

COMMON PROPOSAL FORM



(For Official Use only)

Proposal Number: U162008856

Branch Code:

Channel: HEUTE AND MORGEN INSURANCE BROKER PVT LTD

Campaign Code:

Sub Office Code:

RM CAMS Code: 4725648 & RM Name: Yashwant G Sapariya

POS/Agent/Broker/Specified Person/Employee: MANOJ KUMAR PANDEY

Code: 9108567

Contact Details:

License No. & Validity Details:

Customer Relationship No. (For Bancassurance Channel)

PAN No.

IMPORTANT GUIDELINES: 1) IN UNIT-LINKED INSURANCE POLICIES (ULIPs), THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER. 2) Insurance is a contract of utmost good faith between the Insurer and the Insured. The Proposer and the Life to be Assured are required to disclose all facts in response to the questions in this application form. 3) Any cancellation/alteration is to be signed by Proposer/Life to be assured as applicable. 4) KYC documents will be required for all the parties to the contract.

I. GENERIC DETAILS Please [✓] your answer

Is this policy self-proposed? Yes. If No, please answer the following details

Type of Proposer: Individual

Relation with Life Assured: Self

Type of Proposal:

II. ELECTRONIC INSURANCE ACCOUNT (eIA) DETAILS OF THE PROPOSER/POLICYOWNER

e-Insurance Account Number (eIA), if any:

I would like to receive my Insurance Policy and all the information related to the proposed Insurance Policy through Tata AIA Life Insurance Company Ltd. In Electronic format (Physical copy would be sent even if proposer opts for electronic format; however, in case proposer has e-Insurance Account, only electronic copy of the Insurance Policy will be provided)

I would like to receive my Insurance Policy and all the information related to the proposed Insurance Policy through Insurance Repository in the Electronic Format as and when applicable. Please select the name of the Insurance Repository.

NSDL

III. PRODUCT DETAILS

[illegible]

Base Plan/ Rider (Benefit Option) Name	Life Insured Details			Benefit Payout Option	Benefit Payout Option Details			
	Name	DOB	Gender		Lumpsum (₹)	Income p.a (₹)	Income Duration(Years)	Income Frequency
	Tata AIA Smart Sampoorna Raksha Pro	Mr. Parmar Dharmendra Jayantibhai	19/02/1982	M	NA	NA	NA	NA
	Tata AIA Vitality Protect Plus(Term Booster)	Mr. Parmar Dharmendra Jayantibhai	19/02/1982	M	Lumpsum	850000	NA	NA
	Tata AIA Vitality Protect Plus(Accidental Death)	Mr. Parmar Dharmendra Jayantibhai	19/02/1982	M	Lumpsum	7650000	NA	NA
	Tata AIA Vitality Protect Plus(Accidental Total and Permanent Disability)	Mr. Parmar Dharmendra Jayantibhai	19/02/1982	M	Lumpsum	7650000	NA	NA

Tata AIA Vitality (Wellness Program, applicable only for specific product/riders): Yes
Utilization of Rewards during the Premium Payment Term (if Wellness Program is opted): Premium Discount

[illegible]

OR

Portfolio Strategy	
Funds for the chosen Portfolio Strategy (If Applicable)	
Debt oriented fund	Equity oriented fund
Other Details(if applicable)	

