

PART A**FORWARDING LETTER (WITH FREE LOOK CLAUSE)**

14-Apr-2016

MR. SRIKANTH VIJENDER KOTAKONDA

B-1 BSNL STAFF QTERS

TEMBALAI NAKA

SHIVAJI UNIVERSITY,KOLHAPUR

KOLHAPUR 416004

MAHARASHTRA

G.O. Name : AKLP1

Policy No. : 106590821

Telephone : 7768934144,9422209288

Email ID : KS8KOUSHIK@GMAIL.COM

Dear MR. SRIKANTH VIJENDER KOTAKONDA,

Thank You for opting **Max Life Super Term Plan**.

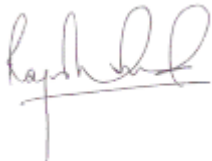
The enclosed Policy documents explain all the features, benefits and terms of Your Policy in a simple manner.

On examination of the Policy, if You notice any mistake or error, please contact Our customer helpdesk or Your agent immediately on address as mentioned below and return the Policy to Us for rectifying the same.

You have a period of 15 (Fifteen) days (30 (Thirty) days if Your Policy has been sourced through distance marketing modes) from the date of receipt of the Policy to review the terms and conditions of the Policy. If You disagree to any of the terms or conditions of the Policy, You have the option to return the original Policy document to Us, by stating the objections/reasons for such disagreement. Upon return, this Policy will terminate forthwith and all rights, benefits and interests under the Policy will cease immediately. We will only refund the Premiums received by Us, after deducting the proportionate risk premium for the period of cover, charges of stamp duty paid and the expenses incurred on medical examination of the Life Insured, if any.

We will be delighted to offer You any further assistance or clarification You may require about Your Policy. Please feel free to get in touch with Us for any Policy related or claim related services through the below mentioned contact details.

Yours Sincerely,

Max Life Insurance Co. Ltd.**Rajesh Sud****Vice Chairman & Managing Director**

AGENT NAME: MS. SHILPA BASAWANT PATIL (264847), PH.NO.: 7385063546, 9021889031, ADDRESS:1913-E Ward, Rajaram Puri 11th Lane, Near Maruti Mandir, Kolhapur 416008 (N/A), SERVICING BRANCH ADDRESS: Max Life Insurance Co. Ltd Office No. 16, 2nd Floor, R.D. Vichare Complex, Gemstone R.S. No. 571/2, Near S.T. Stand, New Shahupuri Kolhapur 416001 , PH.NO.: 0231-6610711-35

NB13

Max Life Insurance Company Limited

Plot No. 90A, Sector 18, Gurgaon, 122015, Haryana, India

Phone 4219090 Fax 4159397 (From Delhi and Other cities: 0124) Customer Helpline: 1800 200 5577

Regd Office: Max House, 3rd Floor, 1 Dr. Jha Marg, Okhla, New Delhi 110 020, India

Visit us at: www.maxlifeinsurance.com E-mail: service.helpdesk@maxlifeinsurance.com

IRDAI Registration No: 104 Corporate Identity Number: U74899DL2000PLC106723

Key Feature Document for Max Life Super Term Plan

Introduction

This document is the summary of important points in your policy. You must read this to understand your policy better.

Your policy details

The table below gives an overview of the details of this policy:

Life Insured Name: (name of the person whose life is insured)	MR. SRIKANTH VIJENDER KOTAKONDA	Policyholder Name: (person in whose name the policy is issued)	MR. SRIKANTH VIJENDER KOTAKONDA
Policy No. : (please use this for any communication with us)	106590821	ECS Draw Date:	08th of Apr Every Year
Date of Commencement: (date when the policy starts)	10-APR-16	Premium Payment Date:	10th of Apr Every Year
Premium Payment Term (period for which premium is to be paid- in years):	20	Policy Term: (period of coverage- in years)	20
Premium Payment Mode :	Annual	Total Premium Amount: (applicable taxes extra)	₹ 5,550.00
Sum Assured: (minimum amount payable on death of life insured)	₹ 25,00,000.00	Sum Assured option chosen:	Increasing Sum Assured

Policy Benefits

If the life insured expires

If the life insured expires during the policy term, this nominee receives a guaranteed death benefit which is highest of the following:

- 10 times the premium you pay annually
- 105% of all the premiums we have received, or
- the sum assured.

Since you have selected the option of Increasing Sum Assured, the sum assured will increase by 5% per annum (at simple rate) till the end of policy term or policy anniversary which is prior to or coincides with the death of the life insured.

Payout Options

The nominee, or the claimant, as applicable, can choose from any of the two options:

- Option 1 - claim the entire guaranteed death benefit as a single payout, or
- Option 2 - claim the payout as follows:
 - 50% of the guaranteed death benefit as a single payout, and
 - the remaining 50% as a regular monthly income for 10 years as follows:
 - the monthly income you receive for the first year after the date of death, is 0.42% of the guaranteed death benefit, and
 - From the second year, monthly income increases by 8.5% of the amount you received during the first payment, for the next 9 years.

Note: At any time during the payout period, the nominee or the claimant can write in a request to receive the remaining monthly income payouts as a single payout. We will pay the present value of all future monthly income payouts discounted at the rate of 6.5% per annum.

Maturity, survival or surrender benefit

No maturity, survival or surrender benefit are payable under this plan.

Continued on next page

A. Managing Your Policy - Frequently asked questions

What you need to do

You need to

- pay premiums on time for the entire premium payment term. There are various easy and convenient payment options for you to choose from. To know more about payment options, log on to www.maxlifeinsurance.com, and
- read the details of the policy document, including the proposal form, to ensure the accuracy of information. For any error you observe, contact us for correction.

How can you manage your policy?

Register your policy at www.maxlifeinsurance.com to get easy access to the following self-service options:

- Access premium receipts and due information.
- Update your contact details
- Pay renewal premiums online.

Note: For any support or claim-related query, you can reach us at 1800 200 5577 or service.helpdesk@maxlifeinsurance.com

What happens if you delay your premium payment?

To ensure continuous life insurance cover, please pay your premium on time.

If for any reason, you are unable to pay by the due date, you have a grace period of within which you can pay without any late fee or interest.

Note: During the grace period, the insurance cover continues. If the life insured dies during this period, we will pay the death benefit after deducting the unpaid premium, if any.

The policy status continues as shown below, if you are unable to pay the premium by the end of the grace period:

If, during the first 15 years of the policy, you ...	Then the policy ...
have not paid any premium due	<ul style="list-style-type: none">• will lapse, and• you will not receive any benefit under the policy.
have paid all the premiums due	<ul style="list-style-type: none">• continue with a reduced insurance cover. <p>Note: For more details on this, please refer to Section 2.2 Reduced Insurance Cover Benefit in the subsequent pages.</p>

How can you revive your policy?

You may revive your policy within two years from the due date of the first unpaid premium, once you

- pay all due premiums, and
- produce evidence of insurability of the life insured.

Do you have an option to cancel the policy?

If your policy does not meet your objective, you may contact us to understand the policy benefits. If you still feel the need to cancel your policy, you have an option to cancel it within a free look period of fifteen days from the day you receive the policy documents.

Increasing the policy cover

You can buy any of the applicable rider(s) (add-on benefit that you buy with your policy to increase coverage), at a nominal increase in the premium, and enhance your policy cover as per your needs.

B. Taxes and Other - Frequently asked questions

Tax benefits

You may be entitled to certain tax benefits on the premiums you pay and the benefits you will receive under the policy as per the tax laws prevailing at that time. Consult your tax advisor for further details.

Continued on next page

B. Taxes and Other - Frequently asked questions, *Continued*

Will any benefit payouts be subject to Tax Deduction at Source (TDS)?

Your policy will attract a Tax Deduction at Source (TDS) if

- the death benefit is less than ten times the total premium you pay in a year anytime during the policy term, and
- the benefit payable in a policy year is equal to or greater than ₹ 1 lakh.

If applicable, you will pay TDS on the benefit amount as follows:

If you have...	Then you pay TDS at the rate of...
shared your PAN with us	2%.
not shared your PAN with us	20%.

Note: To ensure TDS is applied correctly, do share your PAN with us timely. These rates are not applicable to NRI's.

Are there any exclusions under the policy?

In the event of death of the life insured due to suicide within twelve months from the date of start or revival of the policy:

- all risks and benefits under this policy shall cease and no benefits will be payable under this policy, and
- we will refund you the premium we have received.

Disclaimers

The aim of this document is to summarize the key features of your policy and does not replace the policy, in any way. In case of any discrepancy between the policy contract and this document, the terms and conditions of the policy contract shall prevail.





POLICY PREAMBLE

Max Life Insurance Company Limited

Regd. Office: Max House, 1, Dr. Jha Marg, Okhla, New Delhi - 110020

Max Life Super Term Plan

A Non-Linked Non-Participating Regular Pay Term Insurance Plan

UIN- 104N086V02

Max Life Insurance Company Limited has entered into this contract of insurance on the basis of the information given in the Proposal Form together with the Premium deposit, statements, reports or other documents and declarations received from or on behalf of the proposer for effecting a life insurance contract on the life of the person named in the Schedule below.

We agree to pay the benefits under the Policy on the happening of the insured event, while the Policy is in force subject to the terms and conditions stated herein.

Max Life Insurance Company Limited



Place of Issuance : New Delhi

POLICY SCHEDULE

Policy - Max Life Super Term Plan

Type of Policy - Non Linked Non Participating Regular Pay Term Insurance Plan

UIN - 104N086V02

Office - Max Life Agency Distribution Kolhapur 1

Policy No./ Proposal No.: 106590821 Date of Proposal: 10-Apr-2016	Client ID: 5006338417
Policyholder/Proposer : MR. SRIKANTH VIJENDER KOTAKONDA PAN: AZQPK7120E Identification Source & I.D No.: Relationship with Life Insured: Same Person Date of Birth: 08-Jun-1985 Address: B-1 BSNL STAFF QTERS TEMBALAI NAKA SHIVAJI UNIVERSITY,KOLHAPUR KOLHAPUR 416004 MAHARASHTRA	Age Admitted: Yes Gender: Male Tel No./Mobile No.: / 7768934144,9422209288 Email: KS8KOUSHIK@GMAIL.COM
Life Insured: MR. SRIKANTH VIJENDER KOTAKONDA Identification Source & ID No.: Date of Birth: 08-Jun-1985 Age: 30	Age Admitted: Yes Gender: Male Underwriting Category: Non Smoker
Nominee(s): MRS.MANORAMA SRIKANTH KOTAKONDA Date of Birth: 13-Jun-1986	Appointee (if nominee is minor):
Date of Commencement: 10-APR-16	Premium Payment mode: Annual
Premium Payment Method: Two-stage autopay	Bill Draw Date: 08TH Bank Account Number: 32472605728
Agent's name/Broker's name: MS. SHILPA BASAWANT PATIL Email: shilpapatil706@gmail.com Address: 1913-E Ward, Rajaram Puri 11th Lane, Near Maruti Mandir Kolhapur 416008	Agent's code / Broker's code: 264847 Broker's License No.: 4924840 Mobile / Landline Telephone Number: 7385063546,

List of Coverage	Maturity Date	Insured Event	Sum Assured as on Effective Date (INR)	Option Chosen	Policy Term (years)	Premium Payment Term	Annual Premium A (INR)	Extra Premium B (INR)	Annualised Premium C(A+B) (INR)	Service Tax and any other taxes, cesses & levies D (INR)	Modal Factor E	Premium along with taxes payable as per premium payment mode selected G [(C+D)XE] (INR)	Due Date When Premium is Payable/ Date When the Last Premium is Payable
BASE POLICY													
Max Life Super Term Plan	10-APR-36	Death of Life Insured	25,00,000.00	Increasing Sum Assured	20	20	5,550.00	NA	5550	804.75	1.00	6,354.75	10th of Apr Every Year; 10-Apr-2035



PART B

DEFINITIONS

The words and phrases listed below will have the meanings attributed to them wherever they appear in the Policy unless the context otherwise requires.

