600 018.            Tel.: 044 - 24333668 / 24335284</p>

Fax: 0172 - 2708274 Email: <a href="mailto:bimalokpal.chandigarh@cioins.co.in">bimalokpal.chandigarh@cioins.co.in</a>	Fax: 044 - 24333664 Email: <a href="mailto:bimalokpal.chennai@cioins.co.in">bimalokpal.chennai@cioins.co.in</a>
<b>DELHI</b> Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 2323481/23213504 Email: <a href="mailto:bimalokpal.delhi@cioins.co.in">bimalokpal.delhi@cioins.co.in</a>	<b>GUWAHATI</b> Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: <a href="mailto:bimalokpal.guwahati@cioins.co.in">bimalokpal.guwahati@cioins.co.in</a>
<b>HYDERABAD</b> Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Fax: 040 - 23376599 Email: <a href="mailto:bimalokpal.hyderabad@cioins.co.in">bimalokpal.hyderabad@cioins.co.in</a>	<b>JAIPUR</b> Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: <a href="mailto:bimalokpal.jaipur@cioins.co.in">bimalokpal.jaipur@cioins.co.in</a>
<b>ERNAKULAM</b> Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: <a href="mailto:bimalokpal.ernakulam@cioins.co.in">bimalokpal.ernakulam@cioins.co.in</a>	<b>KOLKATA</b> Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: <a href="mailto:bimalokpal.kolkata@cioins.co.in">bimalokpal.kolkata@cioins.co.in</a>
<b>LUCKNOW</b> Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: <a href="mailto:bimalokpal.lucknow@cioins.co.in">bimalokpal.lucknow@cioins.co.in</a>	<b>MUMBAI</b> Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: <a href="mailto:bimalokpal.mumbai@cioins.co.in">bimalokpal.mumbai@cioins.co.in</a>
<b>NOIDA</b> Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: <a href="mailto:bimalokpal.noida@cioins.co.in">bimalokpal.noida@cioins.co.in</a>	<b>PATNA</b> Office of the Insurance Ombudsman, 1st Floor,Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: <a href="mailto:bimalokpal.patna@cioins.co.in">bimalokpal.patna@cioins.co.in</a>

**PUNE**

Office of the Insurance Ombudsman,  
Jeevan Darshan Bldg., 3rd Floor,  
C.T.S. No.s. 195 to 198,  
N.C. Kelkar Road, Narayan Peth,  
Pune – 411 030.  
Tel.: 020-41312555  
Email: [bimalokpal.pune@cioins.co.in](mailto:bimalokpal.pune@cioins.co.in)

## **Annexure 1**

### **Section 38 - Assignment and Transfer of Insurance Policies**

Assignment or transfer of a policy should be in accordance with Section 38 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015. The extant provisions in this regard are as follows:

01. This policy may be transferred/assigned, wholly or in part, with or without consideration.
02. An Assignment may be effected in a policy by an endorsement upon the policy itself or by a separate instrument under notice to the Insurer.
03. The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made.
04. The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness.
05. The transfer of assignment shall not be operative as against an insurer until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy thereof certified to be correct by both transferor and transferee or their duly authorised agents have been delivered to the insurer.
06. Fee to be paid for assignment or transfer can be specified by the Authority through Regulations.
07. On receipt of notice with fee, the insurer should grant a written acknowledgement of receipt of notice. Such notice shall be conclusive evidence against the insurer of duly receiving the notice.
08. If the insurer maintains one or more places of business, such notices shall be delivered only at the place where the policy is being serviced.
09. The insurer may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is
  - a. not bonafide or
  - b. not in the interest of the policyholder or
  - c. not in public interest or
  - d. is for the purpose of trading of the insurance policy.
10. Before refusing to act upon endorsement, the Insurer should record the reasons in writing and communicate the same in writing to Policyholder within 30 days from the date of policyholder giving a notice of transfer or assignment.
11. In case of refusal to act upon the endorsement by the Insurer, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Insurer.
12. The priority of claims of persons interested in an insurance policy would depend on the date on which the notices of assignment or transfer is delivered to the insurer; where there are more than one instruments of transfer or assignment, the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to Authority.
13. Every assignment or transfer shall be deemed to be absolute assignment or transfer and the assignee or transferee shall be deemed to be absolute assignee or transferee, except

- a. where assignment or transfer is subject to terms and conditions of transfer or assignment OR
  - b. where the transfer or assignment is made upon condition that
    - i. the proceeds under the policy shall become payable to policyholder or nominee(s) in the event of assignee or transferee dying before the insured OR
    - ii. the insured surviving the term of the policy
- Such conditional assignee will not be entitled to obtain a loan on policy or surrender the policy. This provision will prevail notwithstanding any law or custom having force of law which is contrary to the above position.
14. In other cases, the insurer shall, subject to terms and conditions of assignment, recognize the transferee or assignee named in the notice as the absolute transferee or assignee and such person
- a. shall be subject to all liabilities and equities to which the transferor or assignor was subject to at the date of transfer or assignment and
  - b. may institute any proceedings in relation to the policy
  - c. obtain loan under the policy or surrender the policy without obtaining the consent of the transferor or assignor or making him a party to the proceedings
15. Any rights and remedies of an assignee or transferee of a life insurance policy under an assignment or transfer effected before commencement of the Insurance Laws (Amendment) Act, 2015 shall not be affected by this section.

**[Disclaimer: This is not a comprehensive list of amendments of Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policy Holders are advised to refer to official Gazette Notification for complete and accurate details.]**

## **Annexure 2**

### **Section 39 - Nomination by policyholder**

Nomination of a life insurance Policy is as below in accordance with Section 39 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015. The extant provisions in this regard are as follows:

01. The policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the policy shall be paid in the event of his death.
02. Where the nominee is a minor, the policyholder may appoint any person to receive the money secured by the policy in the event of policyholder's death during the minority of the nominee. The manner of appointment to be laid down by the insurer.
03. Nomination can be made at any time before the maturity of the policy.
04. Nomination may be incorporated in the text of the policy itself or may be endorsed on the policy communicated to the insurer and can be registered by the insurer in the records relating to the policy.
05. Nomination can be cancelled or changed at any time before policy matures, by an endorsement or a further endorsement or a will as the case may be.
06. A notice in writing of Change or Cancellation of nomination must be delivered to the insurer for the insurer to be liable to such nominee. Otherwise, insurer will not be liable if a bonafide payment is made to the person named in the text of the policy or in the registered records of the insurer.
07. Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations.
08. On receipt of notice with fee, the insurer should grant a written acknowledgement to the policyholder of having registered a nomination or cancellation or change thereof.
09. A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the insurer or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will not get cancelled to the extent of insurer's or transferee's or assignee's interest in the policy. The nomination will get revived on repayment of the loan.
10. The right of any creditor to be paid out of the proceeds of any policy of life insurance shall not be affected by the nomination.
11. In case of nomination by policyholder whose life is insured, if the nominees die before the policyholder, the proceeds are payable to policyholder or his heirs or legal representatives or holder of succession certificate.
12. In case nominee(s) survive the person whose life is insured, the amount secured by the policy shall be paid to such survivor(s).
13. Where the policyholder whose life is insured nominates his
  - a. parents or
  - b. spouse or
  - c. children or
  - d. spouse and children
  - e. or any of them

the nominees are beneficially entitled to the amount payable by the insurer to the policyholder unless it is proved that policyholder could not have conferred such beneficial title on the nominee having regard to the nature of his title.

