

## RAJAJ ALLIANZ NON-MEDICAL

Rajaj Allianz Company Ltd.  
Rajaj Allianz House, Airport Road, Yeshiwada, Pune - 411004☐ Non Unit Linked ☐ Unit Linked TO BE FILLED IN BLOCK LETTERS WITH BLUE INK ONLY

1345647747373



## PROPOSAL FORM FOR LIFE INSURANCE

UIN: 

CIN: U66010PN2001PLC015959

## Agent's Details (For office use only)

Proposal No.  Employee ☐ Individual ☐ Bancassurance ☐ Corporate ☐ DMC ☐ Others Sector urban ☐ Rural ☐

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 ☐ (eIA) ☐ E-insurance account (eIA) details  Adhaar No.

☐ 1<sup>st</sup> Life Insured - NRI ☐ PIO ☐ Foreign National ☐ 2<sup>nd</sup> Life Insured - NRI ☐ PIO ☐ 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 ☒ Male ☐ Female

Nationality  INDIAN

Country of Residence  INDIAN

Age  34 Place of Birth  DELHI

Age Proof ☐ Birth Certificate ☒ Passport ☐ Per. Driving License ☐ School Certificate ☐ Service Record ☐ Others ☐

ID Proof ☐ Aadhar Card ☐ Driving License ☐ PAN card ☒ Passport ☐ Voter ID card ☐ Others ☐

## 2. PROPOSER (To be filled if other than Proposed Insured)

Prefix - Mr./Mrs./Ms/ Dr. Suffix: MBBS/ CA/LLB/ Others

Name First  Last

Date of Birth  Sex ☐ Male ☐ Female

Nationality

Country of Residence

Age  Place of Birth

Age Proof ☐ Birth Certificate ☐ Passport ☐ Per. Driving License ☐ School Certificate ☐ Service Record ☐ Others ☐

ID Proof ☐ Aadhar Card ☐ Driving License ☐ PAN card ☐ Passport ☐ Voter ID card ☐ Others ☐

## 3. Family Details PROPOSED INSURED

Marital Status ☐ Single ☒ Married ☐ Divorced ☐ Widowed

If Married Spouse's Date of Birth  25/07/1986

Place of Birth  MOHINAGARH HARYANA

Father's Name  K M S T M V Y A S

Mother's Name  MITHLESH V Y A S

Husband's Name

Maiden name for Female life

Preferred mode of communication Letter ☐ e-mail ☒

Preferred language English ☐ Hindi ☒ Marathi ☐ Punjabi ☐ Oriya ☐ Malayalam ☐ Kannada ☐ Gujarati ☐ Telugu ☐ Bengali ☐ Assamese ☐ Tamil ☐

5. IT Assessee ☒ Y ☐ N

If yes, PAN  AFBPV87570 Form 60 ☐

Unique Identification number (Aadhar Card)  4444 2222 5555

Do you want to assign the policy after issuance? Yes ☒ No ☐ If policy has to be backdated, mention date  29/03/2019

GSTIN, if available

## 4. RESIDENTIAL AND MAILING ADDRESS

C/O  BIMALA XADAY Relation to UIC: SAME

Flat/Door no.  101

Name of Premises  SIV RESIDENCY

Road/Street/Lane  VENKATESHWARA TEMPLE RD.

Landmark (Near/Opp)  VISAYA DIANO NOSTIC

Village

Post/Area/Nagar  GRANDHINAGAR Town/Suburb/Taluka

District  RANGAREDDY State  TELANGANA

Country  INDIAN Pin Code  500039

Country Code  Area Code  Tel. No.

Tel.

Country Code  Mobile No.  +91 9811111111

E-mail  UNKNOWN@GMAIL.COM

Address Proof ☐ Passport ☐ Telephone Bill ☒ Electricity Bill ☐ Driving License ☐ Aadhar Card ☐ Current Bank Passbook ☐ Others ☐

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

Name & Surname  POOJA VYAS

Date of Birth  25-07-1984

Relationship to Insured  SPOUSE

% Share of Nomination  100%

## 7. Appointee Details (If Nominee is a minor)

DDMMYYYY

Relationship to Nominee

## 8. Education &amp; Occupation Details PROPOSED INSURED

Education ☐ Non-matriculation (If matric, please state the highest standard) ☒ Matriculation ☒ Graduation & Higher ☐ None