IV. PROPOSER / POLICYHOLDER DETAILS (Please fill in details of Life Assured if same as Proposer)

1. Title	Mr.		
2. Name	Parmar Dharmendra Jayantibhai		
3. Father's Name / Spouse Name	JAYANTIBHAI VANMALIBHAI PARMAR		
4. Mother's Name	HANSABEN JAYANTIBHAI PARMAR		
5. Maiden Name(For female lives only)			
6. Gender/Date of Birth	Male 19-02-1982		
7. Which is your Dominant Hand? (Question to be answered only if ADDL Rider is selected)			
8. Marital Status	Married		
9. Life Stage			
10. Nationality (If other than resident Indian, Passport as an age proof is mandatory)	Resident Indian (Nationality) INDIA Country of Residence : INDIA (If country of residence or nationality outside India then FATCA/ CRS-Self Certification Form to be mandatorily completed)		
11. Residence for Tax purposes in Jurisdiction(s) outside India	No (If Yes then FATCA/ CRS-Self Certification Form to be mandatorily completed)		
12. Highest Educational Qualification	Post Graduate		
13. Correspondence Address	1-330 vrundavan nagar Landmark: laskana City: Laskana State: GUJARAT Country: INDIA Pin code: 395008		
14. Permanent/Updated Address/Registered Office Address	1-330, Vrundavan nagar Laskana Landmark: Laskana City: SURAT State: GUJARAT Country: INDIA Pin code: 395008		
15. Telephone and Email Details	Residence No: Mobile No: +91 9726144868 E-mail: dharmendraparmar30811@gmail.com		
16. Occupation Class	Business Owner		
a. Name of Organisation /School / College	DHARMENDRA JAYANATIBHAI PARMAR ADVOCATE		
b. Organisation Type	Proprietorship Firm		
c. Industry	Banking / Financial / Service / Insurance		
d. Nature of Work	Lawyer / Advocate / Judge		
e. Annual Income (₹) (Mention Annual Income as per latest Income Tax Return. In case of any inconsistency, the insurer reserves the right to cancel the policy or repudiate the claim)	550000		
17. Income Proof			
18. Identity Proof (In case of Passport & Driving License please mention expiry date)	PAN Card Expiry Date : APUPP3555Q		
19. Address Proof for updated address			
20. Permanent Account Number (PAN) :	APUPP3555Q (kindly attach copy of Pan card) No I do not have PAN (kindly attach copy of Form 60 duly signed)		
21. CKYC No. (If available)			
22. Source of Funds			

23. **Are you a Politically Exposed Person? No.** (Definition of PEP: "PEPs are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials; Close relations of PEP: Family members are individuals who are related to a PEP either directly (consanguinity) or through marriage or similar (civil) forms of partnership. Close associates are individuals closely connected to a PEP, either socially or professionally")

V. LIFE ASSURED DETAILS (Please fill in this section only if Life Assured is different from Proposer)

1. Title	
2. Name	
3. Maiden Name(For female lives only)	
4. Gender/Date of Birth	
5. Which is your Dominant Hand? (Questions to be answered only if ADDL Rider is selected)	
6. Marital Status	
7. Life Stage	
8. Nationality (If other than resident Indian, Passport as an age proof is mandatory)	(Nationality) Country of Residence