14. If nominee(s) die after the policyholder but before his share of the amount secured under the policy is paid, the share of the expired nominee(s) shall be payable to the heirs or legal representative of the nominee or holder of succession certificate of such nominee(s).
15. The provisions of sub-section 7 and 8 (13 and 14 above) shall apply to all life insurance policies maturing for payment after the commencement of Insurance Laws (Amendment) Act, 2015.
16. If policyholder dies after maturity but the proceeds and benefit of the policy has not been paid to him because of his death, his nominee(s) shall be entitled to the proceeds and benefit of the policy.
17. The provisions of Section 39 are not applicable to any life insurance policy to which Section 6 of Married Women's Property Act, 1874 applies or has at any time applied except where before or after Insurance Laws (Amendment) Act, 2015, a nomination is made in favour of spouse or children or spouse and children whether or not on the face of the policy it is mentioned that it is made under Section 39. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the policy. In such a case only, the provisions of Section 39 will not apply.

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### **Annexure 3**

#### **Section 45 – Policy shall not be called in question on the ground of mis-statement after three years**

Provisions regarding policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended by Insurance Laws (Amendment) Act, 2015 are as follows:

01. No Policy of Life Insurance shall be called in question **on any ground whatsoever** after expiry of 3 yrs from
  - a. the date of issuance of policy or
  - b. the date of commencement of risk or
  - c. the date of revival of policy or
  - d. the date of rider to the policy  
whichever is later.
02. On the ground of fraud, a policy of Life Insurance may be called in question within 3 years from
  - a. the date of issuance of policy or
  - b. the date of commencement of risk or
  - c. the date of revival of policy or
  - d. the date of rider to the policy  
whichever is later.For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.
03. Fraud means any of the following acts committed by 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 specifically declares to be fraudulent.
04. Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak.
05. No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.
06. Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the policy of life insurance is based.

07. In case repudiation is on ground of mis-statement and not on fraud, the premium collected on policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation.
08. Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance policy would have been issued to the insured.
09. The insurer can call 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 of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

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#### **Annexure 4 - (Age Proof) for Valid Age Proof:**

##### **List of valid age proofs:**

- Birth Certificate
- School / College Leaving Certificate, provided – it specifies Date of Birth, States that Date of Birth is extracted from School / College Records, Stamped and signed by College / School
- Passport
- Driving license
- PAN Card
- Ration Card, which specifies the Date of Issue of the Ration Card and the Date of Birth or Age of the Life to be Insured
- Election ID card (also called voters ID) issued by the Election Commission of India can be accepted as valid age proof provided it was issued at least 2 years before the date of the insurance proposal.
- Extract from service register in case of:
  - Government and semi-government employees
- In case of defense/central government/ state government personnel, identity card issued respectively by the defense department /central government/ state government to their personnel showing, interalia, the date of birth or age
- Marriage certificate in the case of Roman Catholics issued by Roman Catholic Church
- Domicile certificate in which the date of birth stated was proved on the strength of the school certificate or birth certificates



Hum hain... hamesha

### KOTAK PROPOSAL FORM (KPF)

APPLICATION NO.: **KP** APPLICATION ID: **GN04133687**

FORM ID NO: **30101091**

NON UNIT LINKED  UNIT LINKED: "IN THIS POLICY, THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER."

#### FOR OFFICE USE ONLY

Proposal Number	75122135 / BB210322181817506	Proposal Receipt Date	21-03-2022
Name of the Product	Kotak Guaranteed Savings Plan	Cross Reference No.	
Product Code	K90	Branch Code	
Opportunity ID	206130;93083;284362700	Client ID (for new customers)	
CATEGORY : A. <input type="checkbox"/> Rural <input checked="" type="checkbox"/> Urban B. <input type="checkbox"/> Unorganized Sector <input type="checkbox"/> Economically Vulnerable / Backward Class <input type="checkbox"/> Other Categories <input type="checkbox"/> New Customer <input type="checkbox"/> Existing Customer			
OBJECTIVE OF INSURANCE : <input type="checkbox"/> Keyman <input type="checkbox"/> HUF <input type="checkbox"/> MWPA <input type="checkbox"/> Employer Employee <input type="checkbox"/> Partnership <input type="checkbox"/> QROPs (applicable for Pension Plans only)			

#### INSTRUCTIONS FOR FILLING UP THE FORM

1. Please answer all questions 2. Please tick a box thus  where appropriate. 3. Please strike out parts which are not applicable and write 'N.A.'. 4. Strokes of the pen, dots and dashes will not be accepted as replies. 5. This form is to be filled by the proposer himself/herself in **BLOCK LETTERS** in black or blue ink. In case he/she is unable to do so, he/she may dictate the answers to the questions in the proposal form to a scribe, other than the Company's Life Advisor / Corporate Agent / Broker / Relationship Officer. 6. The proposer must sign any cancellation or alteration. 7. 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 his proposal constitute warranties, complete and accurate information must be given. 8. Please use additional sheet where space is not sufficient

#### 1. PARTICULARS OF THE LIFE TO BE INSURED AND PROPOSER (to be filled in BLOCK LETTERS)

PARTICULARS		LIFE TO BE INSURED		PROPOSER (to be filled only if different from the life to be insured)	
1.1 CLIENT ID (As policyholder or as Nominee/Appointee/Trustee etc.)					
1.2 TITLE		<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Master		<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Master	
1.3 FULL NAME	Surname	SINGH			
	First Name	GAURAV			
	Middle Name				
1.4 MAIDEN NAME (in case of married female)	Surname				
	First Name				
	Middle Name				
1.5 FATHER's / HUSBAND's NAME	Surname	Singh			
	First Name	Yrlok			
	Middle Name				
1.6 NATIONALITY		<input checked="" type="checkbox"/> Indian <input type="checkbox"/> NRI/ PIO <input type="checkbox"/> OTHER		<input type="checkbox"/> Indian <input type="checkbox"/> NRI/ PIO <input type="checkbox"/> OTHER	
1.7 GENDER		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	
1.8 DATE OF BIRTH		30-11-1992			
1.9 GROSS ANNUAL INCOME		600000			
1.10 PROOF OF AGE		<input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Cert. <input type="checkbox"/> Driving Licence <input type="checkbox"/> Others		<input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Cert. <input type="checkbox"/> Driving Licence <input type="checkbox"/> Others	
1.11 MARITAL STATUS		<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er)		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er)	
1.12 EDUCATIONAL QUALIFICATION (Tick Highest)		<input type="checkbox"/> Professional <input checked="" type="checkbox"/> Post-Graduate <input type="checkbox"/> Graduate <input type="checkbox"/> 12th pass <input type="checkbox"/> 10th pass <input type="checkbox"/> Below 10th <input type="checkbox"/> Others		<input type="checkbox"/> Professional <input type="checkbox"/> Post-Graduate <input type="checkbox"/> Graduate <input type="checkbox"/> 12th pass <input type="checkbox"/> 10th pass <input type="checkbox"/> Below 10th <input type="checkbox"/> Others	
1.13 OCCUPATION CATEGORY		<input checked="" type="checkbox"/> Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Housewife <input type="checkbox"/> Others		<input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Housewife <input type="checkbox"/> Others	
1.14 a) IF SALARIED (please tell us the type of organization)		<input checked="" type="checkbox"/> Private Ltd. <input type="checkbox"/> Public Ltd. <input type="checkbox"/> Govt. <input type="checkbox"/> Trust <input type="checkbox"/> Partner / Proprietor <input type="checkbox"/> Others		<input type="checkbox"/> Private Ltd. <input type="checkbox"/> Public Ltd. <input type="checkbox"/> Govt. <input type="checkbox"/> Trust <input type="checkbox"/> Partner / Proprietor <input type="checkbox"/> Others	
1.14 b) IF SELF-EMPLOYED (please tell us the type of organization)		<input type="checkbox"/> Trading <input type="checkbox"/> Manufacturing <input type="checkbox"/> Professional <input type="checkbox"/> Others		<input type="checkbox"/> Trading <input type="checkbox"/> Manufacturing <input type="checkbox"/> Professional <input type="checkbox"/> Others	

\* Please fill in the NRI / PIO Questionnaire.