1. **"Act"** means Insurance Act, 1938 and includes any amendment to the same;
2. **"Age"** means Life Insured's age on last birthday as on the Date of Commencement or on the previous Policy Anniversary, as the case may be;
3. **"Annual Premium"** means an amount specified in the Schedule, which is payable under annual premium payment mode, excluding Extra Premium, if any, and excluding service tax or any other taxes, cesses or levies, if any;
4. **"Annualised Premium"** means the sum total of Annual Premium and Extra Premium, if any, as specified in the Schedule;
5. **"Claimant"** means You (if You are not the Life Insured) or the nominee or the assignee or the legal representatives who have obtained representation to Your estate from a competent court, if You or the nominee are not alive at the time of claim or other person(s) as directed by a competent court;
6. **"Date of Commencement"** means the date as specified in the Schedule, on which the insurance coverage under the Policy commences;
7. **"Extra Premium"** means an additional amount mentioned in the Schedule and charged by Us, as per Our board approved underwriting policy, which is determined on the basis of disclosures made by You in the Proposal Form or any other information received by Us including medical examination report of the Life Insured;
8. **"Force Majeure Event"** means an event by which performance of any of Our obligations are prevented or hindered as a consequence of any act of God, State, strike, lock-out, legislation or restriction by any government or other authority or any circumstances beyond Our control;
9. **"Increasing Sum Assured"** means the sum assured specified in the Schedule, which increases by 5 % per annum (at simple rate) on each Policy Anniversary till the end of Policy Term or Policy Anniversary which is prior to or coincides with the date of death of the Life Insured;
10. **"IRDAI"** means the Insurance Regulatory and Development Authority of India;
11. **"Level Sum Assured"** means the sum assured specified in the Schedule, which remains fixed throughout the Policy Term;
12. **"Life Insured"** means the person named in the Schedule, on whose life the Policy is effected;
13. **"Maturity Date"** means the date specified in the Schedule, on which the Policy Term expires;
14. **"Modal Factor"** means the applicable factor specified in the Schedule, which is used to determine the Premium, and will be as follows: i) for annual Premium payment mode - (1.00); ii) for semi-annual Premium payment mode - (0.52); iii) for quarterly Premium payment mode - (0.265); iv) for monthly Premium payment mode - (0.09);
15. **"Payout Period"** means a period of 10 (Ten) years commencing from the Policy Anniversary following the date of death of the Life Insured;
16. **"Policy"** means this document, the Proposal Form, the Schedule and any additional information/document(s) provided to Us in respect of the Proposal Form along with any written instructions from You subject to Our acceptance of the same and any endorsement issued by Us;
17. **"Policy Anniversary"** means the annual anniversary of the Date of Commencement;
18. **"Policy Term"** means the term of this Policy as specified in the Schedule;
19. **"Policy Year"** means a period of 12 (Twelve) months commencing from the Date of Commencement and every Policy Anniversary thereafter;
20. **"Premium"** means an amount specified in the Schedule, payable by You, by the due dates to secure the benefits under the Policy, excluding service tax or any other taxes, cesses or levies, if any;
21. **"Premium Payment Term"** means the term specified in the Schedule, during which the Premiums are payable by You;
22. **"Proposal Form"** means the form filled in and completed by You for the purpose of obtaining insurance coverage under the Policy;
23. **"Reduced Paid Up Mode"** means the Policy with reduced paid up benefits as specified under Section 2.2 of Part C;
24. **"Revival Period"** means a period of 2 (Two) years from the due date of the first unpaid Premium;
25. **"Schedule"** means the policy schedule and any endorsements attached to and forming part of the Policy and if any updated Schedule is issued, then, the Schedule latest in time;
26. **"Sum Assured"** means the Level Sum Assured or the Increasing Sum Assured as chosen by You in the Proposal Form, which is payable on the death of the Life Insured;
27. **"We", "Us" or "Our"** means Max Life Insurance Company Limited; and
28. **"You" or "Your"** means the policyholder as named in the Schedule.

PART C

POLICY FEATURES, BENEFITS AND PREMIUM PAYMENT

1. ELIGIBILITY

- 1.1. The Policy has been written on a single life basis.
- 1.2. The minimum Age of the Life Insured on the Date of Commencement should be 18 (Eighteen) years.
- 1.3. The maximum Age of the Life Insured on the Date of Commencement cannot exceed 65 (Sixty Five) years.
- 1.4. The maximum Age of the Life Insured on the Maturity Date cannot exceed 75 (Seventy Five) years.

2. BENEFITS

2.1. Death Benefit

If the Policy is in force and is in not under Reduced Paid Up Mode, then, upon death of the Life Insured during the Policy Term and on approval of the claim, We will pay Guaranteed Death Benefit to the Claimant, depending upon the death benefit option chosen by him.

"Guaranteed Death Benefit" shall mean an amount which will be highest of the following:

- a) 10 (Ten) times the Annualised Premium;
- b) 105 % of all Premiums received from You till the date of death of the Life Insured;
- c) Guaranteed Maturity Sum Assured which is zero under this Policy; or
- d) Sum Assured.

2.1.1. Death Benefit Option 1 - Lump-sum Guaranteed Death Benefit

If the Claimant chooses option 1, We will pay 100 % of the Guaranteed Death Benefit.

2.1.2. Death Benefit Option 2 - Partial Guaranteed Death Benefit Plus Increasing Monthly Income

If the Claimant chooses option 2, We will pay:

- a) 50 % of the Guaranteed Death Benefit in lump sum; and
- b) a monthly income during the Payout Period payable in the following manner:
 - i. During the first year of the Payout Period, a level monthly income of 0.42 % of the Guaranteed Death Benefit; and
 - ii. From the second year of the Payout Period till the end of the Payout Period, the monthly income will increase every year by an amount

which will be equal to 8.5 % per annum (at simple rate) of the first year monthly income.

This monthly income will be payable during the Payout Period, on the dates specified by Us in writing. The Claimant may at any time during the Payout Period choose to receive the remaining monthly incomes in lump sum, by submitting a written request to Us. On receipt of such request, We will pay present value of all future monthly incomes discounted at the rate of 6.5 % per annum.

2.2. Reduced Insurance Cover Benefit

If the Policy Term is greater than or equal to 16 (Sixteen) years and if You have paid Premiums for at least 15 (Fifteen) consecutive Policy Years from the Date of Commencement, then, in the event of non-payment of the future due Premiums, the Policy will not lapse and will continue under Reduced Paid Up Mode.

If the Policy is under the Reduced Paid Up Mode, then, upon death of the Life Insured during the Policy Term and on approval of the claim, We will pay one of the following benefits to the Claimant, depending upon the death benefit option chosen by him.

"Reduced Insurance Cover Benefit" shall mean an amount equal to $\{[(\text{Policy Year of discontinuance of Premium} - 1) / \text{Policy Term}] - 0.25\}$ (multiplied by) Guaranteed Death Benefit as applicable for the Policy Year previous to the Policy Year of discontinuance of Premium.

2.2.1. Death Benefit Option 1 - Lump-sum Reduced Insurance Cover Benefit

If the Claimant chooses option 1, We will pay 100 % of the Reduced Insurance Cover Benefit in lump sum.

2.2.2. Death Benefit Option 2 - Partial Reduced Insurance Cover Benefit Plus Increasing Monthly Income

If the Claimant chooses option 2, We will pay:

- a) 50 % of the Reduced Insurance Cover Benefit in lump sum; and
- b) a monthly income during the Payout Period payable in the following manner:
 - i. During the first year of the Payout Period, a level monthly income of 0.42 % of the Reduced Insurance Cover Benefit; and
 - ii. From the second year of the Payout Period till the end of the Payout Period, the monthly income will increase every year by an amount which will be equal to 8.5 % per annum (at simple rate) of the first year monthly income.

This monthly income will be payable during the Payout Period, on the dates as specified by Us in writing. The Claimant may at any time during the Payout Period choose to receive the remaining monthly incomes in lump sum, by submitting a written request to Us. On receipt of such request, We will pay present value of all future monthly incomes discounted at the rate of 6.5 % per annum.

For a Policy under Reduced Paid Up Mode, even if You had chosen "Increasing Sum Assured" option, the Reduced Insurance Cover Benefit will remain constant and will not increase till the Policy is revived.

2.3. Maturity or Survival Benefit

The Policy does not acquire any maturity value or survival benefit and therefore no amount is payable on the Maturity Date.

3. PREMIUM

- 3.1. You can pay the Premiums annually, semi-annually, quarterly or monthly as per the Premium payment mode chosen by You.
- 3.2. You have an option to change the Premium payment mode by submitting a written request to Us. Any change in the Premium payment mode will result in a change in the Premium amount basis the applicable Modal Factors. A

change in Premium payment mode will be effective only on the Policy Anniversary following the receipt of such request.

- 3.3. You can pay Premiums at any of Our offices or through Our website www.maxlifeinsurance.com or by any other means, as informed by Us. Any Premium paid by You will be deemed to have been received by Us only after the same has been realized and credited to Our bank account.
- 3.4. The Premium payment receipt will be issued in Your name, which will be subject to realization of cheque or any other instrument/medium.

4. LAPSATION OF POLICY

- 4.1. If during the first 15 (Fifteen) Policy Years from the Date of Commencement, if the Premium is not received by the end of the grace period, the Policy will lapse and no benefits under the Policy will be payable.

PART D

POLICY SERVICING CONDITIONS

1. SURRENDER

- 1.1. The Policy does not acquire surrender value throughout the Policy Term and therefore, there is no amount payable to You upon surrender of the Policy.

2. LOANS

- 2.1. You are not entitled to any loans under this Policy.

3. REVIVAL OF POLICY

- 3.1. A lapsed Policy or a Policy under Reduced Paid Up Mode can be revived at Our discretion, within the Revival Period:
 - i. on receipt of Your written request to revive the Policy by Us;
 - ii. if You produce an evidence of insurability of Life Insured at Your own cost which is acceptable to Us; and
 - iii. on payment of all overdue Premiums (along with the service tax or any other taxes, cesses or levies, if any) to Us with late fee and/or interest at such rate as may be determined by Us from time to time.
- 3.2. The revival of the lapsed Policy or a Policy under Reduced Paid Up Mode will take effect only after We have approved the same in accordance with Our board approved underwriting policy and communicated Our decision to You in writing. All the benefits under the Policy will be restored upon such revival without interest.
- 3.3. If a lapsed Policy is not revived within the Revival Period, this Policy will terminate without value, on the expiry of the Revival Period.
- 3.4. If a Policy under Reduced Paid Up Mode is not revived within the Revival Period then, it will continue to be under Reduced Paid Up Mode for the remaining part of the Policy Term.
- 3.5. The Policy cannot be revived beyond the Policy Term.

4. PAYMENT OF BENEFITS

- 4.1. The benefits under this Policy will be payable only on submission of satisfactory proof of the Life Insured's death to Us. The benefits under this Policy will be payable to the Claimant.
- 4.2. Once the benefits under this Policy are paid to the Claimant, the same will constitute a valid discharge of Our liability under this Policy.

5. TERMINATION OF POLICY

- 5.1. This Policy will terminate upon the happening of any of the following events:
 - 5.1.1. on the date on which We receive free look cancellation request;
 - 5.1.2. if the Claimant has chosen option 1, upon payment of the Guaranteed Death Benefit or Reduced Insurance Cover Benefit to the Claimant;
 - 5.1.3. if the Claimant has chosen option 2, upon payment of the partial Guaranteed Death Benefit or partial Reduced Insurance Cover Benefit to the Claimant. However, the Claimant will have the right to receive

the monthly incomes in accordance with the terms of the Policy;

- 5.1.4. the date of intimation of repudiation of the death benefit claim by Us in accordance with the provisions of this Policy;
- 5.1.5. on the expiry of the Revival Period, if the lapsed Policy has not been revived;
- 5.1.6. on the date of surrender of this Policy unless the Policy is under Reduced Paid Up Mode; or
- 5.1.7. on the Maturity Date.

6. UPON DEATH OF POLICYHOLDER AND CHANGE IN POLICYHOLDER

- 6.1. If You and the Life Insured are different then, upon Your death, no benefits will become payable under this Policy. Your legal heirs may continue to avail the benefits under this Policy, by paying the due Premium(s), by submitting the requisite documents as specified and subject to other conditions prescribed by Us from time to time.
- 6.2. You may request Us to make the Life Insured, the Policyholder under the Policy by giving Us prior written notice provided that the Life Insured will not become the Policyholder unless the Life Insured meets all our eligibility criteria in accordance with Our guidelines and policies and We have issued a written endorsement under the Policy confirming the change in Policyholder.
- 6.3. From the date of Our written endorsement confirming the Life Insured as the policyholder, You will automatically cease to have any rights, benefits or obligations under the Policy and all rights, benefits and obligations will vest entirely with the Life Insured.

7. SUICIDE EXCLUSION

- 7.1. Notwithstanding anything stated herein, if the Life Insured commits suicide, whether sane or insane, within 12 (Twelve) months from the Date of Commencement or from the date of revival of the Policy, all risks and benefits under the Policy will cease and no benefits will be payable. In such an event, We will only refund the Premiums (excluding rider premiums, if any) received by Us, to the Claimant.

PART E

POLICY CHARGES

APPLICABLE FEES/ CHARGES UNDER THIS POLICY

This Policy is a non-linked non-participating regular pay term insurance plan and therefore, Part E is not applicable to this Policy.