9. Residence for Tax purposes in Jurisdiction(s) outside India	No (If Yes then FATCA/ CRS-Self Certification Form to be mandatorily completed)				
10. Highest Educational Qualification					
11. Occupation Class					
a. Name of Organisation/ School/College					
b. Organisation Type					
c. Industry					
d. Nature of Work					
e. Annual Income (₹) (Mention Annual Income as per latest Income Tax Return. In case of any inconsistency, the insurer reserves the right to cancel the policy or repudiate the claim)					
12. Income Proof					
13. Identity Proof (In case of Passport & Driving License please mention expiry date)	Expiry Date : Others :				
14. Address Proof for updated address					
15. Permanent Account Number (PAN):	(kindly attach copy of Pan card) Yes I do not have PAN (kindly attach copy of Form 60 duly signed)				
16.Are you a Politically Exposed Person? (Definition of PEP: PEPs are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials;Close relations of PEP: Family members are individuals who are related to a PEP either directly (consanguinity) or through marriage or similar (civil) forms of partnership. Close associates are individuals closely connected to a PEP, either socially or professionally)					
VI. HEALTH & LIFESTYLE DETAILS OF THE LIFE ASSURED (NOT APPLICABLE FOR MICRO INSURANCE PLAN)					
1. Nature of Age proof (Non-standard age proof submission will attract extra premium) PAN Card					
2. a) Height (cms or ft). 173 cms b) Weight (kg or lbs). 70 kgs					
PART A: LIFESTYLE DETAILS (NOT APPLICABLE FOR SAVINGS PLANS WITH BASIC SUM ASSURED OF UP TO Rs.20 LAKHS)					
1. Are you employed in the Armed Forces, Paramilitary, Police Forces, Fire Brigade or any other similar occupation? No					
2. Is your occupation/your hobbies associated with any specific accident/health hazard or are dangerous in any way (e.g. working with dangerous or corrosive chemicals, explosives, radiation, working underwater/underground or at height, working in mines, non-commercial flying activities, diving, mountaineering, any form of motorbike/car racing etc.)? No					
3. Do you intend to live or travel outside India for more than 30 days for reason other than family vacation in next 6 months? No					
4. Have you ever been charge sheeted or convicted of any criminal proceedings or have any criminal case or charge pending against you in any court of law in India or abroad? If Yes, please provide complete details. No					
5. Do you consume or have consumed any of the following? Please tick all relevant options and provide details No					
Substance Consumed	Yes/ No	Consumed As	Quantity/ Per Day for Tobacco & Per week for Alcohol and Narcotics	No. of Years	If stopped consumption, mention month and year in which last consumed
Tobacco	No				
Alcohol	No				
Any Narcotics	No				
PART B: HEALTH & PERSONAL DETAILS (NOT APPLICABLE FOR SAVINGS PLANS WITH BASIC SUM ASSURED OF UP TO Rs.20 LAKHS)					
1. Has any of your insurance application or reinstatement application on life, accident, medical or health, critical illness, or disability ever been declined, postponed or accepted at extra premium or modified terms? Yes					
2. Did you have any loss or Gain of weight of 10 kgs or more in the last six months? No					
3. Do you have any physical deformity / handicap or congenital defect / abnormality? No					
4. Have you ever been advised to and / or have undergone any tests, investigations or surgery or had signs or symptoms of any condition, ailment or injury and / or were advised treatment for or have been hospitalized for check-up or treatment other than minor flu, cold or influenza? Yes					
5. Have you ever been diagnosed with or investigated for any of the following: No					
a. Cardio: High or Low Blood Pressure / Raised Cholesterol / Chest Pain / Palpitation / Rheumatic Fever / Heart Murmur / Shortness of Breath / Heart Attack / Stroke / Any other heart condition No					
b. Hormonal: High Blood Sugar/ Diabetes / Thyroid or endocrine disorder / Sugar in Urine / Any other hormonal disorder No					
c. Respiratory: Asthma / Tuberculosis / chronic cough, chronic bronchitis, emphysema, pneumonia / Any other respiratory disorder No					
d. Blood/Cellular: Cancer / Tumor or malignant growth / Leukemia / Anemia / Enlarged lymph nodes/ Any blood disorder No					
e. Digestive/Regulatory: Recurrent indigestion / Gastritis / Stomach or Duodenal Ulcer / Hernia / Jaundice / Disorders of the liver / Cirrhosis and Gastrointestinal System/ Any other disease No					