PARTICULARS		LIFE TO BE INSURED			PROPOSER					
1.15 PERMANENT RESIDENTIAL ADDRESS	C/o or S/b or W/o									
	House/Flat No./Society									
	Street/Lane/Mohalla	2071 Geetapuri Khargapur								
	Landmark	Nagar								
	Area/Location	Gomti								
	Village/Taluka/Tehsil									
	City/District	Lucknow	Pin	226010		Pin				
State	Uttar Pradesh (India)									
1.16 CURRENT RESIDENTIAL ADDRESS (If different from Permanent Residential Address)	C/o or S/o or W/o									
	House/Flat No./Society									
	Street/Lane/Mohalla	2071								
	Landmark	Kharagpur Cms								
	Area/Location	Geetapuri Gomtinagar Lko								
	Village/Taluka/Tehsil									
	City/District	Lucknow	Pin	226010		Pin				
State	Uttar Pradesh (India)									
1.17 OFFICE ADDRESS (Company name and full address of present employer/ last employer for retired individuals)	Name	Webkul								
	Street/Lane	Lucknow								
	Landmark									
	Area/Location	Lucknow								
	City/District	Lucknow	Pin	226010		Pin				
	State	Uttar Pradesh (India)								
	1.18 PREFERRED MAILING ADDRESS	<input type="checkbox"/> Permanent Residential	<input checked="" type="checkbox"/> Current Residential	<input type="checkbox"/> Office	<input type="checkbox"/> Permanent Residential	<input type="checkbox"/> Current Residential	<input type="checkbox"/> Office			
1.19 WORK DETAILS(present employment)	a) No. of Years in Service 5	b) Designation Engineer	c) Nature of Work EMPLOYEE	a) No. of Years in Service	b) Designation	c) Nature of Work				
	d) Nature of Business of the Organization			d) Nature of Business of the Organization						
1.20 TELEPHONE NUMBER (with STD Codes)	Residence				Residence					
	Office				Office					
	Mobile	9044865771			Mobile					
1.21 E-mail ID	singhgaurav.1144@gmail.com									
I hereby give my consent to receive all <input checked="" type="checkbox"/> communications including <input checked="" type="checkbox"/> policy document at the registered email id provided by me in this proposal form.										
1.22 IT ASSESSEE	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No						
1.23 PERMANENT A/C NO. (PAN)	DVNPS4019A		Enclosed	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
1.24 IF PAN NOT AVAILABLE	<input type="checkbox"/> Applied for		<input type="checkbox"/> Not Applied for			<input type="checkbox"/> Applied for <input checked="" type="checkbox"/> Not Applied for				
1.25 RELATIONSHIP TO LIFE TO BE INSURED	NOT APPLICABLE					Self				
1.26 TOTAL EXISTING LIFE COVER (excluding this proposal) (in `)	PLEASE REFER TO QUESTION NO. 9									
1.27 Additional Details - Indicator for Residence / Tax status	a) Place of Birth	Lucknow			a) Place of Birth					
	b) Country of Birth	India			b) Country of Birth					
	c) Are you a citizen of any other country also	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	c) Are you a citizen of any other country also	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				
	d) Are you a resident (for tax purposes) of any other country other than India	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	d) Are you a resident (for tax purposes) of any other country other than India	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				
	e) Do you hold a green card of US or any similar card for any other country	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	e) Do you hold a green card of US or any similar card for any other country	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				
	If answer to any / all of the above is yes, please do fill all the details in the Insurance FATCA Declaration									
	If answer to any / all of the above is yes, please do fill all the details in the Insurance FATCA Declaration									
1.28 Would you like to opt for Electronic Policy Insurance through an e-insurance Account (eIA) of an Insurance Repository	<input type="checkbox"/> Yes			<input checked="" type="checkbox"/> No						
1.29 If you have an eIA, provide details:	a) Name of Insurance Repository									
	b) eIA No.			c) Name as appearing in eIA						

1.30 If you do not have an eIA, would you like to open an account? If Yes, choose any one Insurance Repository

CAMS Repository Services Limited  
 Karyv Insurance Repository Limited

NSDL Data Management Limited  
 Central Insurance repository Limited

Yes       No

## 2. ADDITIONAL INFORMATION OF THE LIFE TO BE INSURED AND PROPOSER

PARTICULARS	LIFE TO BE INSURED	PROPOSER
2.1 PROOF OF IDENTITY	<input type="checkbox"/> Passport <input type="checkbox"/> Voter's Identity Card <input type="checkbox"/> Ration Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Driving Licence <input checked="" type="checkbox"/> Others KMBL eKYC	<input type="checkbox"/> Passport <input type="checkbox"/> Voter's Identity <input type="checkbox"/> Ration Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Driving Licence <input type="checkbox"/> Others <input type="checkbox"/> Telephone Bill <input type="checkbox"/> Electricity Bill <input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> Voter's Identity <input checked="" type="checkbox"/> Others KMBL eKYC
2.2 PROOF OF PERMANENT RESIDENCE (in case both are different)	<input type="checkbox"/> Telephone Bill <input type="checkbox"/> Electricity Bill <input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> Voter's Identity <input checked="" type="checkbox"/> Others KMBL eKYC	<input type="checkbox"/> Telephone Bill <input type="checkbox"/> Electricity Bill <input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> Voter's Identity <input type="checkbox"/> Others <input type="checkbox"/> Telephone Bill <input type="checkbox"/> Electricity Bill <input type="checkbox"/> Passport
2.3 PROOF OF CURRENT RESIDENCE (in case both are different)	<input type="checkbox"/> Telephone Bill <input type="checkbox"/> Electricity Bill <input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> Voter's Identity <input checked="" type="checkbox"/> Others KMBL eKYC	<input type="checkbox"/> Telephone Bill <input type="checkbox"/> Electricity Bill <input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> Voter's Identity <input type="checkbox"/> Others <input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Inheritance
2.4 SOURCE OF EARNINGS	<input checked="" type="checkbox"/> Salary <input type="checkbox"/> Others	<input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Inheritance
2.5 PROOF OF INCOME (where sum of annualized premiums across all policies with KLI [including at proposal stage] is ` 1 Lakh or more)	<input type="checkbox"/> IT Returns <input type="checkbox"/> Employer's Certificate <input type="checkbox"/> Audited P/L Accts. <input type="checkbox"/> Others	<input type="checkbox"/> IT Returns <input type="checkbox"/> Employer's Certificate <input type="checkbox"/> Audited P/L Accts. <input type="checkbox"/> Others

## 2.6 OTHER DETAILS

- a) Do you have any history of conviction under any criminal proceedings in India or abroad?  Yes     No     Yes     No
- b) Are you a Politically Exposed Person (these are the people who hold prominent public function viz. Heads/Ministers of Central or State Govt, Senior Politicians, Senior Govt., Judicial or Military Officials, Senior Executives of Govt. companies, Important Political Party Officials, and immediate family members of above persons)?  Yes     No     Yes     No
- c) Is your occupation associated with any specific hazards which would render you susceptible to any injury or illness, e.g. chemical factory, mines, explosives, corrosive chemicals, etc.?  Yes     No     Yes     No
- d) Are you currently engaged in or intend to take part in any hazardous hobbies / activities which would increase the risk of any injury or illness in you?  Yes     No     Yes     No
- e) If your answer is 'Yes' to any of the above questions kindly give details:

2. Maximum 6 month old

## 3. PARTICULARS OF THE PLAN PROPOSED

3.1	NAME OF PLAN / RIDER	PREMIUM PAYMENT TERM (Yrs.)	POLICY TERM (Yrs.)	SUM ASSURED () / MONTHLY INCOME* ()	MODAL PREMIUM^ ()
BASIC PLAN	Kotak Guaranteed Savings Plan	10	20	869205	50000
RIDER DETAILS (OPTIONAL) (please fill the Life Guardian Addendum where applicable)					