PART F

GENERAL TERMS AND CONDITIONS

1. TAXES

- 1.1. All Premiums are subject to applicable taxes, cesses, levies including service tax and education cess which will entirely be borne by You and will always be paid by You along with the payment of Premium. If any imposition (tax or otherwise) is levied by any statutory or administrative body under the Policy, We reserve the right to claim the same from You. Alternatively, We have the right to deduct the amount from the benefits payable by Us under the Policy.
- 1.2. Tax benefits and liabilities under the Policy are subject to prevailing tax laws. Tax laws and the benefits arising there under are subject to change. You are advised to seek an opinion of Your tax advisor in relation to applicable tax benefits and liabilities.

2. GRACE PERIOD

- 2.1. We will allow a grace period of 15 (Fifteen) days from the due date of the unpaid Premium for monthly Premium payment mode and 30 (Thirty) days from the due date of unpaid Premium for all other Premium payment modes, for paying the overdue Premium. During the grace period, We will accept the overdue Premium without any interest.
- 2.2. During the grace period, if the overdue Premium is not paid and the Life Insured dies, then, We will pay the death benefit after deducting the said overdue Premium

3. CLAIM PROCEDURE

- 3.1. For processing a claim request under this Policy, We will require all of the following documents:
 - 3.1.1. Claimant's statement in the prescribed form;
 - 3.1.2. original Policy document;
 - 3.1.3. a copy of police complaint/ first information report (only in the case of death by accident of the Life Insured);
 - 3.1.4.. a copy of duly certified post mortem report (only in the case of death by accident of the Life Insured);
 - 3.1.5. death certificate issued by the local/municipal authority (only in the case of death of the Life Insured);
 - 3.1.6. identity proof of the Claimant including Nominee(s) bearing their photographs and signatures (only in the case of the death of the Life Insured); and
 - 3.1.7. any other documents or information required by Us for assessing and approving the claim request.
- 3.2. A Claimant can download the claim request documents from Our website www.maxlifeinsurance.com or can obtain the same from any of Our branches and offices.
- 3.3. We reserve the right to scrutinize the documents submitted by the Claimant and/or investigate the cause of death of the Life Insured and deny the claim partially or completely on the basis of Our scrutiny of the documents or investigation, as the case may be. We shall pay the benefits under this Policy subject to Our satisfaction:
 - 3.3.1. that the benefits have become payable as per the terms and conditions of this Policy; and
 - 3.3.2. of the bonafides and credentials of the Claimant.
- 3.4. Subject to Our sole discretion and satisfaction, in exceptional circumstances such as on happening of a Force Majeure Event, We may decide to waive all or any of the requirements set out in Section 3.1 of Part F.

4. DECLARATION OF THE CORRECT AGE

- 4.1. Declaration of the correct Age and/ or gender of the Life Insured is important for Our underwriting process and calculation of Premiums payable under the Policy. If the Age and/or gender declared in the Proposal Form is found to be incorrect at any time during the Policy Term or at the time of claim, We may revise the Premium with interest and/or applicable benefits payable under the Policy in accordance with the Premium and benefits that would have been payable, if the correct Age and/ or gender would have made the Life Insured eligible to be covered under the Policy on the Date of Commencement subject to Section 45 of the Insurance Act, 1938 as amended from time to time

5. Fraud, Misrepresentation And Forfeiture

- 5.1. Fraud, misrepresentation and forfeiture would be dealt with in accordance with provisions of Section 45 of the Insurance Act, 1938 as amended from time to time. [A leaflet containing the simplified version of the provisions of the above section is enclosed in Annexure - (1) for reference]"

6. NOMINATION

- 6.1. PolicyNomination is allowed as per Section 39 of the Insurance Act, 1938 as amended from time to time. [A leaflet containing the simplified version of the provisions of the above section is enclosed in Annexure - (2) for reference].

7. ASSIGNMENT

- 7.1. Assignment is allowed as per Section 38 of the Insurance Act, 1938 as amended from time to time. [A leaflet containing the simplified version of the provisions of the above section is enclosed in Annexure - (3) for reference].

8. POLICY CURRENCY

- 8.1. This Policy is denominated in Indian Rupees. Any benefit/claim payments under the Policy will be made in Indian Rupees by Us or in any other currency in accordance with the applicable guidelines issued by the Reserve Bank of India from time to time.

9. ELECTRONIC TRANSACTIONS

- 9.1. You will comply with all the terms and conditions with respect to all transactions effected by or through facilities for conducting remote transactions including the internet, world wide web, electronic data interchange, call centre, tele-service operations or by other means of telecommunication established by Us or on Our behalf, for and in respect of the Policy or services, which will constitute legally binding and valid transactions when executed in adherence to and in compliance with the terms and conditions for such facilities.

10. DUPLICATE POLICY

- 10.1. In case of loss of this Policy document, You may contact our nearest branch office to know the requirements for issuance of a duplicate Policy document.

11. AMENDMENT

- 11.1. No amendments to the Policy will be effective, unless such amendments are expressly approved in writing by Us.

12. ADMINISTRATIVE AND JUDICIAL INTERVENTION

- 12.1. If any administrative or judicial body imposes any condition on the Policy for any reason, We are bound to follow the same which may include suspension of all benefits and obligations under the Policy.

13. FORCE MAJEURE

- 13.1. The performance of the Policy may be wholly or partially suspended during the continuance of the Force Majeure Event under an intimation to or approval of the IRDAI. We will resume Our obligations under the Policy after the Force Majeure Event cease to exist.

14. COMMUNICATION AND NOTICES

- 14.1. All notices meant for Us should be in writing and delivered to Our address as mentioned in Part G or such other address as We may notify from time to time. You should mention the correct Policy number in all communications including communications with respect to Premium remittances made by You.
- 14.2. All notices meant for You will be in writing and will be sent by Us to Your address as shown in the Schedule or as communicated by You and registered by Us. We may send You notices by post, courier, hand delivery, fax or e-mail/electronic mode or by any other means as determined by Us. If You change Your address, or if the address of the nominee changes, You must notify Us immediately.
- 14.3. For any updates, please visit Our website www.maxlifeinsurance.com.

15. GOVERNING LAW AND JURISDICTION

- 15.1. The Policy will be governed by and enforced in accordance with the laws of India. The competent courts in India will have exclusive jurisdiction in all matters and causes arising out of the Policy.

PART G

GRIEVANCE REDRESSAL MECHANISM AND OMBUDSMAN DETAILS

1. DISPUTE REDRESSAL PROCESS UNDER THE POLICY

- 1.1. All consumer grievances and/or queries may be first addressed to Your agent or Our customer helpdesk as mentioned below:
Max Life Insurance Company Limited
Plot No. 90A, Sector 18, Gurgaon, 122015, Haryana, India
Toll Free No. - 1800 200 5577
Email : service.helpdesk@maxlifeinsurance.com
- 1.2. In case Our response is not satisfactory or there is no response within 14 (Fourteen) days:
- 1.2.1. a written complaint signed by the complainant or his legal heirs, with full details of the complaint and the complainant's contact information may be made to the following official for resolution:

Head Operations and Customer Services
Max Life Insurance Company Limited
Plot No. 90A, Sector 18,
Gurgaon, 122015, Haryana, India
Toll Free No. - 1800 200 5577
Email : manager.services@maxlifeinsurance.com

- 1.2.2. the complainant or his legal heirs may approach the Grievance Redressal Cell of the Consumer Affairs Department of IRDAI at the Toll Free Number 155255 (or) 1800 4254 732 or send an e-mail to complaints@irda.gov.in or use the Integrated Grievance Management System, a grievance redress monitoring tool of IRDAI and register the complaint at www.igms.irda.gov.in.

- 1.3. In case You are not satisfied with the redressal or there is no response within a period of 1 (One) month, the complainant or his legal heirs may approach Insurance Ombudsman at the address mentioned in Annexure A or at the IRDAI website www.irda.gov.in, if the grievance pertains to:

- 1.3.1. any partial or total repudiation of claim by Us;
1.3.2. any dispute on the legal construction of the Policy in so far as such disputes relate to claim;
1.3.3. delay in settlement of claim;
1.3.4. any dispute with regard to the Premium paid or payable in terms of the Policy; or
1.3.5. non issuance of any insurance document to customers after receipt of the Premium.

- 1.4. As per Rule 13(3) of the Redressal of Public Grievances Rules 1998, a complaint to the Insurance Ombudsman can be made only within a period of 1 (One) year after Our rejection of the representation or the date of Our final reply on the representation of the complainant, provided the complaint is not on the same matter, for which any proceedings before any court, or consumer forum or arbitrator is pending.

ENDORSEMENT

STAMP DUTY AMOUNT : ₹500

F.10(19339)/COS(H2)/CD/262 Dated: 03/2/2016

Vikas Gajral
Authorized Signatory

Annexure 1

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 from time to time are as follows:

1. 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 policywhichever is later.
2. 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 policywhichever 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.
3. 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.
4. 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.
5. 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.
6. 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.
7. 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.
8. 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.
9. 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.

[Disclaimer: This is only a simplified version prepared for general information. You are advised to refer to the Insurance Act 1938 as amended from time to time 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 from time to time. The extant provisions in this regard are as follows:

1. The policyholder of a life insurance policy 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.
2. 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 is to be laid down by the insurer.
3. Nomination can be made at any time before the maturity of the policy.
4. 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.
5. 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.
6. 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.
7. Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations.
8. 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.
9. 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 get affected 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 Act, 1938 as amended from time to time, 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.

[Disclaimer: This is only a simplified version prepared for general information. You are advised to refer to the Insurance Act 1938 as amended from time to time for complete and accurate details.]

Annexure 3

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 from time to time. The extant provisions in this regard are as follows:

1. The policy may be transferred/assigned, wholly or in part, with or without consideration.
2. 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.
3. 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.
4. The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness.
5. The transfer or 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.
6. Fee to be paid for assignment or transfer can be specified by the Authority through Regulations.
7. 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.
8. 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.
9. 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;
 - b. not in the interest of the policyholder;
 - 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 the 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;
 - b. may institute any proceedings in relation to the policy; and
 - 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 only a simplified version prepared for general information. You are advised to refer to the Insurance Act, 1938 as amended from time to time for complete and accurate details.]

Annexure A

GOVERNING BODY OF INSURANCE COUNCIL,
3rd Floor, Jeevan Seva Annexe,
S. V. Road, Santacruz (W),
Mumbai - 400 054.

Tel.: 022 - 26106889 / 671 / 980

Fax: 022 - 26106949

Email: inscoun@gbic.co.in

Smt. Ramma Bhasin, Secretary General

Shri. Y.R. Raigar, Secretary

NAMES OF OMBUDSMAN AND ADDRESSES OF OMBUDSMAN CENTRES



(As on 1.1.2015)

Office Details	Jurisdiction of Office Union Territory, District)	Date Of Taking Charge
AHMEDABAD - Shri. / Smt. Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad - 380 014. Tel.: 079 - 27546150 / 27546139 Fax: 079 - 27546142 Email: bimalokpal.ahmedabad@gbic.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.	
BENGALURU - Shri. M. Parshad Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru - 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@gbic.co.in	Karnataka.	14-08-2014
BHOPAL - Shri. R K Srivastava 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: bimalokpal.bhopal@gbic.co.in	Madhya Pradesh Chattisgarh.	27-05-2013
BHUBANESHWAR - Shri. B. N. Mishra Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar - 751 009. Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@gbic.co.in	Orissa.	22-07-2014
CHANDIGARH - Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 - D, Chandigarh - 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@gbic.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.	21-09-2012

CHENNAI - Shri Virander Kumar Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI - 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@gbic.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).	09-05-2013
DELHI - Smt. Sandhya Baliga Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.: 011 - 23239633 / 23237532 Fax: 011 - 23230858 Email: bimalokpal.delhi@gbic.co.in	Delhi.	15-07-2014
GUWAHATI - Sh. / Smt. Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001(ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@gbic.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.	
HYDERABAD - Shri. G. Rajeswara Rao 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 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@gbic.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.	15-05-2013
JAIPUR - Shri. Ashok K. Jain Office of the Insurance Ombudsman, Jeevan Nidhi - II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@gbic.co.in	Rajasthan	10-10-2014
ERNAKULAM - Shri. P. K. Vijayakumar 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: bimalokpal.ernakulam@gbic.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry.	14-07-2014
KOLKATA - Shri. K. B. Saha 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: bimalokpal.kolkata@gbic.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.	30-07-2014

