

LIFE GOALS. DONE.

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

Bajaj Allianz NON-MEDICAL

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

134564774373

PROPOSAL FORM FOR LIFE INSURANCE

UIN

CIN : U66010PN2001PLC015959

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

Agent's Details (For office use only)

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

1. Personal Details

PROPOSED INSURED

| | |
|---------------------------|--|
| Prefix - Mr./Mrs./Ms/ Dr. | Suffix: MBBS/ CA/LLB/ Others |
| Purpose of Insurance | Financial Protection |
| Name | First: A S H I S H Middle: Last: V Y A S |
| Date of Birth | 09/11/1984 Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female |
| Nationality | INDIAN |
| Country of Residence | INDIA |
| Age | 34 Place of Birth: DELHI |
| Age Proof | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Passport <input type="checkbox"/> Per. Driving License <input type="checkbox"/> School Certificate <input type="checkbox"/> Service Record <input type="checkbox"/> Others |
| ID Proof | <input type="checkbox"/> Aadhar Card <input type="checkbox"/> Driving License <input type="checkbox"/> PAN card <input checked="" type="checkbox"/> Passport <input type="checkbox"/> Voter ID card <input type="checkbox"/> Others |

2. PROPOSER

(To be filled if other than Proposed Insured)

| | |
|---------------------------|---|
| Prefix - Mr./Mrs./Ms/ Dr. | Suffix: MBBS/ CA/LLB/ Others |
| Name | First: B I M L A Middle: X A D Y Last: |
| Date of Birth | DD MM YY Sex <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Nationality | |
| Country of Residence | |
| Age | Place of Birth: |
| Age Proof | <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Per. Driving License <input type="checkbox"/> School Certificate <input type="checkbox"/> Service Record <input type="checkbox"/> Others |
| ID Proof | <input type="checkbox"/> Aadhar Card <input type="checkbox"/> Driving License <input type="checkbox"/> PAN card <input type="checkbox"/> Passport <input type="checkbox"/> Voter ID card <input type="checkbox"/> Others |

3. Family Details

PROPOSED INSURED

| | |
|---------------------------------|--|
| Marital Status | <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed |
| If Married | Spouse's Date of Birth: 25/07/1986 |
| Place of Birth | MOHINAGAR HARYANA |
| Father's Name | K M V Y A S |
| Mother's Name | MITHLESH V Y A S |
| Husband's Name | F I R D O S T M L A S T |
| Maiden name for Female life | |
| Preferred mode of communication | Letter <input type="checkbox"/> e-mail <input checked="" type="checkbox"/> |
| Preferred language | English <input type="checkbox"/> Hindi <input checked="" type="checkbox"/> Marathi <input type="checkbox"/> Punjabi <input type="checkbox"/> Oriya <input type="checkbox"/> Malayalam <input type="checkbox"/> Kannada <input type="checkbox"/> Gujarati <input type="checkbox"/> Telugu <input type="checkbox"/> Bengali <input type="checkbox"/> Assamese <input type="checkbox"/> Tamil <input type="checkbox"/> |

5. IT Assessee

☒ Y ☐ N

| | |
|--|---|
| If yes, PAN | A F B P V R 7 5 7 0 Form 60 <input type="checkbox"/> |
| Unique Identification number (Aadhar Card) | 44 44 22 22 55 55 |
| Do you want to assign the policy after issuance? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If policy has to be backdated, mention date: 29/03/2019 |
| GSTIN, if available | |

4. RESIDENTIAL AND MAILING ADDRESS

| | | | | | | | | |
|----------|---------------|------------------|--------------------------|----------------------|--|-----------------|-----------|---------------|
| C/O | Flat/Door no. | Name of Premises | Road/Street/Lane | Landmark (Near/Opp) | Village | Post/Area/Nagar | State | Pin Code |
| | 101 | S V R RESIDENCY | VENKATESHWARA TEMPLE RD. | VISAYA DIZANO NOSTIC | | GANDHINAGAR | TELANGANA | 500039 |
| District | INDIAN | Country Code | Area Code | Tel. No. | Country Code | Mobile No. | E-mail | Address Proof |
| | | +91 | 9811111111 | UNKNOWN@GMAIL.COM | <input type="checkbox"/> Passport <input type="checkbox"/> Telephone Bill <input checked="" type="checkbox"/> Electricity Bill <input type="checkbox"/> Driving License <input type="checkbox"/> Aadhar Card <input type="checkbox"/> Current Bank Passbook <input type="checkbox"/> Others | | | |