Annual Income  3,00,000

Occupation\* ☒ Salaried ☐ Agriculture ☐ Investment ☐ Housewife ☐ Unemployed ☐ Retired ☐ Business ☐ Professional ☐ 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.  011-11111111

\*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.  000110082111 IFSC Code  IC00010101010

Recurring Direct Debit A/c No.  MICR Code  2573261945 A/c type  CURRENT

## 9. b) Renewal Premium Payment Method

☐ Cheque/Cash/DD ☒ NACH ☐ CCSI ☐ ADI

Amount in words (in Rs.)  ONE THOUSAND

Top-up Multiplier  0.05 Top-up Rs.  450

Top-up Sum Assured  500

Date  29/03/2019 Cheque No.

## 10. Coverage Information

Product Name  BEAT PLAN 001 Option/Variant  001

Premium Amount  1,000 Extended Life Cover ☐ Multiplier  0.10

Sum Assured/CMB  5,00,000

☐ Systematic Partial Withdrawal ☐ % ☐ Annual ☐ Half-yearly ☐ Quarterly ☐ Monthly

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

ADB ☒ APTDB ☐ WGP for base policy and rider(s) chosen ☒

FIB ☐ CI ☐

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

ADB ☐ APTDB ☐ WGP for base policy and rider(s) chosen ☐

FIB ☐ CI ☐

## 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	332 STD LIFE	3,00,000	Active
401000001	WDFS STD 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 & SPIN, please see bottom of proposal form

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12. Whether a proposal or request for revival declined, deferred, rated-up or modified while seeking insurance either by this company or another insurance company? ☐ Yes ☒ No  
If yes give details

13. a) Have you ever used tobacco/Narcotics/Alcohol or any addictive drugs in any form or undergone any treatment for narcotics drugs? ☐ Yes ☒ No  
Used as \_\_\_\_\_ Quantity \_\_\_\_\_ per day If quit since when? \_\_\_\_\_ Frequency of consumption \_\_\_\_\_  
Has the consumption of alcohol increased during the last 6 months. ☐ Yes ☐ Equally ☐ Less Quantity of consumption \_\_\_\_\_ per week

13. b) Are you a Politically Exposed Person (PEP)? ☐ Yes ☒ No  
If yes give details

Politically exposed persons are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials & immediate family member of above mentioned persons (Spouse, Children, Parents, Siblings, In-laws)

14. Family Details							
Members	Age	Health Status Alive	Age when died	Cause of Death	Members	Age	Health Status Alive
Father	61	HEALTHY ALIVE	—	—	Sister	—	—
Mother	55	HEALTHY ALIVE	—	—	Spouse	32	HEALTHY ALIVE
Brother	22	HEALTHY ALIVE	—	—	Children	—	—

15. DECLARATION OF GOOD HEALTH

i. Have you ever had or having medical condition such as any form of heart disease, stroke, cancer, hepatitis or mental illness? ☐ Yes ☒ No

ii. Have you ever suffered or suffering now from any of diseases of respiratory system such as Asthma, tuberculosis? ☐ Yes ☒ No

iii. Have you ever had or been advised to undergo hospital treatment or surgery? ☐ Yes ☒ No

iv. Any disease or disorder of eye, nose, throat, nervous systems, digestive systems? ☐ Yes ☒ No

v. Any defect, physical handicap or mental handicap? ☐ Yes ☒ No

vi. Have you consulted any medical practitioner within the last 12 months for any condition other than minor impairments such as colds or flu? ☐ Yes ☒ No

Proposed Insured: Height 180 cms, Weight 68 kg

Proposer: Height \_\_\_\_\_ cms, Weight \_\_\_\_\_ kg

16. Females only

a) Are you currently pregnant? ☐ Yes ☐ No If yes, current months of pregnancy \_\_\_\_\_ State age at first pregnancy \_\_\_\_\_ Years

b) Have you consulted a gynaecologist for reason other than pregnancy? ☐ Yes ☐ No If Yes (Give Details) \_\_\_\_\_

c) Have you ever had abortion, miscarriage or ectopic pregnancy? \_\_\_\_\_

d) Total life insurance coverage (Sum assured) on husband Rs. \_\_\_\_\_ Annual income of Husband \_\_\_\_\_ Yes ☐ No ☐

Based on the information given by the proposed insured, the insurer reserves the right to call for any further information in any format such as, but not limited to full proposal form, medical history, diagnosis, when it happened, treatment taken, names of medications, tests done and results of the tests.