<p>LUCKNOW - Shri. N. P. Bhagat 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: bimalokpal.lucknow@gbic.co.in</p>	<p>Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>	<p>04-08-2014</p>
<p>MUMBAI - Shri. A. K. Dasgupta 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: bimalokpal.mumbai@gbic.co.in</p>	<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p>	<p>16-05-2013</p>
<p>NOIDA - Shri. Ajesh Kumar Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Email: bimalokpal.noida@gbic.co.in</p>	<p>State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahar, Etah, Kanoor, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>	
<p>PATNA Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Email: bimalokpal.patna@gbic.co.in</p>	<p>Bihar, Jharkhand.</p>	
<p>PUNE - Shri. A. K. Sahoo 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 - 32341320 Email: bimalokpal.pune@gbic.co.in</p>	<p>Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p>	<p>10-09-2014</p>

MPYL/020/140599

 Max Life Insurance Company Limited Regd. Office: Max House, 1 Dr. Jha Marg, Okhla, New Delhi - 110 020. Head Office: 11th & 12th Floor, DLF Square, Jaccaranda Marg, DLF City Phase-II, Gurgaon - 122 002, Haryana		 <p>Proposer/Payer Attach Recent Photograph Only where AFYP under policies held by single individual is > Rs. 10,000/- If proposer is a minor, then attach a photograph of the proposer.</p>
Non Linked Proposal Form Proposal Number: 106590821 GO./CA/Broker Code: AKLP-1		
Is this: <input type="checkbox"/> Rural or <input type="checkbox"/> Social <input checked="" type="checkbox"/> Urban (In accordance with IRDAI Guidelines) All proposal forms must have proof of age, identity and address of proposer and life insured. • To be filled in capital letters • Insurance contract is based upon utmost good faith, please disclose all the information correctly and completely. Do you have a Max Life Insurance Policy or have currently applied simultaneous policies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Purpose of Insurance: <input type="checkbox"/> Saving <input type="checkbox"/> Child <input type="checkbox"/> Future <input checked="" type="checkbox"/> Pension <input type="checkbox"/> Protection <input type="checkbox"/> Tax Benefit Objective of Insurance: <input type="checkbox"/> E/E <input type="checkbox"/> MWPA <input type="checkbox"/> HUF <input type="checkbox"/> CEIP <input type="checkbox"/> Keyman <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Individual Product Solution: (Please use extra sheet if space is inadequate. Any Corrections or overwriting, must bear full signature.)		
A. PERSONAL DETAILS		
PROPOSER		LIFE INSURED (If other than Proposer)
1. Title <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other (Specify):		NOMINEE # (For Nominee fill No 1-4 only)
2. Name First: SRIKANTH Middle: VIJENDER Last: KOTAKONDA		Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/> Other (Specify): MANORAMA SRIKANTH KOTAKONDA
3. Father's/Husband's Name First: VIJENDER Last: KOTAKONDA		SRIKANTH KOTAKONDA
4. Date of Birth/Gender D D M M Y Y <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		D D M M Y Y <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
5. Appointee (If nominee is under age 18) name an adult (the "Appointee") to receive the policy proceeds. Relationship to Life Insured:		
6. Relationship to Life Insured/Nominee <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Others:		Relationship to Life Insured:
7 a. Nationality <input checked="" type="checkbox"/> Indian <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> Foreign National		<input checked="" type="checkbox"/> Indian <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> Foreign National
7 b. Residing Country For NRI, PIO or Foreign National:		For NRI, PIO or Foreign National:
8. Marital Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widower		<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widower
9. Education <input type="checkbox"/> Illiterate <input type="checkbox"/> Primary School <input type="checkbox"/> High School <input checked="" type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Professional		<input type="checkbox"/> Illiterate <input type="checkbox"/> Primary School <input type="checkbox"/> High School <input checked="" type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Professional
10. Industry Type CRPF Defense** Mining Oil & Natural Gas BFSI Pharma Medical BPO ITES Manufacturing Real Estate Professional Services Merchant Marine Others: Telecom		CRPF Defense** Mining Oil & Natural Gas BFSI Pharma Medical BPO ITES Manufacturing Real Estate Professional Services Merchant Marine Others:
11. Organisation Type Govt. Pvt. Ltd. Public Ltd. Partner/Prop. Trust Society NGO** NPO** PVO** NA Salaried Professional Self Employed from Home Self Employed Agriculture Housewife Retired Student Labourer Others:		Govt. Pvt. Ltd. Public Ltd. Partner/Prop. Trust Society NGO** NPO** PVO** NA Salaried Professional Self Employed from Home Self Employed Agriculture Housewife Retired Student Labourer Others:
12. Occupation		13. Job Title & Nature of Duties/Business JUNIOR TELECOM OFFICER
14. Name of entity/employer BSNL		15. Income Rs. 500000/- Per Annum
16. Is the Life Insured/Proposer/Nominee/Payer a Politically Exposed Person**? (Refer Page 3 for definition) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		17. Current Residential Address (Proof is mandatory only where annualized 1* year premium under all policies held by single individual is > Rs. 10,000/-) House No./Apt. B-1 BSNL STAFF QTERS Name/Society TEMBALAI NAKA Road/Area/Sector SHIVAJI UNIVERSITY Landmark KOLHAPUR City/District KOLHAPUR Village/Town 416004 State/U.T. MAHARASHTRA Country INDIA Pin Code 776893 Mobile # 1 9422209288 STD 9422209288 Tel. 9422209288 Mobile # 3 9422209288 Emergency contact details (in case we are unable to reach you for any matters related to your policy): E-mail ID KS8K0USHIK@gmail.com
18. I Authorize Max Life Insurance to send all communication by E-mail? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
19. What is your preferred mode of communication? (a) E-mail <input checked="" type="checkbox"/> (b) SMS <input type="checkbox"/> (c) Letter <input type="checkbox"/> (d) Call <input type="checkbox"/>		
20. Permanent residential address (Proof is mandatory where annualized 1* year premium under all policies held by single individual is > Rs. 10,000/-) House No./Apt. Name SAME AS ABOVE Society/Road/Area SAME AS ABOVE Sector/Landmark SAME AS ABOVE Village/Town SAME AS ABOVE Pin Code SAME AS ABOVE City/District SAME AS ABOVE Country SAME AS ABOVE		

If the number of nominees are more than one, please fill in details in "Annexure for Nomination Details" which forms part of the proposal.

A Max India and Joint Venture

RECEIVED ON 11 APR 2016

Max Life Insurance Co. Ltd.
Kolkatta, Kolkata-700001

RECEIVED 11 APR 2016

21. Preferred Mailing Address		<input checked="" type="checkbox"/> Current Residential		<input type="checkbox"/> Permanent Residential		<input type="checkbox"/> Work (default is current residential address)																					
22. Do you wish to hold this Policy electronically under e-Insurance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																											
23. e-Insurance Account No. (if available): _____ and Insurance Repository name: _____																											
24. Preferred Insurance Repository you would like to have your e-Insurance Account with (if you do not have an existing account)																											
<input type="checkbox"/> 1) CIRL <input type="checkbox"/> 2) Kany <input type="checkbox"/> 3) CAMSRep																											
B. COVERAGE INFORMATION - Type of Coverage <u>STP - Increasing Sum Assured</u>																											
1a. Base Plan		Coverage Term	Amount	Premium Paying Term	Modal Premium (Rs.) (to be filled by agent)																						
<u>SUPER TERM PLAN</u>		<u>20yr.</u>	<u>25,00,000</u>	<u>20yr.</u>	<u>5550.00</u>																						
1b. Rider/Option	Coverage Term	Amount (Rs.)	Modal Premium (Rs.) (to be filled by agent)																								
Modal Premium without service Tax and Levies		Service Tax and other levies (if any)		Total Premium Paid																							
<u>5550.00</u>		<u>804.75</u>		<u>6,354.75</u>																							
2. PREMIUM PAYMENT DETAILS Amount in Words <u>Six Thousand Three Hundred Fifty Five Only</u>																											
Paid Rs. <u>6355/-</u>		By Cash <input type="checkbox"/> Cheque <input checked="" type="checkbox"/> Demand Draft <input type="checkbox"/> Credit Card <input type="checkbox"/>																									
Cheque / Draft No. <u>844549</u>		Date: <u>10/4/2016</u>		Bank Name & Branch <u>STATE BANK OF INDIA, NEW SHAHU PURI</u>																							
3. NEFT BANK A/C DETAILS OF PROPOSER All Payouts will be credited to this account through Electronic mode of payment. (This will be applicable at select cities as per facilities/arrangements of Max Life Insurance). Please submit proofs of bank account for example cancelled cheque/first page of passbook.																											
MICR Code <u>416002012</u>		Bank Account Number <u>Mr. SRIKANTH KOTAKONDA</u>																									
IFSC Code <u>SBIN0015087</u>		Account Holder's Name <u>32472605728 SRIKANTH KOTAKONDA</u>																									
Type of Bank A/c <input checked="" type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others <input type="checkbox"/>		Bank Name & Branch <u>SATAP BANK OF INDIA</u>																									
		Banking since (month & year) <u>3yr.</u>																									
4. PERMANENT ACCOUNT NUMBER (PAN) <u>A Z Q P K 7 1 2 0 E</u>																											
		Applied For <input type="checkbox"/> Not Applicable																									
		Form 49 A required <input type="checkbox"/> Form 60/61 required <input type="checkbox"/>																									
TDS may be applicable, in accordance with Income Tax Act 1961, as amended from time to time.																											
5. MODE OF PAYMENT <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly (Direct Debit)																											
6. RENEWAL PREMIUM BY <input type="checkbox"/> Cash <input type="checkbox"/> Cheque/DD <input checked="" type="checkbox"/> Direct Debit <input type="checkbox"/> Credit Card <input type="checkbox"/> List Billing																											
7. SOURCE OF FUNDS <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Agriculture <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Other Income Specify _____																											
8a. PAYOR IF DIFFERENT FROM THE PROPOSER:- Name _____ Relationship to Proposer _____																											
Address _____		Income of Payor _____		PAN _____																							
8b. BANK ACCOUNT DETAILS OF THE PAYOR Bank Account Number _____																											
		Bank Name & Branch _____																									
9. NON - FORFEITURE OPTIONS <input checked="" type="checkbox"/> Reduced Paid-up Insurance <input type="checkbox"/> Paid-up Addition																											
10. DESIRED EFFECTIVE DATE OF POLICY (Date cannot be future dated) <u>10 04 2016</u>																											
11. BONUS OPTIONS (if applicable, choose only one) <input type="checkbox"/> Paid to Policy Holder <input type="checkbox"/> Premium Offset <input checked="" type="checkbox"/> Paid-up Addition																											
C. INFORMATION OF LIFE INSURED																											
1. Do you have any life, accident, disability, critical illness or health insurance policy issued/pending/lapsed with Max life Insurance or any other insurance company? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																											
Policy Number	Name of Insurance Company	Year of Issue	Type of Policy (Life, Accident, Health, CI, Disability)	Total Sum Assured	Status Applied / Inforced / Lapsed																						
<u>687732478LIC</u>	<u>2007</u>	<u>Life</u>	<u>2 Lac</u>	<u>Inforced</u>																							
2. Has any proposal/reinstatement for life or health Insurance ever been refused, modified, postponed or offered with extra premium (Reason, Month, Year and Name of the Insurance Company)? Give details below																											
3. Do you participate or do you intend to participate in any hazardous activities such as Parachuting/Hong Gliding/Scuba Diving/Mountaineering/Car Racing/Flying (other than as passenger)? Give details below																											
4. In the next 12 months do you intend to travel or reside abroad other than on holiday of less than four weeks? If yes, give full details including countries, cities, purpose and duration of stay. Give details below																											
5. Have you ever been convicted or are you under investigation for any crime punishable by 3 or more years of imprisonment? Give details below																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Proposer</td> <td colspan="2">Life Insured</td> </tr> <tr> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>								Proposer		Life Insured		Yes	No	Yes	No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Proposer		Life Insured																									
Yes	No	Yes	No																								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																								

6. FOR MINOR LIFE INSURED (Age < 18 yrs.) If answer to any question is 'YES' please provide details

1. Has the child missed any due vaccinations?

Yes

No

2. Insurance amount on family members

Father

Mother

Sibling1

Sibling2

7. FOR FEMALE LIFE INSURED

1. Spouse Detail:

Occupation

Income

Insurance Amount

NA

2. Full maiden name

3. Are you pregnant? If yes, how many months

Yes

No

D. MEDICAL INFORMATION**1. FAMILY HISTORY** Has any of your family member (parents and sibling) ever been diagnosed before the age of 60 with (Diabetes, Hypertension, Kidney Failure, Cancer, Heart Attack or any hereditary disorder) if "Yes" give details.