f. Mental/Psychiatric / Neurological ailment: Symptoms or ailment relating to Brain Depression / Anxiety / Brain Disorder or disease / Mental / Psychiatric / Transient ischemic attack / Parkinson's disease / Multiple Sclerosis / Nervous disorder / Paralysis or Paraplegia / Epilepsy / Any other mental or psychiatric ailment							No	
g. Neural/Skeletal/Muscular: Musculoskeletal disorders such as Arthritis / Recurrent Back Pain / muscular dystrophies/ musculoskeletal deformities/ Slipped disc or any other disorder of Spine, Joints, Limbs or Leprosy; / Disorders of Eye, Ear, Nose, Throat including defective sight / Disorder of speech or hearing and discharge from ears / Any other disorder							No	
h. Infectious/Contagious: Were you or your spouse ever tested for Hepatitis B or C, HIV /AIDS or any other Sexually Transmitted Disease / Any other disorder							No	
i. Genitourinary: Hydrocele / fistula / piles / symptoms or ailment relating to Kidney / Kidney Stones/ Prostate, Urinary System or Reproductive System / Any other disorder							No	
6. Have you had/ are having any other illness or impairment not mentioned above?							No	
7. Are you presently in good health?							Yes	
8. Has any of your family member (Parents and Siblings) ever been diagnosed with diabetes, Hypertension, Kidney Failure, Cancer, Heart Attack or any Hereditary Disorder before the age of 60?							No	
9. Have you ever been advised to undergo any surgery or treatment or laboratory investigations (stress ECG, echocardiogram, angiography, MRI/CT scan etc.) by any doctor or specialist?							No	
10. Have you been off work due to illness for a continuous period of 7 days and above during the last 5 years?							No	
11. Female Life Questionnaire								
a. Are you now Pregnant? If Yes, kindly state expected delivery date								
b. Have you undergone any gynecological investigations for illness, internal checkups, breast checks such as mammogram or biopsy?								
c. Have you ever consulted a doctor because of an irregularity at the breast, vagina, uterus, ovary, fallopian tubes, menstruation, complications during pregnancy or child delivery or a sexually transmitted disease?								
d. Have you suffered from any other disorder of the breast or reproductive organs, abnormal smear test(s) and irregular menses?								
12. If answer to any of the question above is yes, kindly give full details noting the question number (attach relevant copies) Question No.: Details: 1. U178472214 IN APPLIED TO POLICY ON POSTPONE 4. KINDEY STONE DEDUTED MINOR ON 5 MONTH ABOVE AND FULLY RECOVERED. CURRENT HEALTH GOOD								
13. Family Details (Mandatory if the life to insured is Juvenile/Student/Housewife)								
Family Details	Name	Gender (Male / Female / Transgender)	Date of Birth	Occupation	Annual Income (₹)	Insurance Details (Existing /Applied for)		
Father/Husband								
First Child / Sibling								
Second Child / Sibling								
14. Family Details to be filled for Life Assured only				Father	Mother	Brother	Sister	Spouse
a. If Alive, Health Status								
b. If Deceased, Cause of Death								
c. Age at Death/Current Age								
VII. EXISTING INSURANCE DETAILS								
Do you currently hold or have applied for Life Insurance/Pension/Health (Cancer/Cardiac/Critical Illness)/Personal Accident Policies? Y / N If Yes, kindly provide details as below:								
Life Assured					Proposer (If Life Assured is Juvenile/Student/Housewife)			
Type of Insurance (Life/ Health (Cancer/Cardiac/Critical Illness)/ Unit Linked /Pension/Personal Accident)	Company Name	Basic Sum Assured (₹)	Type of Insurance (Life/ Health (Cancer/Cardiac/Critical Illness)/ Unit Linked /Pension/Personal Accident)	Company Name	Basic Sum Assured (₹)			
Life	Life Insurance Corporation of India	600000						
VIII. NOMINEE DETAILS (Required only if Proposer & Life Assured are the same) / PARTNER DETAILS (only if Partner Care payout option has been opted)								
Base Plan / Rider (Benefit Option) Name	Name	Date of Birth	Gender (Male/Female/Transgender)	Relationship	Percentage (%) (Do not enter % in decimals & total % should be equal to 100)			
Tata AIA Smart Sampoorna Raksha Pro	YOGITA DHARMENDRA PARMAR	24-04-1989	Female	Spouse	100			
IX. APPOINTEE DETAILS (Required only if Nominee is less than 18 years of age)								
Name	Date of Birth	Gender (Male/Female/Transgender)			Relationship			