**DECLARATION**

i) Declaration & Authorization: I/We hereby declare and agree that (a) I/We have read the application/the same was interpreted to me/us by the person filling the Proposal Form whose name is mentioned herein below, and the answers entered in the application are mine/ours; (b) I/We hereby certify that I have signed on the Proposal form after fully understanding the content and purpose of the nature of the information asked for in this Proposal Form and confirm that each of the above answers is full, complete, and true to the best of my knowledge and nothing has been concealed and suppressed or declared false. I/We understand that Bajaj Allianz Life Insurance Company Ltd. (hereafter called the Company) believing on the answers, will rely and act on them in utmost good faith, without verification or confirmation of any of my answers. (c) such application shall not be considered as effected by reason of any money paid or settlement made in payment of or on account of any premium paid, until this application is received by the Company and is finally approved by the authorized officer of the Company during my/our lifetime; (d) any personal information collected or held by the Company (whether contained in this application or otherwise obtained) may be held, used and disclosed by the Company to reinsurance companies, claims investigation companies for doing claim analysis.

ii) I/We irrevocably authorize (a) any organization, institution or individual that has any record of knowledge of my/the insured's health and medical history or any treatment or advice that has been or may hereafter be consulted with this proposal. This authorization shall bind my/the insured successors and usages and remain valid notwithstanding my/the insured's death or incapacity in so far as legally possible.

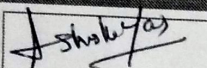
iii) And I/We further agree that if after the date of submission of the proposal but before the communication to me/us of issuance of the First Premium Receipt on acceptance of proposal (i) any change in my/insured occupation or any adverse circumstances connected with my/insured financial position or the general health of myself/insured or that of any members of my family, occurs or (ii) if a proposal for assurance or any application for revival of a policy on my life made to any office of the Company or any other Company has been withdrawn or dropped, deferred or accepted at an increased premium or subject to a lien or on terms other than as proposed I/We shall forthwith intimate the same to the company in writing to reconsider the terms of acceptance of insurance. In the case of fraud or misrepresentation by me, I/We understand that action will be taken or the policy will be cancelled in accordance with the provisions of Section 45 of the Insurance Act, 1938, as amended from time to time.

iv) Notwithstanding my registration with the NCP or any Telecom Service Provider under Fully/Partially blocked category, I hereby consent to and authorize Bajaj Allianz Life Insurance Company Limited (hereinafter referred to as Company) to call or send SMS on the telephone number mentioned in this proposal form or any other telephone number as may be provided to the Company by me or contact me, through its representatives, for any matter (including ascertaining of feedback) relating to this proposal for insurance or any matter concerning the policy of insurance which may be issued pursuant to this proposal for insurance. Further authorize the Company to mail all service related communications to the email id as mentioned in the application form (Applicable only if email provided).

v) I/We declare that money used by me/us to pay the premium/s under the policy is acquired by legal means and confirms to the AML guidelines as they are updated from time to time.

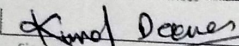
vi) I/We hereby provide my consent in accordance with Aadhaar Act, 2016, and regulations made there under for (a) collecting, storing and usage (b) validating / authenticating and (c) updating my Aadhaar number.

**SPECIMEN SIGNATURE** (Please do not sign on blank Proposal Form)

Signature or thumb impression of Proposed Insured:  Date: 22/04/2019

Signature or thumb impression of 2<sup>nd</sup> Proposed Insured/Proposer: \_\_\_\_\_ Place: \_\_\_\_\_

Name & Address of the witness: 102, SUR RESIDENCY, VENKATESHWARA TEMPLE ROAD

Signature or thumb impression of the witness:  Place: \_\_\_\_\_ Date: \_\_\_\_\_

**VERNACULAR DECLARATION**

I hereby declare that I have fully explained the above questions to the proposer and I have truthfully recorded the answers given by the proposer.