Yes

No

Family Details		Proposer		Life Insured	
Family Member	Age at diagnosis	Condition	Age at diagnosis	Condition	

2.		Proposer				Life Insured					
HEIGHT	5 Ft 10		Inch OR	Mr	Cm	Ft	Inch OR	Mr	Cm		
WEIGHT	0 68		Kg			Kg					
Has your weight changed more than 5 kgs. in past one year		Yes		No		Kg		Yes		No	Kg
If yes how many kgs. of loss / gain.											
Reason for weight change:											

3. HAVE YOU EVER BEEN INVESTIGATED, TREATED OR DIAGNOSED WITH ANY OF THE FOLLOWING CONDITIONS.**IF YES, PLEASE PROVIDE DETAILS INCLUDING DOCTOR'S NAME AND DATE (OR ATTACH RELEVANT QUESTIONNAIRE)**

Conditions	Proposer		Life Insured	
	Yes	No	Yes	No
i) Chest pain, heart attack, stroke, rheumatic fever, heart murmur, palpitation, shortness of breath or any other heart conditions.		✓		
ii) Hypertension or high blood pressure.		✓		
iii) Diabetes		✓		
iv) Asthma, bronchitis, tuberculosis, persistent cough, shortness of breath or any other respiratory condition		✓		
v) Hormonal disorder such as thyroid disorders; Anemia, leukemia or other blood disorder		✓		
vi) Liver disorder like cirrhosis, hepatitis, jaundice; Disorder of the stomach, gall bladder or intestines, ulcer, colitis, gall stones, indigestion		✓		
vii) Congenital disorder		✓		
viii) Cancer, tumor or growth (Malignant or benign)		✓		
ix) Kidney or bladder disorder, stones, prostate disorder or gynecological disorder		✓		
x) Epilepsy, nervous disorder, multiple sclerosis, tremors, numbness, double vision, paralysis, depression or psychiatric disorders		✓		
xi) Eye, ear, nose, oral, throat disorder		✓		
xii) Disorder of back, muscle, joints, bone, neck, deformity, amputation, arthritis, or gout		✓		
xiii) In the last 5 years, have you had or been advised to have or in the next 30 days will you have an X-ray/CT Scan/MRI/ Ultrasonography/ECG/Pap Smear/Mammogram/Blood Test of any other investigatory or diagnostic tests, of any type of surgery?		✓		
xiv) Have you ever been tested positive for HIV/AIDs or hepatitis B or C or have you been tested/ treated for sexually transmitted diseases?		✓		
xv) Are you suffering from any other illness other than those mentioned above or are undergoing any kind of investigation/treatment?		✓		
xvi) Have you been off work or school due to illness or injury for a continuous period of more than 10 days during the last one year?		✓		

4. ARE YOU ATTACHING ANY MEDICAL REPORTS ALONG WITH THIS FORM?

Yes

No

5. TOBACCO / ALCOHOL/ DRUGS CONSUMPTION: (In case you consume or have ever consumed)

Yes

No

Substance	Proposer		Life Insured	
	Qty./Day	For no. of Yrs.	Qty./Day	For no. of Yrs.
Tobacco/Nicotine products (In the last 3 years (sticks/gms)) - Cigarettes/Beedis/Cigars/Guthko/Flavored Pan Masala etc.	NO			
Alcohol (MI) - Beer/Wine/Hard Liquor	NO			
Drugs other than prescribed by Doctors - Cannabis/Marijuana, Ecstasy, heroin, LSD, amphetamines or other illegal drugs	NO			

Details

Details of the insured person (Name, Address, Date of Birth, etc.) and the proposer (Name, Address, Date of Birth, etc.) should be provided in this section.

* Politically Exposed person (PEP) are individuals who are or have been entrusted with prominent public functions, for example Heads/Ministers of Central/State government, Senior politicians, Senior government/judicial/military officers, Senior executive of state owned corporations, important political party officials & immediate family member of above person (Spouse, Children, Parents, Sibling, In-laws)

Code (Applicable for Banca & PD):

E. DECLARATION AND AUTHORISATION

1. DECLARATION BY PROPOSER AND LIFE INSURED

I/We hereby declare that I/We fully understand the meaning and scope of the Proposal form and the questions contained above and am submitting the completed proposal form of my/our own volition, and confirm that I/We have not been induced by anyone to make the Proposal. I/We have been explained by the agent of Max Life Insurance of the nature of questions and the importance of disclosing all material information. I/We further declare that the statements and declarations herein shall be the basis of a contract between me/us and the Company and that I/We have made complete, true and accurate disclosure of all the facts and circumstances as may be relevant, and have not withheld any information that may be relevant to enable the Company to make an informed decision about the acceptability of the Proposal. In case of any fraud or misrepresentation action will be initiated as per Section 45 of Insurance Act, 1938 as amended from time to time.

I/We undertake to notify the Company, forthwith in writing, of any change in any of the statements made in the Proposal subsequent to the signing of this proposal and acceptance of risk and issuance of the Policy by the Company.

I/We also confirm if any future premium or other payment due to the Company is made by me/us either Personally or through Principal Office/Agent Advisor/Specified Person then the Company shall not be liable unless the amounts are received and realized by the Company with in the time the Company stipulates for receipt of the payments and the company decides to underwrite the risk. The First Premium has been paid out of legally declared and assessed sources of income and the subsequent premiums, if any, will continue to be paid out of legally declared and assessed source of income. I agree that the Company may provide any information related to me as available to the Company at any time, to any Statutory Authority in relation to the laws governing prevention of money laundering, applicable in the country, to enable the company to assess the risk under my/our proposal or for any other purpose in relation to the policy, I/we, my/our heirs, administrators or executors or assignees hereby authorize my past or present employer(s)/business association/medical practitioners /other agencies to disclose and make available to the company such details/records, as may be requested by the company. I understand that I have disclosed my personal information with Max Life for providing insurance services and I hereby consent to Max Life to share, disclose and transfer my personal information to its authorised third parties, affiliates for the said purpose. I/We submit the mandate to credit My / Our account towards all payments against the above policy and agree and understand that payments would be processed through electronic mode of payment and will be affected at select cities as per facilities / arrangements of Max Life Insurance. (This is with reference to Section 8 Part-3). I/We agree to receive regular reminders/alerts pertaining to my policy. I would like to receive my insurance policy and all the information related to the proposed insurance policy through insurance repository (In case opted for e-Insurance).


Signature/thumb impression of Proposer


Signature/thumb impression of Life Insured


Signature of the witness

Name of Witness NOUSHAD Y. PATHAN Place: Kop. Date: 10042016
D D M M Y Y Y Y

2. VERNACULAR/ILLITERATE DECLARATION

(Declaration to be made by a person of unconnected with Max Life Insurance Company limited but whose identity can be easily established.) I hereby declare that I have fully explained the contents of this proposal to the proposer/Life to be Insured in _____ language, as understood by him/her and that the left thumb impression/signature of the proposer/Life to be Insured has been appended/affixed after fully understanding the contents thereof. I have truthfully recorded the answers given by the Proposer/Life to be Insured.

Name of the Declarant _____

Address of the Declarant _____

Declarant's Signature _____

I have understood the content of the proposal form as explained to me in _____ language by the declarant,

Mr./Ms. _____ filling in the proposal form and,

after the same, I am affixing my signature/thumb impression.


Signature/Thumb impression of the Proposer

3. DECLARATION BY PRINCIPAL OFFICER/AGENT ADVISOR/SPECIFIED PERSON

I, Shilpa having known the Proposer / Life Insured for a period of 1 month declare that I have explained the nature of the questions contained in this Proposal form to him / her. I have also explained that the answers to the questions form the basis of the contract of the insurance between the Company and the Proposer / Life Insured and if any untrue statement is contained therein and / or any information that may be relevant to enable the Company make an informed decision, the Company shall have the right to vary the benefits which may be payable and / or treat the policy voidable at the option of the company subject to section 45 of the Insurance Act, 1938 as amended from time to time. I confirm that to the best of my knowledge the Life Insured does not suffer from any physical or mental abnormality or handicap or has / had been hospitalised, undergone any surgery or treatment, or he / she is involved in activities including any hazardous avocation or occupation or any other information material for underwriting this proposal form, unless expressly stated in this Proposal. I also declare and represent to the Company that I am in full compliance with the regulatory requirements applicable to agent / corporate agent / specified person / broker prescribed by the Insurance Act 1938, as amended from time to time and any other regulation, circular, instruction issued by IRDAI from time to time. I certify and confirm having seen the originals of the documents attached with the proposal form, self attested by the Proposer and confirmed by me. I confirm that I have verified the identity, current / permanent residential address of the proposer, the nature of his / her business and his / her financial status. Is this a Replacement Sale? If yes, I have adequately explained the consequences of replacement sale to the customer.

Yes ☒ No ☐

Relationship of Principal Officer/Agent Advisor/Specified Person with the Proposer/Life Insured

Name of Principal Officer/Agent Advisor/Specified Person


Principal Officer/Agent Advisor/Specified Person Code

Shilpa B. Patil
Signature of Principal Officer/Agent Advisor/Specified Person

Principal Officer/Agent Advisor/Specified Person Code


Signature of Sales Manager


Phone No. with STD Code


Signature of Sales Manager

Date: 10042016
D D M M Y Y Y Y

Place: KOLHAPUR

We Confirm that we have made joint efforts in soliciting the prospect and will be jointly responsible for performing the service related to the policy. We further confirm that the objective of sharing the commission is not for qualifying for any contest and/or reward & recognition programs of the company.
(Applicable only if more than one Agent Advisors share the commission)

Name(s) of Principal Officer/AA/Spec Person	Principal Officer/AA/Spec Person Code	Principal Officer/AA/Spec Person's Sign	% Share
<u>Shilpa B. Patil</u>	<u>264847</u>		<u>100%</u>

Important Notes: (1) Any payment/s including initial payment accompanying this proposal, cash or by bearer instrument must be made at any of the Company's General Office only. (2) Crossed cheque or bank drafts must be made in favour of MAX LIFE INSURANCE COMPANY LIMITED ACCOUNT (Proposal No. as above) maybe handed over to the Agent Advisor. (3) Receipt of the Completed Proposal and initial payment does not create any obligations upon the Company to underwrite the risk. The Company shall not be liable until it has underwritten the risk and issued the Policy. If the Policy is sent by post it shall be deemed to have been delivered to and received by you in the ordinary course within 3 (three) days of posting. We draw your attention to Section 45 and Section - 41 of the Insurance Act 1938 which reads as follows

Section 45 of the Insurance Act 1938, as amended from time to time, will be applicable.

Section 41: (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. Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer. (2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakhs rupees.

Free Look Clause: We shall inform you by a letter forwarding the policy that you have a period of 15 days from the date of receipt of the policy document, to review the terms and conditions of the policy, where if you disagree to any of these terms and conditions, you have the option to return the policy stating the reasons for your objection. You shall be entitled to a refund of the premiums paid, subject only to deduction of a proportionate risk premium for the period of cover charges of stamp duty paid and the expenses incurred on medical examination of the life insured, if any

Check List for Max Life Insurance

HI / CL_2.0 / 2014-15

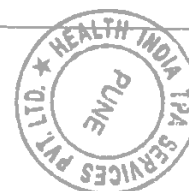
Application No: 106590821		Home Visit: No	
Name of Client: Shrikant Vijendra Kotakonda		Name of DC : MAHALAXMI LABORATORY	
Appt. Date: 04/04/2016	Reports Recd. Date:	Dispatched Date:	
Counter Signature of the Doctor for Cancellations / Overwriting		Consent letter / Feedback form	
Photo copy of ID proof / ID proof details on MER		MRF attached	
Client's signature on MER / MRF / ECG / TMT		Reflexive test done	
Hba1c if FBS is above normal range customer is known case of diabetes	HbsAg & Anti HCV if HbsAg	MSU for Urine Dipstick	
Dr Reporting on ECG	Photocopy of ID proof	Dc Pan No with contact Detail on MTRF	

Medical Tests

Ins. Test Name :- URINE COTININE TEST COMBINED WITH CAT 4	
<input type="checkbox"/> Cat 1: MER	<input type="checkbox"/> Cat 5: MER, Blood Profile*, ECG, MSU, CBC+ESR
<input type="checkbox"/> Cat 2: MER, CBC+ESR	<input type="checkbox"/> Cat 6: MER, Blood Profile*, TMT, MSU, CBC+ESR
<input type="checkbox"/> Cat 3: MER, Blood Profile*	<input type="checkbox"/> Cat 7: MER, Blood Profile*, TMT, MSU, CBC+ESR, Chest x-ray
<input checked="" type="checkbox"/> Cat 4: MER, Blood Profile*, ECG, MSU	*Blood Profile: S. Cholesterol, HDL, Triglycerides, FBS, Creatinine, BUN, Alk Phosp, Bilirubin, Albumin, SGOT, SGPT, GGTP, HbsAg, HIV I & II
<input checked="" type="checkbox"/> Urine Cotinine	
<input type="checkbox"/> Others: _____	

FMR / JFMR	RUA	ECG (12 LEADS)
All questions properly filled	Physical Examination	Reporting & Mounted
Sign. of Client & Doctor	Chemical Examination	Sign. of Client & Doctor
Doctor & DC Stamp	Microscopic Examination	STRESS TEST (TMT)
CBC	LIPID PROFILE	All Stages
HB	Total Cholesterol	Reporting
RBC	Triglycerides	Sign. of Client & Doctor
WBC	HDL Cholesterol	X-RAY CHEST / KUB / BARIUM MEAL
DC	LDL Cholesterol	Reporting
Platelet Count	LFT	Film
MCV	SGOT	Sign. of Client & Doctor
MCH	SGPT	USG / THYROID GLAND / WHOLE ABDOMEN PLEVIS
PCV / Hematocrit	Sr. Protein	Reporting
ESR	Sr. Albumin	Film
BST- FBS	Globulin	Sign. of Client & Doctor
PGBS	Alk. Phosphatase	PFT (PULMONARY FUNCTION TEST)
Hba1c	GGT	Other Tests
2D ECHO	Bilirubin	Blood / Urine Cotinine
Reporting	Direct	Sr. Electrolyte
Film	Indirect	Sr. Amylase
Doctor Sign & Stamp	Total	Acid Phosphatase
RFT	HbsAg	VDRL
Sr. Uric Acid		PSA
Sr. Creatinine (N/R)		
BUN	Others: _____	HIV I & II

Signed By : 	Stamp:
Signature :	





Please Note: Early completion of the medical test would enable faster processing of the application.