GOODS AND SERVICES TAX AND CESS ON MODAL PREMIUM

2250

TOTAL PREMIUM (ROUNDED OFF TO THE NEAREST RUPEE)

52250

3.2 Frequency of Premium Payment

Single     Yearly     Half - Yearly     Quarterly     Monthly

3.3 Premium Payment Term (Years)

Full Policy Term     Others 10

3.4 Plan option\*

Life     Life Plus     Life Secure

3.5 Payout option\*

Immediate Payout     Level Recurring Payout     Increasing Recurring Payout

3.6 Step Up Option\*     Yes     No

3.7 For Kotak Premier Life Plan and Kotak Smart Life Plan, please tick either of the bonus option

Cash Payout     Paid-Up Additions

\*Applicable for Kotak e-Term Plan. Step Up Option is only available under regular premium payment option. ^For Kotak e-Term, for existing customers, the 1st year premium above is with a discount of 5% and the same shall not be available from 2nd year onwards. And for Kotak Saral Jeevan Bima : for existing customers, the 1st year premium above is with a discount of 5% on Regular Pay and 2% discount on Single Pay.

## 4A. FUND DETAILS FOR UNIT LINKED PLANS ONLY

4A.1 Please  any one Investment Strategy option you want to opt for:  Self Managed Strategy     Systematic Switching Strategy (SSS)\*     Age Based Strategy  
 Combination of Self-Managed and Systematic Switching Strategy (available only with Kotak Invest Maxima)

a. If Age Based Strategy is opted, please select your Risk Appetite (Any one):  Aggressive     Moderate     Conservative

b. If any other Strategy has been chosen, please provide the fund details in the following table.

c. Please indicate your fund allocation below (Total must be equal to 100 %)

Strategy	Self Managed Strategy								Systematic Switching Strategy (SSS)*	Total
	Funds	Classic Opportunities Fund	Frontline Equity Fund	Balanced Fund	Dynamic Bond Fund	Dynamic Gilt Fund	Money Market Fund	Dynamic Floating Rate Fund		
Allocation %									100 %	

Note : For the Segregated Fund Identification Number (SFIN), please refer to product brochure / leaflet / Benefit Illustration / visit Kotak Life Insurance website for the same.

d. If SSS has been chosen, specify the Fund Option (Any one):  Classic Opportunities Fund     Frontline Equity Fund

e. If SSS is selected, do you wish to choose Systematic Exit Strategy (SES):  Yes     No

## 4B. DETAILS FOR NON-UNIT LINKED PLANS ONLY (Subject to acceptance of risk by insurer)

4B.1 Do you want the policy to be backdated?  Yes     No

4B.2 If "Yes", specify backdation date

(Should not precede 1st April of current Financial Year) and fill in corresponding age on Last Birthday (at that date)

APPLICATION NO.: KP

**5. DETAILS OF PROPOSAL DEPOSIT PAID**

5.1 MODE OF PAYMENT	<input type="checkbox"/> Cheque/DD	<input type="checkbox"/> Cash	(Should you choose to pay premiums by cash, you are advised to do so at the nearest Kotak Life Insurance branch only)
5.2 CHEQUE / DD NO.	5.3 DATED	5.4 AMOUNT (in `)	5.5 DRAWN ON (Name of Bank and Branch)
		52250	OnlinePayment
5.6 IFSC CODE			

**6. BANK DETAILS FOR DIRECT CREDIT OF BENEFITS/REFUNDS**

6.1 BANK NAME	Kotak Bank	6.2 BANK BRANCH	GOMTI NAGAR	6.3 BANK CODE	5196
6.4 ACCOUNT NUMBER	8412398558	6.5 NEFT/RTGS/IFSC CODE	KKBK0000958	6.6 MICR NO	226485009
6.7 ACCOUNT TYPE	Savings	6.8 CHEQUE COPY ENCLOSED	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

Note: The client undertakes the responsibility to intimate KLI regarding change in bank details. The claims arising under this policy will be settled through the above-mentioned Bank Account only

**7. PARTICULARS OF NOMINEE**

PARTICULARS	NOMINEE	ADDITIONAL NOMINEE
7.1 CLIENT ID (As policyholder or Nominee/Appointee/Trustee etc.)		
7.2 Percentage of Share	100 %	%
7.3 TITLE	<input type="checkbox"/> Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Master	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Master
7.4 FULL NAME	Surname First Name Middle Name	Devi Yashoda
7.5 NATIONALITY	<input checked="" type="checkbox"/> Indian <input type="checkbox"/> NRI/ PIO <input type="checkbox"/> OTHERS	<input type="checkbox"/> Indian <input type="checkbox"/> NRI/ PIO <input type="checkbox"/> OTHERS
7.6 GENDER	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
7.7 DATE OF BIRTH	01-01-1972	
7.8 CURRENT RESIDENTIAL ADDRESS	C/o or S/o or W/o House/Flat No./Society Street/Lane/Mohalla Landmark Area/Location Village/Taluka/Tehsil City/District State	2071 Kharagpur Cms Geetapuri Gomtinagar Lko Lucknow Pin 226010 Uttar Pradesh (India)
7.9 RELATIONSHIP TO LIFE TO BE INSURED	Mother	

5 Applicable only if Proposer and Life to be Insured are the same. In case of more than 2 nominees, please fill in the Additional Nominee Form.

6 Please fill in the NRI / PIO Questionnaire.

**8. PARTICULARS OF APPOINTEE / LEGAL GUARDIAN**

8.1 TITLE	SURNAME	FIRST NAME	MIDDLE NAME		
8.2 CLIENT ID(As policyholder or as Nominee/Appointee/Trustee etc.)		8.3 DATE OF BIRTH		8.4 RELATIONSHIP TO NOMINEE	
8.5 CURRENT RESIDENTIAL ADDRESS					
City	Village/ District	Land Mark		State	
8.7 GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	8.6 Signature/Thumb Impression of the Appointee			

\* Where the Nominee(s) is/are a minor.

**9. DETAILS OF LIFE INSURANCE POLICIES HELD / PROPOSALS APPLIED FOR BY THE LIFE TO BE INSURED**

9.1 Do you have any existing insurance policy (ies) or have you applied for any insurance policy (ies) at any time?	<input type="checkbox"/> Yes (If yes, please give details below)	<input checked="" type="checkbox"/> No		
9.2 Has any of your policy/ proposal (including riders) ever been rated-up/ postponed/ declined on application or revival?	<input type="checkbox"/> Yes (If yes, please give details below)	<input checked="" type="checkbox"/> No		
Policy/ ProposalNo.	Company Name (including Kotak LifeInsurance)	Sum Assured On Death	Acceptance Terms (Std./With Extra /Postponed / Declined /Not Completed)	Whether In Force/Lapsed(Mention year of Lapse/ Revival applied for)

**10. PERSONAL HEALTH DETAILS OF THE LIFE TO BE INSURED AND PROPOSER (Details for Proposer to be filled when there is Sum at Risk on Proposer's Life)**

PARTICULARS	LIFE TO BE INSURED				PROPOSER		
10.1 HEIGHT WEIGHT	Cms	OR	5 feet	7 inches	Cms	feet	inches
	65		Kgs		0	Kgs	

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10.2A Have you Gained or Lost Weight (more than 10 kgs)in the last 1 year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please specify Gain _____ Kgs OR Loss _____ Kgs	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please specify Gain _____ Kgs OR Loss _____ Kgs
10.2B If Yes, please specify reason for Gain/Loss				
10.3 LIFESTYLE DETAILS OF THE LIFE TO BE INSURED		CURRENT USAGE		PAST USAGE
Tobacco	Current Usage	If YES, form of consumption	Since When	average usage per day
Alcohol <sup>8</sup>	No			No
Any Narcotics(For medical/ recreational purposes)	No			0
	No			No

<sup>8</sup> 1 Unit = half pint beer / 1 glass of wine / 1 measure of spirit.