X. PAYMENT DETAILS

Premium Payment Method: Cheque

Name of Credit Card/Debit Card Holder: Credit Card/Debit Card Number

Cheque/DD No. 878636 Issuing Bank Branch KAMRAJ CHAR RASTA Amount Rs. 160373 Date: 20-07-2024 DD/MM/YYYY

Premium# ₹ 146349 + Taxes, cesses & levies ₹ 6387 = Total Payment ₹ 149976 for months initial deposit (To be filled for monthly mode only)

On the first policy/modal anniversary I would like to change the premium payment mode to , subject to policy contract provisions. For Annual/Monthly mode issued policies mode change shall be accepted only on completion of first policy anniversary. # Premium is exclusive of applicable taxes, cesses & levies. All Premiums are subject to applicable taxes, cesses & levies which will entirely be borne by the Policyholder and will always be paid by the Policyholder along with the payment of Premium. If any imposition (tax or otherwise) is levied by any statutory or administrative body under the Policy, Tata AIA Life Insurance Company Limited reserves the right to claim the same from the Policyholder. Alternatively, Tata AIA Life Insurance Company Limited has the right to deduct the amount from the benefits payable by Us under the Policy. Cheque/DD should be drawn in favor of Tata AIA Life Insurance Company Ltd. (Proposal No). Do not issue blank cheque.

Renewal Payment Mode: NA**XI. Mandatory Bank Account Details:**

Please provide below bank details. Bank details provided should be in the name of Proposer. All policy payouts will be made to the below mentioned bank account through electronic transfer (NEFT). Payout would be in accordance and subject to terms and conditions of the policy.

Name of Account Holder	Bank Account No.	Bank Name and Branch	Account Type	IFSC Code
Parmar Dharmendra Jayantibhai	33288911873	STATE BANK OF INDIA KAMRAJ CHAR RASTA	Saving	SBIN0005149

Note: 1. Please provide a cancelled copy of your personalized cheque. If personalized cancelled cheque is not available, attach bank statement showing account holder name, address and account number. 2. In case of Non-Credit to the given bank account with/without assigning any reason thereof or if the transaction is delayed or not effected at all for any reason of incomplete information, Tata AIA Life Insurance Co Ltd will not be responsible. 3. Further, the Company reserves the right to use any alternative payout option inspite of opting for Direct Credit option. 4. If Account type is NRE/NRO then FATCA/CRS-Self Certification Form to be mandatorily completed.