MEDICAL REQUISITION FORM (To be filled by Agent Advisor)

(ALL FIELDS ARE MANDATORY)

NEW BUSINESS(N) ☒ **POS/Revival (R)** ☐ **Group Business** ☐ **Home Visit** ☐ **HNI** ☐

Proposal No.: 106590821 General Office Code: AKLP-1

Client ID: _____

Multiple Proposal No.: ☒ **Y** ☐ **N** If yes, please provide details: _____

Applicant Details

Name of Life to be Insured: SRIKANTH V. KOTARONDA Gender: ☒ **Male** ☐ **Female** Date of Birth: 08061985

Telephone No.: _____ Email ID: _____ Agent Advisor's Code: 264847

Agent Advisor's Name: SHILPA PATIL Agent Advisor's Tel. No.: _____ Agent Advisor's Sign: Patil

Name & Address of the Diagnostic Center(DC) MAHALAXMI CENTER PAN No. of Diagnostic Centre(DC) _____

Tel. No. of Diagnostic Centre (DC) _____ Name of (TPA) Service Provider: _____

TA Code: mny1/020/140599

Date of Medical Examination: 040416 Time: 9:30am Photo ID No. type & authenticated by signature: _____

Please carry a valid photo identification Card (Aadhar/Election ID/ Driving License/PAN/Passport/Government ID (Photo ID No). _____

TEST SELECTION (Please mark "✓" In check box)

Category of Test (Expected time taken)

- Category 1 (25 min)
- Category 2 (30 min)
- Category 3 (35 min)
- Category 4 (45 min)
- Category 5 (45 min)
- Category 6 (1 hr 30 min)
- Category 7 (2 hr)

Test for Super Term

- Urine Cotinine
- Prostate Specific Antigen (PSA)

Additional Tests

- Medical Examination Report (MER)
- Lasting Blood Sugar (FBS)
- Electrocardiogram (ECG) /20 min
- Microscopic Urine Analysis (MSU)
- Glycosylated Haemoglobin (HBA1C)
- Treadmill Test (TMT) /45 min
- Complete Blood count (CBC)
- Liver Function Test (LFT)
- Human Immunodeficiency Virus (HIV)
- Renal/Kidney Function Test (KFT)
- X-Ray chest - PA or Lateral (XLR)

- 2D Echo
- Lipid Profile
- Thyroid Profile
- Blood Profile
- Serum Albumin

OTHER TESTS not mentioned above (please fill below)

ex Test/s (if required to be filled in by DC)

DECLARATION AND CONSENT OF THE PROPOSED LIFE TO BE INSURED

I hereby give my consent for the above tests to be carried out on myself and understand the possible implications associated with arising out of the tests. I hereby also give my consent to the Medical Examiner to communicate the test results to Max life Insurance Co. Ltd. for the purpose of assessing my health parameters in order to consider the proposal for Life Insurance on my life. I fully understand that if I am undergoing an HIV test, a positive test result does not indicate disease; it only means that further investigation is required.

Signature of Life to be Insured
 with completion of form in presence of Agent Advisor

Signature of Life to be Insured
 Prior to commencement of tests in presence of Medical Examiner

Signature of Medical Examiner
 (Must be accompanied by the test, valid till the completion of the Life to be Insured)

INSTRUCTIONS FOR CUSTOMERS:

1. The customer must bring along with him/her the original copy of the medical test report, duly authenticated by the Medical Examiner.
2. The customer must bring along with him/her the original copy of the medical test report, duly authenticated by the Medical Examiner.
3. The customer must bring along with him/her the original copy of the medical test report, duly authenticated by the Medical Examiner.
4. The customer must bring along with him/her the original copy of the medical test report, duly authenticated by the Medical Examiner.
5. The customer must bring along with him/her the original copy of the medical test report, duly authenticated by the Medical Examiner.

After completion of the medical test, the customer must bring along with him/her the original copy of the medical test report, duly authenticated by the Medical Examiner.



Feedback - Pre-Policy Life Insurance Medical Checks

This is to confirm & certify that I have gone through the medical examination through Medical Center Mahalaxmi situated at Kolhapur / Home Visit on 04/04/2016 to complete the requisite medical formalities towards my application for life insurance from max Insurance Company vide Proposal Form bearing no. 106590821 dated 4-4-2016

I do confirm specifically that the following medical activities have been performed for me:

- | | | |
|--|---|--|
| 1. Full Medical Report (Medical Questionnaire) | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 2. Sample Collection | | |
| a. Blood | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| b. Urine | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 3. Electro Cardio Gram (ECG) | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 4. Treadmill Test (TMT) | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 5. Others _____ | | |

I have furnished my ID Proof _____ bearing ID No. _____ at the time of my medical.

Adhar Card 6439 1774 1782

Feedback Form

- Behavior and cooperation of staff

Reception/ Clinic/ Hospital

☒ Good ☐ Average ☐ Poor

Technician/ Doctors

☒ Good ☐ Average ☐ Poor

- Time Management

☒ Good ☐ Average ☐ Poor

- Upkeep of hospital

☒ Good ☐ Average ☐ Poor

- Technology & Skills

☒ Good ☐ Average ☐ Poor

- Please remark if the medical check

procedure was satisfactory

Yes ☒ No ☐

(Medical Facility- Location; Facility Set-up, instruments, cleanliness; Process followed; etc. Also on the Medical Staff: Appearance; Technical Know-how; Behaviour etc.)

- If No please provide details or let us know of anything additional you would like to provide as comments and / or suggestions

K. Srikanth
Signature of the Life to be Insured
(Proposer in case of Life Insured being minor)
Srikanth Koteekonda
Name of the Life to be Insured with date
(Proposer (in case of Life Insured being minor)

[Signature]
Signature of Visiting/Attending Doctor

Name of Visiting/Attending Doctor

MC Registration No: 39395

Doctor Stamp with date 4-4-2016

Dr. Anil G. Joshi
MBBS, MD, DCP,
Regd. No. 39395

04/05/06

12/11/06

12/11/06

12/11/06

12/11/06

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12/11/06

12/11/06

MAX
LIFE
INSURANCE

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12/11/06

12/11/06

12/11/06

12/11/06

12/11/06

Dr. A. C. Jones

MD, DCP

Reg. No. 3330



भारत सरकार
Unique Identification Authority of India

नॉंदविण्याचा क्रमांक / Enrollment No 1207/05029/01965

To,
श्रीकांत कोटकोंडा
Srikanth Kotakonda
B 1 BSNL STAFF QTERS
TEMBALAI NAKA
Shivaji University
Shivaji University Karvir Kolhapur
Maharashtra 416004

Ref: 757 / 23G / 993371 / 994061 / P



SH064591212FT



आपला आधार क्रमांक / Your Aadhaar No. :

6439 1774 1782

आधार - सामान्य माणसाचा अधिकार

For Laboratory
K. Srikanth

(Signature)



भारत सरकार
Government of India



श्रीकांत कोटकोंडा
Srikanth Kotakonda
जन्म वर्ष / Year of Birth : 1985
पुरुष / Male



6439 1774 1782

आधार - सामान्य माणसाचा अधिकार

Dr. Anil G. Joshi
MBBS, MD, DCP.
Regd. No. 39396





MAX LIFE INSURANCE CO. LTD
Regd. Office: Max House, 1 Dr. Jha Marg, Okhla, New Delhi- 110020.
Head Office: 11th & 12th Floor, DLF Square, Jacaranda Marg, DLF City Phase-II, Gurgaon-122002, Haryana

Medical Examination Report			
PROPOSAL NUMBER 110615908211		AGENT CODE 2619847	
IDENTIFICATION DETAILS OF EXAMINEE			
1. Name (First/Middle/Last) Srikant V. Jendekar Koha Komala			
2. Date of birth / Gender 08/06/1985		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
3. Identification Proof <input type="checkbox"/> Pan <input type="checkbox"/> Passport <input type="checkbox"/> Driving License <input type="checkbox"/> Voter ID <input type="checkbox"/> Ration Card <input checked="" type="checkbox"/> Others			
4. Identification Proof No Adhar 8 0428 6439 11774 11782			
B. PERSONAL / MEDICAL HISTORY (To be Asked by the Medical examiner)			
1. For Female Only- Are you pregnant? how many months		Yes No	
N/D		<input type="checkbox"/> <input type="checkbox"/>	
2. FAMILY HISTORY- Have any of your parents and siblings, ever suffered any of the following conditions ? (Heart attack, hypertension, diabetes mellitus, cancer, kidney disease excluding kidney stones, multiple sclerosis, any other hereditary disorder) if yes give details.			
<input checked="" type="checkbox"/> <input type="checkbox"/>			
Family Member (Relationship)	Age at Diagnosis	Condition	
Father	died at age of	41 - Accident	
3. HAVE YOU EVER BEEN INVESTIGATED, TREATED OR DIAGNOSED WITH ANY OF THE FOLLOWING CONDITIONS. IF YES, PROVIDE DETAILS INCLUDING DOCTOR'S NAME AND DATE			
		Yes No	
i)	Chest pain heart attack, stroke, rheumatic fever, heart murmur, palpitation, shortness, of breath or any other heart conditions.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ii)	Hypertension or high blood pressure.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
iii)	Diabetes, thyroid disorder or any other endocrine disorders	<input type="checkbox"/>	<input checked="" type="checkbox"/>
iv)	Asthma, bronchitis, tuberculosis, persistent cough, shortness of breath or any other respiratory conditions	<input type="checkbox"/>	<input checked="" type="checkbox"/>
v)	Blood disorder like anemia, leukemia or any circulatory disorder	<input type="checkbox"/>	<input checked="" type="checkbox"/>
vi)	Liver disorders like cirrhosis, hepatitis, jaundice, disorder of the stomach, gall bladder or intestines, ulcer, colitis, gallstones, indigestion	<input type="checkbox"/>	<input checked="" type="checkbox"/>
vii)	Any congenital disorder	<input type="checkbox"/>	<input checked="" type="checkbox"/>
viii)	Cancer, tumor or growth (Malignant or benign)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ix)	Kidney or bladder disorder, stones, prostate disorder or gynecological disorder	<input type="checkbox"/>	<input checked="" type="checkbox"/>
x)	Epilepsy, nervous, disorder, multiple sclerosis, tremors, numbness, double vision, paralysis, depression or psychiatric disorder	<input type="checkbox"/>	<input checked="" type="checkbox"/>
xi)	Eye, ear, nose or throat disorder, (Except use of spectacles)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
xii)	Disorder of back, muscle, joints, bone, neck, deformity, amputation, arthritis or gout	<input type="checkbox"/>	<input checked="" type="checkbox"/>
xiii)	In the last 5 years, have you had or been advised to have or in the next 30 days will you have an X-ray/ CT Scan / MRI / Ultra sonography / ECG / Blood test or any other investigatory or diagnostic tests or any type of surgery?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
xiv)	Have you ever been tested positive for HIV /AIDS or hepatitis B or C or have you been tested /treated for sexually transmitted diseases?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
xv)	Are you suffering from any illness other than those mentioned above or have undergone or undergoing any kind of investigation / treatment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
xvi)	Have you been off work due to illness or for a continuous period of more than 10 days during the last one year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. TOBACCO / ALCOHOL / DRUGS Consumption (IN CASE YOU CONSUME OR HAVE EVER CONSUMED) NO			
Substance		Yes / No	Qty / Day
Tobacco (Stick / gms)- Panmasala / Cigarette / Bidi / Gutkha		<input checked="" type="checkbox"/>	
Alcohol (ml)- Beer / Wine / Hard Liquor		<input checked="" type="checkbox"/>	
Drugs others than prescribed by Doctors- ganja / cocaine / cannabis / marijuana / ecstasy / heroin / ISD / amphetamines or other illegal drugs		<input checked="" type="checkbox"/>	
DETAILS (Condition, Date of onset, treatment, hospitalization, surgery, recovery, and physician details)			
LE = -1.75, RE = -1.75			
DECLARATION: I hereby declare (i) that the above answer are true accurate and complete in all respects, (ii) that I have not withheld or suppressed any facts or details which may be relevant and material to enable the company to make an informed decision about the acceptability of the risk, (iii) that the above shall form a part of the application for the proposed insurance cover on my life and one of the factors on the basis of which the company may assume risk on my life.			
Signature of examinee K. S. Kanti		Signature of medical examiner [Signature]	
		Date 04/09/2016	