**11. MEDICAL HISTORY OF THE LIFE TO BE INSURED AND PROPOSER** (Details for Proposer to be filled when there is sum at risk on Proposer's life)

11.1 Have you ever suffered from, received/receiving treatment or advice for any of the following conditions, diseases or impairments ?	<b>LIFE TO BE INSURED</b>	<b>PROPOSER</b>
a) Any cancer, tumour, cyst or unusual growth? -----	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) High blood pressure (hypertension), low blood pressure (hypotension), diabetes, raised cholesterol, stroke, chest pain? -----	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Any cardiovascular diseases/ disorders, coronary artery disease or any form of heart ailment or rheumatic heart disease etc.? -----	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d) Any respiratory diseases/ disorders like asthma, bronchitis, pulmonary TB, lung ailment, etc? -----	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) Any genitourinary diseases / disorders like calculus of kidney/ ureter, acute chronic kidney diseases etc? -----	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f) Any digestive system disease/ disorders like ulcers, haemorrhoids, diseases of gall bladder or intestine etc? -----	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
g) Epilepsy, mental or nervous disorder including depression? -----	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
h) HIV infection, AIDS related or any other sexually transmitted disease? -----	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
i) Any other disorder/ disease not mentioned above? -----	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11.2 In last 3 years :		
a) Have you remained absent from work for at least 10 consecutive days or admitted in hospital for at least 5 consecutive days for any illness,injury or disorder ?(Please ignore normal pregnancy) -----	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Have you been treated or are currently undergoing or have been advised treatment from a doctor or specialist or undergone any cardiological, radiological or pathological tests (excluding routine health check-ups not being follow ups)? -----	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.3 Do you have any physical deformity or mental ailment, blindness, deafness, mutism etc? -----	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.4 Have you ever had persistent fever, unexplained infection or swollen glands in the last one year? -----	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.5 Have you ever been diagnosed with any form of congenital anomalies? -----	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.6 Are you currently receiving or considering receiving medical attention or taking any prescribed drugs? -----	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.7 For Females Lives Only		
i) Are you currently pregnant? (If yes, please mention the month of pregnancy) ..... Months -----	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii) Have you ever suffered from or are currently suffering from any complication of pregnancy? -----	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii) Have you ever suffered from or suffering or are currently suffering any diseases of breast / uterus / cervix? -----	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.8 If your answer is "Yes" to any of the above questions kindly give details		

**12. FAMILY HISTORY OF THE LIFE TO BE INSURED**

12.1	LIVING		DECEASED		LIVING		DECEASED	
	AGE	STATE OF HEALTH	AGE AT DEATH	CAUSE OF DEATH	AGE	STATE OF HEALTH	AGE AT DEATH	CAUSE OF DEATH
Father	62	Normal			Children			
Mother	55	Normal			Sister/ Brother(s)			
Spouse								
Children								

12.2A Have your parents / brothers / sisters / spouse / children ever suffered from or died of heart disease, stroke, high blood pressure, diabetes mellitus, any form of eye disease, cancer,kidney disease or paralysis, or any hereditary / familial disorders, tuberculosis, or any contagious diseases such as hepatitis, AIDS / HIV etc.?

Yes     No

12.2B If your answer is 'Yes' to the above question, kindly give details:

**13. DECLARATION BY THE LIFE TO BE INSURED, PROPOSER AND IN CASE OF MINOR BY HIS/HER LEGAL GUARDIAN**

I/We declare that I/we have answered the questions in the Proposal Form after having fully understood the nature of the questions and the importance of disclosing all information while answering such questions. I/We also hereby declare that the answers given by me/us to all the questions in the proposal form are true and complete in every respect and that I/We have not withheld any material information or suppressed any fact. I/We undertake to notify Kotak Mahindra Life Insurance Company Ltd.

("the Company") of any change in the state of health of the life to be insured or as to his/her occupation or any decisions about his/her existing policies or proposals subsequent to the signing of this proposal form and before the acceptance of the risk by the Company. I/We hereby consent to the Company seeking information and any reports from any doctor(s) including hospital - who at any time may have attended to me/us concerning anything, which affects my/our physical or mental health.

I also hereby authorize any organisation, institution or individual that has any records or knowledge of my health or medical history, employment, business, income or other details as maybe required or considered relevant to divulge to the Company and the Company to divulge the same to any organisation, institution or individual in connection with this proposal form or the resultant policy. I agree to undergo all medical tests including blood tests involving HIV antibodies as required by the Company's Underwriting policy for obtaining the policy.

Please paste latest self-signed photograph of the Proposer

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Further I understand that in the event of my being physically examined, the answers given by me to the medical examiner acting on behalf of the Company, shall be deemed to be duly incorporated in this Proposal Form. In event of this proposal not being converted into a policy, the Company reserves the right to recover from me medical expenses incurred by the Company.  
 I/We further declare that the statements/submissions made by me/us in this Proposal Form [including any addendum(s) thereto / all declarations, affidavits and other statements] and/or any information sought for by the Company from any person authorised by me to provide such information, relied upon by the Company to assess the risk on my life under this Proposal Form shall form a basis of the contract of insurance between me/us and the Company. I/We further agree, in case of fraud/misstatement by me/us, the policy will be cancelled immediately by the Company in accordance with the Section 45 of the Insurance Act, 1938 and amendments thereto from time to time.  
 I/We understand that the contract will be governed by the provisions of the Insurance Act, 1938, the IRDA Act, 1999 and the Regulations framed there under and that the contract will not commence until the Company's written acceptance of this Proposal Form is received by me. In case of the life to be insured being a minor, I further declare and affirm that this proposal of insurance is for the benefit of the life to be insured.  
 I/ we hereby confirm that all premiums will be paid from bona fide sources and no premiums have/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002.

Signature / Right Thumb impression of the Proposer (as referred from the life to be insured)
Signature and Date of Declaration (Appendix 1) signed

Place _____
Date 21-03-2022

Signature / Right Thumb impression of the life to be insured (or Guardian, if the life to be insured is a minor)
Signature and Date of Declaration (Appendix 1) signed

**(Applicable for non tobacco users opting for Kotak e-Term Plan )**

I hereby declare, that I have not consumed tobacco in any form (smoking, chewing etc.) during the past 12 months and do not have any intention of consuming tobacco in any form in the future. I am aware that any false statement regarding my use of tobacco would render the contract void and lead to loss insurance cover.

Place _____
Date 21-03-2022

Proposer's Witness :

Name: _____
Date: 21-03-2022

Signature of Witness
Signature not Received & Declaration (Appendix 1) signed

Kotak Mahindra Life Insurance Company Ltd. Witness:

Name: _____
Date: 21-03-2022

Signature
Signature and Receipt of Declaration (Appendix 1) signed

**14. DECLARATION FOR ONLINE TRANSACTION RIGHTS:**

I have read the terms and conditions of registration on Kotak Life Insurance website - <https://www.kotaklife.com> and accept them. I understand that I will have to register on <https://www.kotaklife.com> to receive my username and password. I agree that all transactions executed over the website <https://www.kotaklife.com> under my username and password will be binding on me. I understand that I get transaction rights for proposal number mentioned above provided my application is accepted by Kotak Life Insurance.