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

| | |
|-------------------------|-------------------|
| Name & Surname | P O O J A V Y A S |
| Date of Birth | 26-01-1984 |
| Relationship to Insured | SPOUSE |
| % Share of Nomination | 100% |

7. Appointee Details (If Nominee is a minor)

| | | | | | |
|-------------------------|----|----|----|----|----|
| DD | MM | YY | YY | YY | YY |
| Relationship to Nominee | | | | | |

8. Education & Occupation Details

PROPOSED INSURED

| | |
|---------------|--|
| Education | <input type="checkbox"/> Non-matriculation (If non-matric, please state the highest standard) <input checked="" type="checkbox"/> Matriculation <input checked="" type="checkbox"/> Graduation & Higher <input type="checkbox"/> None |
| Annual Income | 3,00,000 |
| Occupation | <input checked="" type="checkbox"/> Salaried <input type="checkbox"/> Agriculture <input type="checkbox"/> Investment <input type="checkbox"/> Housewife <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Others |
| Income Proof | ITR Nature of Duties: BACK OFFICE |
| Industry Type | MANUFACTURING |

| | |
|------------------|----------------------------|
| Employer's Name | GOOD EMPLOYER LTD. |
| Address | SY NO-007, COOL VILLAGE |
| Office Phone No. | 011-1111111111 |

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

9. a) Bank details of proposer

| | | | | | |
|--------------------------------|------------|-------------|----------------|-----------|-----------------|
| Bank & Branch Name | ICICI BANK | Account No. | 00011100881111 | IFSC Code | ICIC01010101010 |
| Recurring Direct Debit A/c No. | | MICR Code | 2573261945 | A/c type | CURRENT |

9. b) Renewal Premium Payment Method

☐ Cheque/Cash/DD ☒ NACH ☐ CCSS ☐ ADI

| | | | |
|--------------------------|--------------|--------------------|-----|
| Amount in words (in Rs.) | ONE THOUSAND | Top-up Sum Assured | 500 |
| Top-up Multiplier | 0.05 | Top-up Rs. | 450 |
| Date | 29/03/2019 | Cheque No. | |

10. Coverage Information

| | | | | | | | | | |
|---------------------------------|--------------|--|--|--------------|------------------|---|-------------------|---|----------|
| Product Name | BEST PLAN 01 | Option/Variant | 001 | Premium term | 20 years | Benefit term | 25 years | Entry Age | 34 years |
| Premium Amount | 1,000 | Extended Life Cover | <input type="checkbox"/> Multiplier | 0.10 | Proposal Deposit | <input checked="" type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Cash | Premium Frequency | <input type="checkbox"/> Single <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Half-yearly <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly | |
| Sum Assured / CMB of Fund Value | 5,00,000 | <input type="checkbox"/> Systematic Partial Withdrawal % of Fund Value | <input type="checkbox"/> Annual <input type="checkbox"/> Half-yearly <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly | | | | | | |

Riders (Tick if required) Proposer/1st Proposed Insured

| | | | | | |
|-----|--|------|--|---|-------------------------------------|
| ADB | <input checked="" type="checkbox"/> Accidental Death Benefit | ATPB | <input type="checkbox"/> Accidental Total Permanent Disability Benefit | WOP for base policy and rider(s) chosen | <input checked="" type="checkbox"/> |
| FIB | <input type="checkbox"/> Accidental Death Benefit | CT | <input type="checkbox"/> Accidental Total Permanent Disability Benefit | | |

Riders (Tick if required) Proposer/2nd Proposed Insured

| | | | | | |
|-----|---|------|--|---|--------------------------|
| ADB | <input type="checkbox"/> Accidental Death Benefit | ATPB | <input type="checkbox"/> Accidental Total Permanent Disability Benefit | WOP for base policy and rider(s) chosen | <input type="checkbox"/> |
| FIB | <input type="checkbox"/> Accidental Death Benefit | CT | <input type="checkbox"/> Accidental Total Permanent Disability Benefit | | |

11. a) Premium Apportionment For Unit Linked

| NAME OF FUND* | % | NAME OF FUND* | % |
|---------------|---|---------------|---|
| | | | |
| | | | |

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

| Policy/Proposal Numbers | Insurance Company | Amount of Insurance | Status |
|-------------------------|-------------------|---------------------|--------|
| 6102011111 | SBI SDA LIFE | 5,00,000 | Active |
| 1010000001 | HDFS SDA LIFE | 2,50,000 | Active |

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