A Max India and MS Joint Venture

Max Life insurance_MER2012





MAX LIFE INSURANCE CO. LTD
 Regd. Office: Max House, 1 Dr. Jha Marg, Okhla, New Delhi- 110020.
 Head Office: 11th & 12th Floor, DLF Square, Jacaranda Marg, DLF City Phase-II, Gurgaon-122002, Haryana

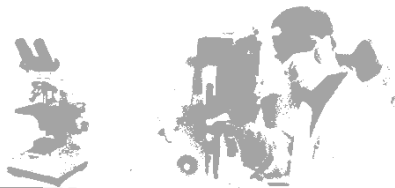
MER NUMBER CODE:		Name: <u>SEJIKANTH KOTAKOMDIA</u>	
(To be completed by the medical examiner)			
1.	Has the examinee ever consulted you for any reason other than insurance examination <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
2.	What is the general appearance of the examinee? <u>Normal</u>		
3.	Does the appearance correspond to the age stated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
4.	HEIGHT & WEIGHT INFORMATION		
	Height <u>172 cm</u>	<input type="checkbox"/> ft <input type="checkbox"/> Inch Or <input type="checkbox"/> Mtr <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> cm	Chest Circumference <u>85-91</u>
	Weight <u>65 Kg</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Kg	Abdominal circumference <u>84</u>
	Has your weight changed more than 5kg in past one year? If yes how many kgs. of loss/gain <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Kg		
5.	URINE DIPSTIX (Do not complete if examinee is <12yrs old)		
	Protein <u>Absent</u>	Sugar <u>Absent</u>	Deposits <u>NIT</u> Reaction <u>Acidic</u>
6.	BLOOD PRESSURE (readings to nearest 5mmhg) (If the first reading exceeds 140/90, two further readings should be taken after a 5 minutes interval)		
	(mm hg)	First	Second
	Systolic	<u>122</u>	
	Diastolic	<u>80</u>	
7.	Pulse (If over 90 please recount at end of examination)		
	Rate <u>78</u>	Rhythm <u>Normal</u>	Quality <u>Regular</u> State of Blood Vessel <u>Normal</u> Comment on Ankle Pulse <u>-</u>
8.	Situation of Apex Beat: <u>In Fifth Intercoastal Space</u>		
9.	Is Murmur present? If yes, give description <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
10.	Condition of any varicose veins (state if support is or should be worn) <u>No varicose veins seen</u>		
11.	Is there any evidence of past or present disease or disorder of the following		
		Yes	No
A.	Brain or nervous system (include reflex, gait, paralysis, poliomyelitis, deformity, use of walking aid)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B.	Lungs or other parts of respiratory system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C.	Cyanosis, dyspnoea, edema, CAD, Peripheral vascular disease, cardiac hypertrophy, cardiac failure or any other cardiovascular abnormality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D.	GI Tract (including hernia, any surgical scars)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
E.	Ears, Eyes, Nose, Throat, Neck, Lymph nodes or other abnormal swellings?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
F.	Bones, Joints, Arteries, Veins or Skin (including amputation and reason for amputation)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
G.	Genito-Urinary system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
H.	Are there any tobacco stains, leukoplakia, oral thrush or signs of oral cancers?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I.	Any other abnormal findings?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Details			
In your opinion is there anything about the examinee's health, lifestyle, character or mode of life which might affect the insurability of the examinee?			
<u>No</u>			
DECLARATION I certify that after satisfying myself of the true identity of the examinee, (i) I have carefully examined the examinee in private, (ii) I have asked each question mentioned herein above in person/face to face, (iii) that the answers recorded above are exactly as given to me by the examinee and (iv) that this report has been signed by the examinee in my presence.			
Medical Examiner's Name	<u>Dr. Anil Joshi</u>	Medical Examiner's sign and stamp	DATE <u>24 04 2012</u>
Qualification	<u>MBBS MD</u>	Address	<u>Mahalaxmi Leeb</u>

A Max India and MS Joint Venture

Max Life insurance_MER2012-6-8 Ver1.

Dr. Anil G. Joshi
 MBBS, MD, DCP
 Regd. No. 39396

Dr. Anil G. Joshi
M.D.D.C.P.
Consulting Pathologist.



Mahalaxmi Laboratory

| PATHOLOGY | MICROBIOLOGY | BIOCHEMISTRY

'Muktashram' Near Urban Bank Main Road, Rajarampuri 7th Lane
Kolhapur-416008. Ph.(Lab) 2521948, Resi.: 2524424, Mob.9890021948

Patient's Name : SRIKANTH VIJENDER KOTAKONDA

Age : 30Y SEX : MALE

Referred By Dr : MAX LIFE INSURANCE CO

Date : 04-04-2016

BIOCHEMISTRY

		NORMAL RANGE
PLASMA TRUE GLUCOSE(Fasting)	: 86.10 mg/dl	60-100 mg/dl
BLOOD UREA NITROGEN	: 11.50 mg/dl	10-18 mg/dl
SERUM CREATININE	: 1.07 mg/dl	0.6-1.5 mg/dl
SERUM BILIRUBIN		
TOTAL	: 0.80 mg/dl	0.1-1.2 mg/dl
DIRECT	: 0.20 mg/dl	0.0-0.3 mg/dl
INDIRECT	: 0.60 mg/dl	0.1-1.0 mg/dl
SERUM PROTEINS		
TOTAL	: 7.00 gm/dl	6.0-7.8 gm/dl
ALBUMIN	: 4.20 gm/dl	3.2-4.5 gm/dl
GLOBULIN	: 2.80 gm/dl	2.3-3.5 gm/dl
S.G.P.T.	: 21.80 U/ml	5-35 U/ml
S.G.O.T.	: 17.90 U/ml	8-40 U/ml
SERUM ALKALINE PHOSPHATASE	: 52.30 U/L	ADULT: 37-147U/L;CHILD170-515 U/L
SERUM GGTP	: 22.50 U/L	10 - 50 U/L
SERUM CHOLESTEROL	: 156.20 mg/dl	130-220 mg/dl
SERUM HDL CHOLESTEROL	: 44.00 mg/dl	30-65 mg/dl
SERUM TRIGLYCERIDES	: 110.80 mg/dl	40-150 mg/dl
SERUM LDL CHOLESTEROL	: 93.40 mg/dl	60-165 mg/dl
SERUM VLDL CHOLESTEROL	: 22.16 mg/dl	20-50 mg/dl




DR. ANIL G. JOSHI
M.D.D.C.P.

Dr. Anil G. Joshi
M.D.D.C.P.
Consulting Pathologist.



Mahalaxmi Laboratory

I PATHOLOGY I MICROBIOLOGY I BIOCHEMISTRY

'Muktashram' Near Urban Bank Main Road, Rajarampuri 7th Lane
Kolhapur-416008. Ph.(Lab) 2521948, Resi.: 2524424, Mob.9890021948

Patient's Name : SRIKANTH VIJENDER KOTAKONDA

Age : 30Y SEX : MALE

Referred By Dr : MAX LIFE INSURANCE CO

Date : 04-04-2016

SEROLOGY

AUSTRELIA ANTIGEN IN SERUM(HBsAg)

: NEGATIVE

BY VIRUCHEK KIT

HIV I & II TEST IN SERUM

: NEGATIVE

BY ELISA METHOD




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I PATHOLOGY I MICROBIOLOGY I BIOCHEMISTRY
'Muktashram' Near Urban Bank Main Road, Rajarampuri 7th Lane
Kolhapur-416008. Ph.(Lab) 2521948, Resi.: 2524424, Mob.9890021948

PATIENT'S NAME : SRIKANTH VIJENDER KOTAKONDA

AGE : 30 Y SEX : M DATE : 4-04-2016

REF. BY : MAX LIFE INSURANCE CO.

URINE COTININE

URINE EXAMINATION (COTININE)

COTININE TEST : NEGATIVE. <200 NG/ML

METHOD : QUALITATIVE IMMUNOCHROMATOGRAPHIC ASSAY

OR RAPID SELF CONTROLLED IMMUNOASSAY ON THE

PRINCIPLE OF COMPETITIVE BINDING


DR. ANIL G. JOSHI
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I PATHOLOGY I MICROBIOLOGY I BIOCHEMISTRY

'Muktashram' Near Urban Bank Main Road, Rajarampuri 7th Lane
Kolhapur-416008. Ph.(Lab) 2521948, Resi.: 2524424, Mob.9890021948

Patient's Name : SRIKANTH VIJENDER KOTAKONDA

Age : 30Y SEX : MALE

Referred By Dr : MAX LIFE INSURANCE CO

Date : 04-04-2016

EXAMINATION OF URINE

NORMAL RANGE

PHYSICAL EXAMINATION		
QUANTITY	: 15 ML	
APPEARANCE	: CLEAR	
COLOUR	: PALE YELLOW	PALE YELLOW
SP. GRAVITY	: 1.015	1.012-1.020
CHEMICAL EXAMINATION		
REACTION	: ACIDIC	ACIDIC
PROTEINS	: ABSENT	ABSENT
SUGAR	: ABSENT	ABSENT
KETONE BODIES	: ABSENT	ABSENT
BILE PIGMENTS	: ABSENT	ABSENT
BILE SALTS	: ABSENT	ABSENT
MICROSCOPIC EXAMINATION(Findings /hpf)		
EPITHELIAL CELLS	: 1-2	1-2/hpf
PUS CELLS	: 0-1	0-1/hpf
RED BLOOD CELLS	: ABSENT	OCCASIONAL
CRYSTALS	: ABSENT	CAL.OXALATE-FEW
CASTS	: ABSENT	ABSENT
PARASITES	: ABSENT	ABSENT
OTHER FINDINGS	: ABSENT	



DR. ANIL G. JOSHI
M.D.D.C.P.

Working Hours : 8 a.m. to 8 p.m. (Sunday by Appiontment)

Dr. P. V. Gulavani
M. D; (Medicine)

Consulting Room 2524620
Residence 2523325

Consulting Physician and Cardiologist
Ex. Hon. Physician, C.P.R. Hospital, Kolhapur
Laxmi Nursing Home and Intensive Care Unit
8th Lane, Main Road, Rajarampuri, Kolhapur-416008

ELECTROCARDIOGRAM

Patient's Name **S. Srikanth Vijendar**
Karkikaudan

B.P. 124 / 50
mm Hg

Age 30 yrs Sex Male

Date 4.4.16

Previous Medication :

Dr. Anil G. Joshi
MBBS, MD, DCP,
Regd. No. 39395

Referred by :

Inference :

Normal ECG

Heart rate 84/min

Regular Sinus rhythm

Max Life Super Term Plan

UIN No:104N086V02

Traditional Non Participating Regular Pay Term Insurance Plan

Policy/Proposal No: 106590821

Date of Illustration : Apr 7, 2016 5:42:06 PM

Personal Details		Product Features	
Name of Policyholder		Policy Term (Years)	20
Age of Policyholder at Policy Inception	30 Years	Premium Paying Term (Years)	20
Gender of Policyholder	Male	Premium Paying Mode	Annual
Name of Life Insured		Option	Increasing Sum Assured
Age of Life Insured at Policy Inception	30 Years	Sum Assured	₹ 25,00,000
Gender of Life Insured	Male	State	Other
Risk Class	Non-Smoker		

Premium Summary

Base Modal Premium	₹ 5,550.00
Service Tax including cess on Base and Rider Modal Premium, if opted	₹ 804.75
Total Premium payable on Due Date along with Service Tax & Cess	₹ 6,354.75
Total Premium payable for the policy year	₹ 5,550.00
Total Premium payable for the policy year along with Service Tax & Cess	₹ 6,354.75

YEARLY ILLUSTRATIVE DETAILS
(This shall form a part of the policy document)

(All amounts are in ₹)

General Details			Benefits*	
Policy Year	Age of Life Insured (BOY)	Premium (BOY)	Guaranteed Death Benefit** for the year	Reduced Insurance Cover*** for the year
1	30	5,550	25,00,000	0
2	31	5,550	26,25,000	0
3	32	5,550	27,50,000	0
4	33	5,550	28,75,000	0
5	34	5,550	30,00,000	0
6	35	5,550	31,25,000	0
7	36	5,550	32,50,000	0
8	37	5,550	33,75,000	0
9	38	5,550	35,00,000	0
10	39	5,550	36,25,000	0
11	40	5,550	37,50,000	0
12	41	5,550	38,75,000	0
13	42	5,550	40,00,000	0
14	43	5,550	41,25,000	0
15	44	5,550	42,50,000	0
16	45	5,550	43,75,000	21,25,000
17	46	5,550	45,00,000	24,06,250
18	47	5,550	46,25,000	27,00,000
19	48	5,550	47,50,000	30,06,250
20	49	5,550	48,75,000	33,25,000

* There is no surrender or maturity value available under this plan.