Signature / Right Thumb Impression of the Proposer

Place: \_\_\_\_\_ Date: 21-03-2022

**15. DECLARATION BY THE PERSON FILLING IN THE FORM (Applicable only where form is filled in by a scribe or signed in vernacular languages)**

I, AMIT KUMAR SINGH ... [60715434] (Full Name) have explained to the Proposer, that the answers to the questions form the basis of the contract of insurance between the Company and the Proposer. I also confirm that the Life to be Insured has signed / affixed his/ her right thumb impression in my presence.

Address _____	Village/ District _____	Land Mark _____
City _____	State _____	Pin _____
Place _____	Telephone No. _____	Date 21-03-2022

I, the Life to be Insured / Proposer declare that the contents in the proposal form and documents have been fully explained to me

Signature of the Scribe	Signature / Right Thumb Impression of the Proposer	Signature of the Life Advisor/Specialist Person or Customer Agent (Non-Executive Employee of Kotak Mahindra Office)
-------------------------	--	--

**SECTION 41 OF THE INSURANCE ACT, 1938:** No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.

**SECTION 45 OF THE INSURANCE ACT, 1938:** (The provisions of Section 45 of the Insurance Act, 1938 are applicable in the above contract. Please refer to Section 45 either on our website or contact our intermediary or visit the nearest branch for the full text.

[https://www.kotaklife.com/assets/uploads/why\\_kotak/section38\\_39\\_45\\_of\\_insurance\\_act\\_1938.pdf](https://www.kotaklife.com/assets/uploads/why_kotak/section38_39_45_of_insurance_act_1938.pdf)

**FREE LOOK PERIOD:** The policyholder is offered 15 days free look period for a policy sold through any of the channels (except for Distance Marketing Mode and electronic policies which will have 30 Days) from the date of receipt of the policy wherein the policyholder may choose to return the policy within 15 days/30 days of receipt if s/he is not agreeable with any of the terms and conditions of the plan and receive the applicable refund amount.

Note: Proposer is advised to read and understand the product features, benefits & risk factors, structure of charges, terms and conditions of the proposed plan as set forth in the related brochure(s) available on the Company's website <https://www.kotaklife.com>

**AGENT'S CONFIDENTIAL REPORT**

1. Name of the Life to be Insured / Proposer: <u>Mr GAURAV SINGH</u>
2. Name of the Proposer (In case different from life to be insured): _____

- A. How long have you known the Life to be insured / Proposer?
- B. How have you been introduced to the Life to be insured / Proposer?
  - Long term relationship. No of years
  - Cold call
  - Referral if yes, Referred by name & contact details

LIFE TO BE INSURED	PROPOSER
_____	_____
_____	_____

- C. When have you last met the Life to be insured / Proposer? ( DD/MM/YY )
- D. Have you personally met the Life to be insured / Proposer?

Yes     No     Yes     No

APPLICATION NO.: **KP**

E. Are you related to the Life to be Insured and Proposer? (If Yes, pls. mention the relationship & provide an MHR from Sales Manager)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F. What is the purpose of taking insurance?	<input type="text"/>			
G. Are you satisfied with the Financial condition and income earning capacity of the Life to be insured / Proposer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H. Does the Life to be insured/ proposer have the capacity to pay premium for the entire Premium paying term	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I. Are you aware of any illness, impairment, adversity or physical or mental abnormality which the Life to be insured is suffering from?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
J. Have you explained the Product features, benefits & the premium paying term for the plan applied by the client?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
K. Is there any other additional information you would like to provide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
L. Do you recommend the proposal for insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name of the Advisor

Dated

Place:

**16. DECLARATION BY THE LIFE ADVISOR / CORPORATE AGENT / BROKER / RELATIONSHIP OFFICER (please cancel what is not applicable and fill all details)**

I, \_\_\_\_\_ (Full Name) in my capacity as the Life Advisor / Specified Person of the Corporate Agent/Authorised Employee of the Broker/ Relationship Officer, do declare that I have explained all the contents of this proposal form, including the nature of the questions contained in this proposal form to the proposer. I have also explained that the statement(s), information and response(s) submitted by him/her in this proposal form to questions contained herein or any details sought herein will form the basis of the contract of insurance between the Company and the proposer, if this proposal is accepted by the Company for issuance of a policy. Based on my interaction with the proposer and/or the documents and records that I have been supplied with, I have no information, which suggests that any of the statement(s), Information and response(s) supplied by the proposer or the life to be insured is/are incomplete or untrue.

Licence No. (Life Advisor/Corporate Agent/Broker/Relationship Officer)

For POS Agent    
Agent ID (Life Advisor/Corporate Agent/Broker/Relationship Officer)

or  PAN

Place

Date

Telephone No

(Signature of the Life Advisor/Specified person of Corporate Agent/ Authorised Employee of Broker/ Relationship Officer)



Hum hain... hamesha

APPLICATION NO.:

**KP**

**ACKNOWLEDGEMENT FOR FRESH PROPOSAL\***

(Any cash payment should only be made at the cash counter of nearest Kotak Life Insurance branch.)

Agent ID (Life Advisor/Corporate Agent/  
Broker/Relationship Officer)

Date:

Received from Mr./Ms.  the proposal for Life Insurance with Kotak Mahindra Life Insurance  
Company Limited along with

by way of Cheque No\*\*/DD\*\*/Others No.

Dated      Drawn On  Bank,  Branch OR  
by way of Cash Deposit Dated       with Kotak Life Insurance  Branch.

Date:

Place:

<input type="text" value="RECEIVED"/>	<input type="text" value="SIGNATURE"/>
---------------------------------------	--

(Name and Signature of the Life Advisor/Specified person of Corporate Agent/Authorised Employee of Broker / Relationship Officer)

\* Please note that, this acknowledgement does not in any way constitute acceptance or commencement of risk.

\*\* All cheques/demand draft should be crossed and drawn in favour of "KOTAK LIFE INSURANCE" OR "Kotak Mahindra Life Insurance Company Ltd.".

**FOR OFFICE USE ONLY**

**CHECKED BY**

<input type="text" value="NAME OF SALES MANAGER"/>	<input type="text" value="NAME OF SALES ASSOCIATE"/>	<input type="text" value="SIGNATURE CODE"/>	<input type="text" value="NAME OF BOE"/>
<input type="text" value="SALES MANAGER ID"/>	<input type="text" value="SALES ASSOCIATE ID"/>	<input type="text" value="null"/>	<input type="text" value="BRANCH NAME"/>
<input type="text" value="21-03-2022"/>	<input type="text" value="21-03-2022"/>	<input type="text" value="21-03-2022"/>	<input type="text" value="21-03-2022"/>
<input type="text" value="SIGNATURE OF SALES MANAGER"/>	<input type="text" value="SIGNATURE OF SALES ASSOCIATE"/>	<input type="text" value="SIGNATURE OF BOE"/>	<input type="text" value="SIGNATURE OF BOE"/>

Kotak Mahindra Life Insurance Company Ltd.

Regd. No.: 307, CIN: 066030MH12900PLC128503, Regd. Office: 2nd Floor,  
Plot # C-12, G-Block, BKC, Bandra (E), Mumbai - 400 051.  
<https://www.kotaklife.com>

#### FOR YOUR REFERENCE

1. This is an acknowledgement by the Life Advisor/Specified person of Corporate Agent/Authorised Employee or Broker / Relationship Officer of having received the Proposal Form. This is not a receipt issued by Kotak Mahindra Life Insurance Company Ltd.
2. Kotak Mahindra Life Insurance Company Limited shall issue a proposal deposit receipt (PDR) on receiving the completed proposal form with the cash / cheque / demand draft at its branch office.
3. In case of non-receipt of your PDR or for any clarification, kindly contact nearest Branch of Kotak Life Insurance.
4. For further assistance, WhatsApp at 9321003007



WhatsApp: 9321003007

<https://www.kotaklife.com>

Kotak Mahindra Life Insurance Company Ltd.