XII DECLARATION & CONSENT

- I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorised to propose on behalf of these other persons (applicable where the proposer and life insured are different).
- I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.
- I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/ proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/ proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer (if any) for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.
- I confirm that I have understood the contents of this Proposal Form and I am submitting this Proposal Form with all the details which are true and correct. I have not withheld any material information or suppressed any fact which are essential for issuance of the policy and I undertake to inform the Company for any change in the state of my health or occupation or any other particulars as answered in the proposal form before the acceptance of the risk by the company. I also hereby irrevocably authorize the Company to ascertain all the details from any third parties, as may be required for assessing the risk.
- I agree to undergo all medical tests as determined by the Company for obtaining the policy and I further understand that the Company reserves the right to issue the policy if all the required criteria are met and in case of any fraud or misrepresentation being established, the insurer shall take action in accordance with Section 45 of the Insurance Act, 1938 as amended time to time. I understand that the contract will be governed by the provisions of the Insurance Act, 1938 as amended time to time, 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. 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.
- Anti-Money Laundering Declaration:** I hereby confirm that all premiums will be paid from bonafide sources and no premiums will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002. The Company has the right to peruse my financial profile and also agree that the Company has right to cancel the insurance contract in case I have been found guilty of any of the provisions of any law, directly or indirectly, having relation to the laws governing prevention of money laundering in the country, by any competent court of law.
- I/We understand that in accordance with Section 19 (5) of the IRDAI (Protection of Policyholders Interests) Regulations, 2017, the insurer is permitted to share policyholder information only with the statutory authorities. I permit/authorize the Company to collect, store, communicate and process information relating to the Policy/Account and all transactions therein, by the Company and any of its affiliates or service providers wherever situated including sharing, transfer and disclosure between them or with any entity or entities for the purpose of underwriting, policyholder servicing and claims; and to the authorities in and/or outside India for compliance with any law or regulation whether domestic or foreign.
- Applicable for customer whose Date of Birth on the application form does not match with PAN card record:** I hereby acknowledge that there is a difference in the date of birth provided in my application form with my PAN card details. I hereby agree to submit alternate age proof document to be considered for my insurance application.
- Applicable for RI/NRI/PIO/OCI customers in case of assisted sales:** I confirm that this product has been solicited to me in person in India or through email/ telephonic communication from India, upon an enquiry initiated by me from my place of residence. I undertake to inform the Company for any change in the above particulars including residential status. In case of any failure to do so, I shall indemnify the Company for all losses and damages incurred by the Company due to non-fulfillment of my aforesaid obligation to the Company. I also undertake to Comply with all the regulation's guidelines issued by Reserve Bank of India or any other regulatory authority with reference to NRIs/PIOs/ OCIs and the related insurance policies in India from time to time.

Signature/Thumb
Impression of
ProposerSignature/Thumb impression of Life Assured
[OTP 4269 received vide mobile no. +91 9726144868 has been used to authenticate your proposal form no. U162008856,
benefit illustration no. 6037820621283 as well as suitability analysis on 02:37:55 on 20-Jul-2024]Date:
20-07-2024
Place:

I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately in case any of the above information is found to be false or untrue or misrepresenting, before issuance of the proposal. I, the undersigned confirm that I have verified photocopies of the proofs submitted along with this proposal form against the originals and certify the same to be true copy.

I declare and confirm that I have carried out necessary suitability analysis while advising this product to the proposer and that the product is suitable to the proposer.

WHERE THE PROPOSAL FORM IS FILLED IN BY AGENT/INTERMEDIARY/EMPLOYEE: I hereby declare that I have explained the contents of this proposal to the Proposer/Annuitants in the language known to him/her and ensured that the contents have been fully understood by him/her. I have accurately recorded the Proposer/ Annuitant's responses to the information sought in the proposal form and I have read out the responses to the Proposer/Annuitants and he/she has confirmed that they are correct



Signature of Agent/ Specified Person/ Broker/ Employee

[Proposal form no. U162008856, Benefit Illustration No. 6037820621283, Suitability analysis and ACR, if applicable, authenticated using user id credentials]

**ACKNOWLEDGEMENT**

Tear away portion (To be handed over to the customer)

Proposal Number: _____

Dear Customer

We acknowledge receipt of your Cash/Cheque/DD for Rs. _____ by number _____ dated ____ / ____ / ____ drawn on _____ toward's Initial Deposit. We request you to kindly verify the details filled in the proposal form before signing the same. Please do insist on Official Receipt issued by Tata AIA Life from your advisor within 2 working days from submission of this proposal form. In case you do not hear from us or do not receive your policy within 15 days from the date of submission of your proposal, please visit us at www.tataaia.com or call our helpline number 1860 266 9966 (local charges apply) or email us at customercare@tataaia.com.

This is only acknowledgement slip and not the premium receipt.

Agent code

Agent name

Signature of Agent

Date of Acknowledgement

IN CASE OF THUMB IMPRESSION OF PROPOSER OR WHERE THE ANSWERS/SIGNATURE OF THE PROPOSER ARE IN VERNACULAR.

Note: The below must be declared by someone other than advisor/employee of the company.