Name of the Declarant: \_\_\_\_\_ Signature: \_\_\_\_\_ Address of the Declarant: \_\_\_\_\_

In case the Proposer is illiterate, his/her thumb impression should be attested by a person of standing whose identity can easily be established, but unconnected with the insurer and this declaration should be made by him. "I hereby declare that I have fully explained the above questions and contents of the proposal form to the proposer in \_\_\_\_\_ language, and that the proposer has affixed the thumb impression above after fully understanding the contents thereof."

Name of the Declarant: \_\_\_\_\_ Signature: \_\_\_\_\_ Address of the Declarant: \_\_\_\_\_

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

Vernacular declaration: \_\_\_\_\_ Signature or thumb impression of the person whose life is proposed to be assured: \_\_\_\_\_

Customer's Preferred Language ☐ ENGLISH ☐ Other Language \_\_\_\_\_

PASSPORT SIZE PHOTOGRAPH OF PROPOSED INSURED

PASSPORT SIZE PHOTOGRAPH OF PROPOSER

PLEASE DO NOT SIGN ON BLANK PROPOSAL FORM

**Insurance Consultant/ Financial Service Consultant/ POS / SP - Report**

Proposed Insured: \_\_\_\_\_ Age: \_\_\_\_\_ Sum Assured: \_\_\_\_\_

I hereby declare that I have personally seen the applicant and the life to be insured. On basis of my independent inquiries I certify that the particulars are the same as stated in the Proposal Form. I have explained the nature of questions contained in the proposal form to the applicant, I have also explained the features and benefits of the plan and riders to the applicant. I also confirm that I have not induced or coerced and that the applicant's life to be insured have responded in their free volition. To the best of my knowledge the applicant has not applied for life insurance through any other agent other than indicated in the proposal form.

IC/ FSC/ POS / SP Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IC/ FSC/ POS / SP Name: \_\_\_\_\_ Place: \_\_\_\_\_

**Guidelines for filling the form**

1. This form is to be filled up by the proposer. In case the proposer is unable to do so, the proposer may dictate the answers to questions in the proposal form to a scribe.

2. Many questions are not relevant, please state "N/A". Any corrections or overwriting in this proposal must be signed by the proposer.

3. Insurance is a contract of utmost good faith which requires the proposer and the life to be insured to disclose all material facts known to them as to whether a fact is material or not the fact should be disclosed.

4. Multiplier is a factor used in unit linked product to arrive at the sum assured. Premium x Multiplier = Sum Assured.

5. Please tick a box that is appropriate.

**SECTION 41 of the Insurance Act 1938:** Section 41 of the Insurance Act 2015 as amended from time to time shall be applicable to your policy. 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 continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer. Any person making default in complying with the provision of the section shall be punishable with a fine that may extend up to ten lakh rupees.

**SECTION 45 of the Insurance Act 1938:** No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later. A policy of life insurance may be called in question at any time within three years from the date of policy, on the ground of fraud. Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or assignees of the insured the grounds and materials on which such decision is based. No insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact is within the knowledge of the insurer. Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive. A policy of life insurance may be called in question at any time within three years from the date of policy, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based: Provided further that in case of repudiation of the policy on the ground of mis-statement of or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or assignees of the insured within a period of ninety days from the date of such repudiation. Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated.

**Section 45 of the Insurance Act, 1938, as amended from time to time.**

**\*FUND NAMES AND SPIN:** LIQUID FUND: ULIF025107/06LIQUIDFUND116; BOND FUND: ULIF026107/06BONDFUND116; PURE STOCK FUND: ULIF027107/06PURESTOCKFUND116; EQUITY GROWTH FUND: ULIF05106/01/10EQUITYGROWD2116; ACCELERATOR MID CAP FUND: ULIF05206/01/10ACCMIDCAP2116; ASSET ALLOCATION FUND: ULIF04528/09/07ASSETALLOCT116; BLUE CHIP EQUITY FUND: ULIF05026/10/10BLUECHIPFUND116; ASSURED RETURN FUND: ULIF06127/01/11ASSURETRFN116; GUARANTEED BOND FUND: ULIF05322/09/11GTEBONDFUND116; PENSION BUILDER FUND: ULIF06908/02/13PENSIONB116; PURE STOCK FUND: ULIF07709/01/2017PUNKSTFUND116.

Glossary of all full form of riders: WOPR