Regn. No.: 107, CBN: 066030MH2000PLC128503, Regd. Office: 2nd Floor,  
Plot # C- 12, G-Block, BKC, Bandra (E), Mumbai - 400 051  
<https://www.kotaklife.com>

For Office Use Only (w.e.f. Jul 21 \ Ver 1.1)



Illustration No: KGSP-2920M-6339-Y50

Quotation Number:BB210322181817506

Proposal No:

Policy No:

Name of the Prospect/Policyholder	Mr GAURAV SINGH
Age of the Prospect/Policyholder (in yrs)	29
DOB of the Prospect/Policyholder	30 November 1992
Name of Life Assured	Mr GAURAV SINGH
DOB of Life Assured	30 November 1992
Age of Life Assured (in yrs)	29
Gender of Life Assured	Male
Policy Term (in yrs)	20
Premium Payment Term (in yrs)	10
Amount of Installment Premium (in Rs.)	50,000
Mode of Payment of Premium	Yearly

Name of the Product	Kotak Guaranteed Savings Plan
Tag Line	A Non-Linked Non Participating Endowment Life Insurance Plan
Unique Identification No	UIN: 107N100V02
Base Goods and Services Tax and Cess Rate (GST) (1st Year)	4.5%
Base Goods and Services Tax and Cess Rate (GST) (2nd Year)	2.25%
Rider Goods and Services Tax and Cess Rate (GST)	18%
Channel Name	KMBL

Agent's Branch Location	Uttar Pradesh
Prospect/Policyholder's Current Location	Uttar Pradesh

This Benefit Illustration is intended to show year-wise premiums payable and benefits under the policy.

#### POLICY DETAILS

Policy Option	:	Not Applicable
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Base Sum Assured (Rs.)	:	8,69,205
Base Sum Assured on Death (at inception of the policy) Rs.	:	9,50,205

Quotation Number:BB210322181817506

Rider Details				
Rider Name	Rider Sum Assured	Rider Policy Term	Rider Premium Paying Term	Rider Premium
Kotak Term Benefit Rider (UIN: 107B003V03)	Not Selected			
Kotak Accidental Death Benefit Rider (UIN:107B001V03)	Not Selected			
Kotak Permanent Disability Benefit Rider (UIN:107B002V03)	Not Selected			
Kotak Life Guardian Rider (UIN: 107B012V02)	Not Selected			
Kotak Accidental Disability Guardian Rider (UIN 107B011V02)	Not Selected			

PREMIUM SUMMARY			
	Base Plan	Riders (Please refer Rider Details table)	Total Installment Premium
Installment Premium (without GST)	50,000	0	50,000
Installment Premium (with First Year GST)	52,250	0	52,250
Installment Premium (with GST, Second Year onwards)	51,125	0	51,125

End of Policy Year	Age of Life Assured	Annualised Premium	Guaranteed Benefits							Non-Guaranteed Benefits	Commission*
			Sum Assured	Guaranteed Additions <sup>2</sup>	Accrued Guaranteed Additions	Guaranteed Loyalty Additions	Maturity Benefit <sup>3</sup>	Death Benefit <sup>4</sup>	Guaranteed Surrender Value <sup>5</sup>		
1	30	50,000	8,69,205	0	0	0	0	9,50,205	0	0	15,000
2	31	50,000	8,69,205	0	0	0	0	9,50,205	30,000	0	2,500
3	32	50,000	8,69,205	0	0	0	0	9,50,205	52,500	45,000	2,500
4	33	50,000	8,69,205	0	0	0	0	9,50,205	1,00,000	1,00,000	2,500
5	34	50,000	8,69,205	0	0	0	0	9,50,205	1,25,000	1,25,000	2,500
6	35	50,000	8,69,205	0	0	0	0	9,50,205	1,50,000	1,68,500	2,500
7	36	50,000	8,69,205	0	0	0	0	9,50,205	1,75,000	2,18,167	2,500
8	37	50,000	8,69,205	0	0	0	0	9,50,205	2,16,000	2,74,000	2,500
9	38	50,000	8,69,205	0	0	0	0	9,50,205	2,61,000	3,36,000	2,500
10	39	50,000	8,69,205	0	0	0	0	9,50,205	3,10,000	4,04,167	2,500
11	40	0	8,69,205	17,500	17,500	0	0	9,67,705	3,32,525	4,43,050	0
12	41	0	8,69,205	17,500	35,000	0	0	9,85,205	3,61,450	4,83,333	0
13	42	0	8,69,205	17,500	52,500	0	0	10,02,705	3,91,775	5,25,542	0
14	43	0	8,69,205	17,500	70,000	0	0	10,20,205	4,24,900	5,69,500	0
15	44	0	8,69,205	17,500	87,500	0	0	10,37,705	4,59,250	6,15,208	0
16	45	0	8,69,205	17,500	1,05,000	0	0	10,55,205	4,96,400	6,63,717	0
17	46	0	8,69,205	17,500	1,22,500	0	0	10,72,705	5,31,875	7,14,325	0
18	47	0	8,69,205	17,500	1,40,000	0	0	10,90,205	5,76,200	7,68,433	0
19	48	0	8,69,205	17,500	1,57,500	0	0	11,07,705	6,23,325	8,26,567	0
20	49	0	8,69,205	17,500	1,75,000	81,000	11,25,205	11,25,205			0

**Notes:** Annualized Premium excludes underwriting extra premium, frequency loadings on premiums, the premiums paid towards the riders, if any and Goods and Services Tax.

\*Commission is calculated based on premiums payable in a policy year excluding GST.

**Terms & Conditions:**

1. This is a limited pay non-participating endowment plan. The illustration stated is for a healthy individual and under the assumption that this is the only policy the client has with Kotak Life Insurance and would be subject to underwriting.
2. Guaranteed Additions is a % of the Annualised Premium and it will start accruing from the end of the next policy year after completion of the PPT and accrues till the end of the Policy Term.
3. Guaranteed Maturity Benefit payable at the end of the Policy Term is : **Basic Sum Assured PLUS Accrued Guaranteed Additions PLUS Guaranteed Loyalty Addition.**
4. Death Benefit will be : **Sum Assured on Death PLUS Accrued Guaranteed Additions till the date of death**  
Where Sum Assured on Death is : Highest of : 11 times of (Annualised Premium including extra premium, if any) OR  
Basic Sum Assured PLUS Guaranteed Loyalty Addition OR  
105% of all premiums paid (including extra premium, if any) till the date of death
5. The policy acquires a Guaranteed Surrender Value (GSV) after payment of full premiums for two consecutive years. The GSV is a percentage of total premiums paid including extra premium, if any (but excluding Goods and Services Tax & Cess and Rider premium, if any) PLUS Value of accrued Guaranteed Additions, if any. The Company may consider paying a Special Surrender Value after policy acquires GSV. In any case, higher of the Guaranteed Surrender Value or Special Surrender Value will be payable. For more details on the GSV factors applicable on specific policy years, please refer the sales brochure.
6. After the policy acquires GSV, if the subsequent premiums are not paid within the grace period the policy will be converted into a Reduced Paid-Up policy by default. Policy will be eligible for Reduced Sum Assured, accruals of Reduced Guaranteed Additions and Reduced Guaranteed Loyalty Addition once it has been converted into a Reduced Paid-Up policy. All rider benefits may cease depending upon rider features. For further details, please refer the sales brochure.
7. A lapsed or a Reduced Paid-Up policy can be reinstated for full benefits on revival within five years of the first unpaid premium. The revival can be done without evidence of good health on payment of the outstanding premiums with late payment charges, if the payment is made within six months from the date of first unpaid premium. Thereafter to revive the policy, evidence of good health would be required along with payment of the outstanding premiums with applicable interest rate.
8. The above illustrated benefits are derived on the basis of details of Life Assured provided at the time of filling the proposal form. If the details are found inaccurate or there are any changes before or at the time of the policy issuance for eg: change in age, the illustrated benefits will be subject to revision.
9. Goods and Services Tax and Cess, as applicable are levied at the applicable Tax rates in accordance with the prevailing Tax Laws. Prevailing tax laws are applicable on this policy which may vary from time to time
10. The values shown are for illustrative purposes only. For more details on risk factors, terms and conditions please read sales brochure carefully before concluding a sale.
11. TDS at prevailing rate will be deducted from any amount paid under a life insurance policy subject to the provisions of prevailing tax laws. In case of non-availability of valid PAN, TDS will be deducted at higher rate. Tax laws are subject to changes from time to time. Kindly consult your tax advisor for tax implication of your policy.

