



ANNEXURE TO ELECTRONIC APPLICATION

Proposal Number 1

338578313

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Proposal Number 2 (Combo Plan)

Transaction ID

740413

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I / We have filled the proposal electronically and have received the benefit illustration on email OR reviewed it on a tablet / desktop.

I ALLIED BUSINESS SOLUTIONS . & MOHAMED RAFFI MANSOOR A am submitting my Electronic Application for product Max Life Super Term Plan(facilitated by Mr. / Ms. Mr. Srinivasan S. C.) of my own volition and have understood the contents of the Electronic Application, and the relevant sales literature including product features, benefits, applicable charges and am aware of the investment risk under the Policy.

I / We are aware that suitability information has been collected from me/us and recommendation on purchase of life insurance product has been made only basis such information and any product selected by me/us that differs from such recommendation is on the basis of my/our personal choice. I / we have seen and understood the benefit illustration shown to me / us on the screen electronically or provided to me / us in physical form, as the case may be. I / we have disclosed all material information and not withheld any information that may be relevant to enable Max Life to take an informed decision about the acceptability of the Electronic Application. I also confirm that the information in the Electronic Application, including the state of health and lifestyle habits of the life to be insured is true and complete. I / we have submitted the confirmation number sent on my mobile number/ email id as a confirmation of the contents of the Electronic Application and the benefit illustration and agreement to the terms therein.

I have opted for the Combination Solution voluntarily (wherever applicable) as it would assist me in planning my finances. I also understand that these are different products and can also be purchased separately.

I understand that I have disclosed my personal information including Aadhar number with Max Life and I hereby provide consent to Max Life to share my information with its authorized service providers for servicing this policy/proposal such as issuance, renewal, claims process with respect to this policy as per the regulation applicable from time to time. I voluntarily consent to link my Aadhar number with all my Max Life policy/policies and also authorize Max Life to use it for authentication or other applicable purposes.

I/We understand and agree that by submitting the Electronic Application, I / we will be bound by the statements / disclosures of material facts made therein in the same manner, as if I / we have signed and submitted a written proposal for insurance to the Company and these shall be the basis of a contract between me/us and the Company. I / we undertake to notify the Company of any change in statements made in the Electronic Application subsequent to its submission and before acceptance of risk and issuance of the policy by the Company. I / we understand that in case the Company detects any fraud or mis-statement or suppression of fact material to my/our life expectancy, the Company reserves the right to take appropriate action in accordance with Section 45 of the Insurance Act.

I / we hereby declare and confirm that I / we will make the first and subsequent premium payments towards this Electronic Application out of legally declared and assessed sources of income and will ensure that such payment is permitted under Section 80C / 80D of the Income Tax Act, 1961 and submit a third party declaration in case the premium payment in case the premium is paid out of any account other than my own. I / we undertake to provide information as regards the sources / utilization of funds as and when required by the Company.

I / we hereby declare and confirm that details provided in Form 60 attached to this Electronic Application (wherever applicable) are true and correct to the best of my knowledge and belief. I declare that I do not have a Permanent Account Number and my/ our estimated total income (including income of spouse, minor child etc. as per section 64 of Income-tax Act, 1961) computed in accordance with the provisions of Income-tax Act, 1961 for the financial year in which the above transaction is held will be less than maximum amount not chargeable to tax.

I / we understand that the Company will not be liable unless the premium is received and realized by it within the time period stipulated for the same subject to underwriting by it. I / we hereby authorize the Company to conduct screening / confirmation of my / our health status through medical examinations on the basis of which, the Company may accept, decline or offer alternate terms on my proposal. I/we hereby authorize my past and present employer(s) / associate(s) / medical practitioner(s) / any insurer or any other organization to disclose and make available to the Company my/our information.

I / we have received a copy of the filled up proposal form via email on the below mentioned date (applicable in case customer has provided email id in the Electronic Application) and after observing the said copy, I / we confirm that all the content / information therein is correct to the best of my / our knowledge.