I, _____ (name) have explained the contents of this proposal to the _____ (Proposer) in _____ (language) and ensured that the contents have been fully understood by him/her. I have accurately recorded the Proposer responses to the information sought in the proposal form and I have read out the responses to the Proposer and he/she has confirmed that they are correct.

(Signature of the person making the declaration)

Address of the person making the declaration:

Date: 20-07-2024

Place:

Declaration by Proposer/ Life Assured:

I have understood the contents of this proposal explained to me in _____ language and confirm that the responses provided by me are correct.

Signature/Thumb impression of Proposer

Date: 20-07-2024

Place:

Signature/Thumb impression of the Life Assured

Date: 20-07-2024

Place:

(Prohibition of Rebates) Section 41 - of the Insurance Act, 1938 as amended from time to time: 1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer

SECTION 45 OF THE INSURANCE ACT, 1938 STATES: No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of policy, i.e. from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later. A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based. Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal. For further details, please refer to the Insurance Act, as amended from time to time.

Disclaimers: IN CASE OF A ULIP POLICY, THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER. Tata AIA Life Insurance Company Limited is only the name of the Company and any contract bearing the prefix "Tata AIA Life" is only the name of the contract and does not in any way indicate the quality of the contracts, its future prospects or returns. Premium paid in ULIP is subject to investment risks associated with capital markets & the NAV of the units may go up or down based on the performance of the funds and factors influencing capital markets and the insured is responsible for his decision. Past performance is not indicative of future results. For more details on risk factors, terms and conditions please read sales brochure carefully before concluding a sale.

BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS/FRAUDULENT OFFERS! - IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.

Full Form for abbreviations used:

HUF : Hindu Undivided Family | MWPA : Married Women's Property Act | OCI : Overseas Citizen of India | NRI : Non-Residential Indian | PIO : Person of Indian Origin | FATCA - Foreign Account Tax Compliance Act | CRS : Common Reporting Standard | CKYC : Central Know Your Customer

Area census code is an identifier of the location as rural / urban as per the latest census.



1. Please carry valid Identity card to the medical examination center wherever applicable. 2. For cash payment, please visit our nearest Tata AIA Life branch. Please do not handover cash to Agent. If handed over to the agent, the company will not be liable for any loss. 3. In case there is any change in the particulars given above including Life Assured/Proposer's health and/or medical and/or financial and/or occupational status and/or being charged with and/or arrested for any criminal offence after the date of proposal but before risk acceptance by the company; please inform the company. 4. Acceptance of premium does not constitute risk commencement. 5. Risk commencement starts after the acceptance of risk by the company. 6. Freelook Period: If you are not satisfied with the terms & conditions/features of the policy, you have the right to cancel the Policy by providing written notice to the Company and receive the premiums after deducting a) Proportionate risk premium for the period on cover & b) Stamp duty and medical examination costs including applicable taxes, cesses & levies, which have been incurred for issuing the Policy. Such notice must be signed by you and received directly by the Company within 30 days from the date of receipt of the policy document, whether sourced electronically or otherwise, by you or person authorized by you. For Unit Linked Life Insurance products, you would receive the non allocated premiums plus charges levied by cancellation of units plus fund value at the date of cancellation and after deducting the charges as mentioned in (a) & (b) above.

Tata AIA Life Insurance Company Limited (IRDAI Regn. No.110 CIN: U66010MH2000PLC128403). **Registered & Corporate Office:** 14th Floor, Tower A, Peninsula Business Park, Senapati Bapat Marg, Lower Parel, Mumbai - 400013. Trade logo displayed above belongs to Tata Sons Ltd and AIA Group Ltd. and is used by Tata AIA Life Insurance Company Ltd under a license. For any information including cancellation, claims and complaints, please contact our Insurance Advisor/ Intermediary or visit Tata AIA Life's nearest branch office or call **1- 860-266-9966** (local charges apply) or write to us at customercare@tataaia.com. Visit us at: www.tataaia.com