** On death of the Life Insured the Policyholder/nominee will have an option to take either 100% of Guaranteed Death Benefit as lump sum or 50% of Guaranteed Death Benefit as monthly income for 10 years (settlement period) increasing at 8.5% p.a. (simple) every year starting from policy anniversary following the date of death. The same needs to be informed in writing through a standard letter at the time of filing the death claim form.

*** The policy offers "Reduced Insurance Cover" from policy year 16 onwards in case Policyholder discontinues premium payment after paying premiums for first 15 years. This feature is only available for policy terms of more than 15 years. For eligible policies, the "Reduced Insurance Cover" increases with the number of premiums paid before the policyholder discontinues paying the premiums.

Important Notes:

- This is only an illustrative document. It does not purport to be a contract of insurance and does not in any way create any rights and/or obligations.
 - All the benefits shown above are guaranteed and payable on approval of the death claim of the Life Insured.
 - **Death Benefit:** On the death of the Life Insured anytime during the term of the policy, the Company will pay the Guaranteed Death Benefit under the plan.
- Guaranteed Death Benefit is defined as the higher of:
- i. 10 times the Annualised Premium
 - ii. 105% of all premiums paid as on the date of death.
 - iii. Sum Assured effective on the policy anniversary previous or coinciding with the date of death.
- Annualised Premium includes extra premium (if any) but excludes service tax, education cess and any loadings for modal premiums and remains same irrespective of the premium payment mode.
- Please refer to the product brochures, for the understanding the product features and explanation of the terms used in this illustration.
 - Service tax, education cess and other applicable taxes would be levied as per applicable laws and would be borne by the Policyholder. Tax laws and the benefits arising under the Policy are subject to change.
 - You may be entitled to certain tax benefits on your premiums and benefits. Please note all the tax benefits are subject to tax laws prevailing at the time of payment of premium or receipt of benefits by you/your nominee.
- I Shilpa B. Patil (Name), have explained the terms and conditions and the benefits of the policy to the prospect/Policyholder in _____ language and he/she has understood the same.

Signature of Agent/Specified Person: S.B. Patil

Name and ID: Shilpa B. Patil, 264847

Place: Kolhapur

Date: 10/04/16

Company Seal:

I Srikanth V. Kotakonda (Name), having received the information with respect to the above, have understood the above statement before entering into the contract. I understand and intend to continue paying

the above said premium amount for the complete Premium Payment Term of 20 Years and as per the opted frequency. I also understand that the death benefit under the plan is guaranteed.

Policyholders Signature: K. Srikanth

Policyholders Name: SRIKANTH KOTAKONDA

Date: 10/04/16

Max Life Insurance Company Limited having its corporate office at 11th Floor, DLF Square, Jaccaranda Marg, DLF City, Phase II, Gurgaon 122 002

2010.1.2.8.6.61.5226484730.0000012500000.000001.00000121243 100000001000000 10000018001000000 0 1

Max Life Super Term Plan

UIN No:104N086V01

Traditional Non Participating Regular Pay Term Insurance Plan

Policy/Proposal No:[]

Date of Illustration : Apr 15, 2016 2:27:07 AM

Personal Details		Product Features
Name of Policyholder	SRIKANTH V KOTAKONDA 106590821	20
Age of Policyholder at Policy Inception	30 Years	20
Gender of Policyholder	Male	Annual
Name of Life Insured	SRIKANTH V KOTAKONDA 106590821	Increasing Sum Assured
Age of Life Insured at Policy Inception	30 Years	₹ 25,00,000
Gender of Life Insured	Male	Other
Risk Class	Non-Smoker	

Premium Summary

Base Modal Premium	₹ 5,550.00
Service Tax including cess on Base and Rider Modal Premium, if opted	₹ 804.75
Total Premium payable on Due Date along with Service Tax & Cess	₹ 6,354.75
Total Premium payable for the policy year	₹ 5,550.00
Total Premium payable for the policy year along with Service Tax & Cess	₹ 6,354.75

YEARLY ILLUSTRATIVE DETAILS
(This shall form a part of the policy document)

(All amounts are in ₹)

General Details			Benefits*	
Policy Year	Age of Life Insured (BOY)	Premium (BOY)	Guaranteed Death Benefit** for the year	Reduced Insurance Cover*** for the year
1	30	5,550	25,00,000	0
2	31	5,550	26,25,000	0
3	32	5,550	27,50,000	0
4	33	5,550	28,75,000	0
5	34	5,550	30,00,000	0
6	35	5,550	31,25,000	0
7	36	5,550	32,50,000	0
8	37	5,550	33,75,000	0
9	38	5,550	35,00,000	0
10	39	5,550	36,25,000	0
11	40	5,550	37,50,000	0
12	41	5,550	38,75,000	0
13	42	5,550	40,00,000	0
14	43	5,550	41,25,000	0
15	44	5,550	42,50,000	0
16	45	5,550	43,75,000	21,25,000
17	46	5,550	45,00,000	24,06,250
18	47	5,550	46,25,000	27,00,000
19	48	5,550	47,50,000	30,06,250
20	49	5,550	48,75,000	33,25,000

* There is no surrender or maturity value available under this plan.

** On death of the Life Insured the Policyholder/nominee will have an option to take either 100% of Guaranteed Death Benefit as lump sum or 50% of Guaranteed Death Benefit as lump sum and 0.42% of Guaranteed Death Benefit as monthly income for 10 years (settlement period) increasing at 8.5% p.a. (simple) every year starting from policy anniversary following the date of death. The same needs to be informed in writing through a standard letter at the time of filing the death claim form.

*** The policy offers "Reduced Insurance Cover" from policy year 16 onwards in case Policyholder discontinues premium payment after paying premiums for first 15 years. This feature is only available for policy terms of more than 15 years. For eligible policies, the "Reduced Insurance Cover" increases with the number of premiums paid before the policyholder discontinues paying the premiums.

Important Notes:

- This is only an illustrative document. It does not purport to be a contract of insurance and does not in any way create any rights and/or obligations.
 - All the benefits shown above are guaranteed and payable on approval of the death claim of the Life Insured.
 - Death Benefit: On the death of the Life Insured anytime during the term of the policy, the Company will pay the Guaranteed Death Benefit under the plan.
- Guaranteed Death Benefit is defined as the higher of:
- i. 10 times the Annualised Premium
 - ii. 105% of all premiums paid as on the date of death,
 - iii. Sum Assured effective on the policy anniversary previous or coinciding with the date of death.
- Annualised Premium includes extra premium (if any) but excludes service tax, education cess and any loadings for modal premiums and remains same irrespective of the premium payment mode.
- Please refer to the product brochures, for the understanding the product features and explanation of the terms used in this illustration.
 - Service tax, education cess and other applicable taxes would be levied as per applicable laws and would be borne by the Policyholder. Tax laws and the benefits arising under the Policy are subject to change.
 - You may be entitled to certain tax benefits on your premiums and benefits. Please note all the tax benefits are subject to tax laws prevailing at the time of payment of premium or receipt of benefits by you/your nominee.
- I _____ (Name), have explained the terms and conditions and the benefits of the policy to the prospect/Policyholder in _____ language and he/she has understood the same.

Signature of Agent/Specified Person:

Name and ID:

Place:

Date:

Company Seal:

I _____ (Name), having received the information with respect to the above, have understood the above statement before entering into the contract. I understand and intend to continue paying the above said premium amount for the complete Premium Payment Term of **20 Years** and as per the opted frequency. I also understand that the death benefit under the plan is **guaranteed**.

Policyholders Signature:

Policyholders Name:

Date:

Max Life Insurance Company Limited having its corporate office at 11th Floor, DLF Square, Jacaranda Marg, DLF City, Phase II, Gurgaon 122 002

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INSURANCE PREMIUM RECEIPT

Policy Number: 106590821 Date: 14-Apr-2016
Name: Mr. Srikanth Vijender Kotakonda Base Life Insured: MR. SRIKANTH VIJENDER KOTAKONDA
Address: B-1 BSNL STAFF QTERS Receipt Number: 106590821 /2016-17/01
TEMBALAI NAKA SHIVAJI
UNIVERSITY,KOLHAPUR Your Agent Advisor: Ms. Shilpa Basawant Patil
KOLHAPUR - 416004 Agent Code: 264847
Maharashtra Your Agent Phone No: 7385063546
General Office: Max Life Agency Distribution Kolhapur 1

Telephone: 7768934144,9422209288,

Dear Mr. Srikanth Vijender Kotakonda,

Thank you for choosing Max Life Insurance. This is to acknowledge receipt of your premium as per details below.

Should you need any further assistance, please call our Customer Help Line - 1800 200 5577 (Toll free from any network). You can also email at service.helpdesk@maxlifeinsurance.com

Yours Sincerely,
for Max Life Insurance Co. Ltd.

Authorized Signatory

Affix
Re1
revenue
stamp

SUMMARY OF POLICY INFORMATION

Plan	Premium paid inclusive of Service Tax # ***	For Due Date	Frequency	Effective Date of Coverage
Max Life Super Term Plan	6,354.75	10-Apr-2016	Annual	10-Apr-2016
Total	6,354.75			

Minimum Guaranteed Death Benefit / Death Benefit of base plan and term rider (if any) : RS 25,00,000.00

Next Premium Due on - 10-APR-2017

Note: || # Subject to realisation of monies. Commencement of risk shall be effective from the date of acceptance of risk. || *** Premium paid towards covering life of specified person would be eligible for deduction under provisions of Section 80C / 80CCC / 80D of Income Tax 1961, as per applicability and subject to levies under prevailing Tax Laws. || Service tax and Education cess would be applicable on the premium as per prevailing service tax rate. || We request you to please consult with your tax consultant for more information.

PRM20 V1.5 24052005
Max Life Insurance Company Limited
Plot No. 90A, Sector 18, Gurgaon, 122015, Haryana, India
Customer Help Line -1800 200 5577 (Toll free from any network)
Regd Office: Max House, 3rd Floor, 1 Dr. Jha Marg, Okhla, New Delhi 110 020, India
Visit us at: www.maxlifeinsurance.com E-
mail: service.helpdesk@maxlifeinsurance.com
Service Tax Regn. No. AACCM3201EST001
E.&O.E

A Max Financial Services and MS Joint Venture

**** ACKNOWLEDGEMENT OF RECEIPT OF POLICY ****

I hereby acknowledge the receipt of the Policy Document along with a copy of Proposal Form, Benefit Illustration & Key Feature Document.

I am aware that the policy purchased by me is Max Life Super Term Plan a traditional plan with below mentioned plan details :-

Policy No.	106590821
Policy Holder	MR. SRIKANTH VIJENDER KOTAKONDA
Sum Assured	25,00,000.00
Total Premium (Inclusive of Service Tax & Rider Premium)	6,354.75
Premium Frequency	Annual
Premium Payment Term (in years)	20
Policy Maturity (in years)	20
Policy Maturity Date	10-Apr-2036

I hereby acknowledge receipt of the above.

(Relationship with the Policy Holder)

Self ☐

Spouse ☐

Parents ☐

Children (Only if above 18 years) ☐

Others ☐ _____ (please specify relationship)

Date

Recipient's
Signature

Recipient's
Full Name

c.c. : 264847

Work Ph 1 :

Work Ph 2 :

Office : Max Life Agency Distribution
Kolhapur 1

MS. SHILPA
BASAWANT PATIL

Home Ph 1 : 9021889031

Home Ph 2 :

"Note - Please submit this form within 10 days of receiving the Policy Pack to your nearby Max Life office/ Agent / Max Employee". Kindly submit self attested id proof of the receiver if signed by Spouse /Parents/ Major Child/ Others."

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