Confirmation number acceptance date 05/05/2020

Place _____

(Proposer's signature)

Life Insured's signature (If different from Proposer)

Please provide vernacular declaration on Page 2 if signature is other than in English

Important Notes

- In case of acceptance of the Electronic Application on completion of underwriting, the Company shall dispatch the policy documents to the address and/or the email id (if available) provided in the Electronic Application, as applicable.
- Section 45 of Insurance Act, 1938:** No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of issuance of policy, from the date of the Commencement of Risk or Revival of the policy or the date of the rider to the policy, whichever is later. However, Insurer may question the Policy at any time within three years from the date of issuance of policy, from the date of Commencement of Risk or Revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud, in which case insurer shall inform Proposer/Life Insured/legal representatives in writing specifying the grounds and materials on which such decision is based. For other details please refer to Section 45 of the Insurance Act, 1938 as amended from time to time.
- Section 41 of Insurance Act, 1938:** 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. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.
- Section 39 of the Insurance Act, 1938:** In case nomination facility is availed, section 39 of the Insurance Act, as amended from time to time shall apply.
- Free Look Period:** If you are not satisfied, you may opt to cancel the Policy by returning the original policy to the Company with a written request within 15 (Fifteen) days (30 (Thirty) days if Your Policy has been sourced through distance marketing modes) from the date of receipt of the Policy. Traditional Insurance Plans: You shall be entitled to a refund of premiums paid, subject only to deduction of a proportionate risk premium for the period of cover and the expenses incurred by the company on medical examination of the Life Insured and stamp duty charges. Unit Linked Plans: You shall be entitled to an amount which will be equal to non-allocated premium plus charges levied by cancellation of units, plus fund value at the date of cancellation, less charges deducted towards mortality and rider benefit (including service tax on these charges) for the period of cover, expenses incurred on medical examination of the Life Insured, if any, and on account of stamp duty charges.

Agent Advisor Declaration

I hereby declare that I have explained the contents of this Electronic Application and I have also explained all the important features of Max Life insurance plan to address customer's need and have thereby ensured that the same is completely understood by the Life Insured and have truthfully recorded the answers provided to me. I have also explained that the answers to the questions contained in this Electronic Application form the basis of the contract of 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 to make an informed decision, the Company shall have the right to vary the benefits which may be payable and / or repudiate the policy by refunding the premiums collected on the policy till the date of repudiation (where applicable), if any, subject to such fraud or mis-statement or suppression of fact material to the life expectancy of the Life Insured being established by the Company. I confirm that to the best of my knowledge, the Life to be insured does not suffer from any physical or mental abnormality or handicap or has/had been hospitalized, undergone any surgery or treatment or he/she is not involved in activities including any hazardous avocation or occupation or any other information material for underwriting this Electronic Application, unless expressly stated in the Electronic Application. I also declare and represent to the Company that I am in full compliance with all the legal & regulatory requirements applicable to agent / corporate agent / specified person / broker and any other circular, instruction issued by IRDAI from time to time.

I certify and confirm having seen the originals of the documents uploaded along with the Electronic Application and their upload via my unique ID is to be taken as my attestation of the documents.

In the event this is a replacement sale, I confirm that I have adequately explained the consequences thereof to the customer.

Date	_____	442049	_____	_____
Place	_____	1 st Agent advisor signature	1 st Agent code	2 nd Agent advisor signature
				2 nd Agent code

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This part is only applicable for cases where Proposer/Insured signs other than English language or is illiterate.

Vernacular / Illiterate Declaration (Declaration to be made by a person of standing 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 Insured in ----- language, as understood by him /her and that the left thumb impression / signature of the Proposer/Life Insured has been appended / affixed after fully understanding the contents thereof. I have truthfully recorded the answers given by the Proposer / Life Insured.

Name of Declarant

Address of Declarant

Declarant's Signature

I have understood the content of the Electronic Application as explained to me in _____ language by Mr . / Ms. _____, filling in the Electronic Application and, after the same, I am affixing my signature / thumb impression.

Signature / Thumb impression of the Proposer