**Section 41 of the Insurance Act, 1938 states**

- (1) 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 of 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.

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

Place : \_\_\_\_\_

Date : 21-Mar-2022      Signature of Agent /Intermediary/Official

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

(Accepted vide a declaration (Customer Declaration Form) signed by him/her)

Place : \_\_\_\_\_

Date : 21-Mar-2022

Signature of Prospect/Policyholder

Kotak Mahindra Life Insurance Company Limited.

CIN: U66030MH2000PLC128503

Regd. Office: 2nd Floor, Plot# C-12, G-Block, BKC, Bandra (E), Mumbai - 400 051

Regn. No: 107. Toll Free No.: 1800 209 8800. Website: <http://insurance.kotak.com>



Koi hai... hamesha

Channel Name: Alternate

APPENDIX-1

DECLARATION BY THE LIFE TO BE INSURED, PROPOSER AND IN CASE OF MINOR, BY HIS/HER LEGAL GUARDIAN

I/ We GAURAV SINGH request you to accept Proposal Reference Number **75122135** for **Kotak Guaranteed Savings Plan** submitted by me/ us on Digital Application of Kotak Mahindra Life Insurance Company Ltd. during my meeting with your relationship manager **AMIT KUMAR SINGH** ... bearing License No. **250501278**. I/We declare that I/we have read and understood the product features, benefits, risk factors, structure of charges, terms and conditions of the proposed plan as set forth in the related brochure(s). I/we also acknowledge having read Benefit Illustration No. **BB210322181817506** confirming my/our understanding of the plan for which this Application is being submitted. I/We hereby confirm that Mr./Mrs. **AMIT KUMAR SINGH** ... has duly filled the details in the Proposal on the Digital Application in my/our presence and on my/our instructions.

I/We \_\_\_\_\_ (name of LI – in case different from Proposer) declare that I/we have answered the questions in the Proposal truthfully after having fully understood the importance thereof. I/ We acknowledge that the information stated in the Application with regard to Life to be Insured's health history/habits/or any treatment taken in the past/hospitalization for more than 5 days due to any disease/illness and the same is true and correct and I/We have duly checked and verified the same and that I/We have not withheld any material information or suppressed any fact.

I/we understand and agree that by submitting the Application and addendums, if any, I/we will be bound by such statements/ disclosures of material facts in the same manner and to the same extent as if I/we have signed and submitted a written proposal for Life insurance to KLI.

I/We also undertake to notify KLI of any change in the state of health of the life to be insured or as to his/her occupation or any decisions about his/her existing policies or proposals subsequent to the signing of the Application and before the acceptance of the risk by KLI.

I/We hereby grant consent to KLI for seeking information and any reports from any doctor(s) including hospital who at any time may have attended to the life to be insured concerning anything, which affects the life to be insured's physical or mental health. I also irrevocably authorize KLI to approach me by making telephone calls or through other means in connection with this policy or otherwise. I further authorize KLI to share the details my Policy with Govt. authorities, other Insurance Companies, Credit Information companies or other entities.

I/we further authorize KLI to obtain my/our demographic details from Unique Identification Authority of India (UIDAI) on the basis of Aadhar No. provided by me/us in the above mentioned Proposal submitted by me/ us on Digital Application of KLI and use the same for all purposes in connection with the said Proposal or the Policy issued pursuant thereto.

I/We agree to abide by the provisions of S. 41 of Insurance Act, 1938. I/We also agree that in case of mis-statement of fact/ fraud/ misrepresentation/ suppression or non-disclosure of material fact by me/us, KLI reserves its right to cancel the Policy or declare the Policy as null and void in accordance with Section 45 of the Insurance Act, 1938.

For existing customers of Kotak Mahindra Bank (KMBL): In case of a mismatch between my/our details pre-filled from my Kotak Bank CRN and those available in Kotak Life, I/we give consent to Kotak Life to use the data pre-filled from Kotak Bank CRN for the purpose of this policy as well as all existing Kotak Life Policies.

DECLARATION FOR PRODUCT SUITABILITY

I hereby confirm that I have taken the product suitability by filling the product suitability questionnaire. I also confirm that product selected by me for insurance is with complete understanding of all its features, benefits, premium, and risks associated with it.

DECLARATION FOR ONLINE TRANSACTION RIGHTS:

I have read the terms and conditions of registration on Kotak Life Insurance website - <http://insurance.kotak.com> and accept them. I understand that I will have to register on <http://insurance.kotak.com> to receive my username and password. I agree that all transactions executed over the website <http://insurance.kotak.com> under my username and password will be binding on me. I understand that I get transaction rights for proposal number mentioned above provided my application is accepted by Kotak Life Insurance. I hereby authorize Kotak Life Insurance to make call or send SMS to me in relation to any transactions or servicing pertaining to my proposal / policy, despite a contrary preference indicated by me under TRAI Regulations.

Declaration for MWP:

I (proposer) shall have the right to appoint new trustee(s) by revoking the appointment of the existing Trustee(s). Further, I agree that no loan can be granted against security of this Policy. However, the Trustee(s), with the consent of the Beneficiaries/guardian, can make a request for loan for the use/benefits of Beneficiaries.

ORIGINAL SEEN AND VERIFIED:

Photograph of my/our below mentioned original documents have been taken and uploaded on the Digital Application in my presence by the agent above named:

1. Proof of Identity -
2. Proof of permanent residence -
3. Proof of current residence -
4. Proof of Income -
5. Source of earning-

Is FATCA/CRS applicable to you?

No, it is not applicable. I am a resident Indian.

Yes, it is applicable. I confirm that I have provided all relevant details, and read and understood all terms and conditions in the KLI Genie digital sales application and I agree to it.

This is digitally authenticated by the person/life advisor through portal  
physical signature of is not required.

Digitally Verified. No signature required

Date: 21-03-2022 18:43:57  
Place: 47.9.2.53

Signature of Proposer

Date: \_\_\_\_\_  
Place: \_\_\_\_\_

Signature of Life to be Insured

Date: \_\_\_\_\_  
Place: \_\_\_\_\_

Appointee Signature (if Nominee is Minor)

Date: \_\_\_\_\_  
Place: \_\_\_\_\_

Signature of Trustee

Date: \_\_\_\_\_  
Place: \_\_\_\_\_

60706230

Life Advisor ID

Date: \_\_\_\_\_  
Place: \_\_\_\_\_

Seen & verified the original AML & KYC documents  
(To be signed by authorized KLI employee)

KLI SM Life Asia Code

Signature of specified person & Seal of corporate agent / Signature of Life Advisor

**Kotak Mahindra Life Insurance Company Ltd.** Regn. No.: 107, CIN: U66030MH2000PLC128503, Regd. Office: 2nd Floor, Plot # C- 12, G- Block, BKC, Bandra (E), Mumbai - 400 051. Website: <http://insurance.kotak.com> | Email: [clientservicedesk@kotak.com](mailto:clientservicedesk@kotak.com) | Toll Free No:1800 209 8800.

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