

3.Education & Occupation Details

| | | | | | | | | | | |
|------------|--|-------------------------------------|--|----------------------------------|---------------------------------|---|-------------------------------------|--|----------------------------------|-------------------------------|
| Education | <input checked="" type="checkbox"/> Master & above | <input type="checkbox"/> Graduation | <input type="checkbox"/> Matriculation | <input type="checkbox"/> Primary | <input type="checkbox"/> None | <input type="checkbox"/> Master & above | <input type="checkbox"/> Graduation | <input type="checkbox"/> Matriculation | <input type="checkbox"/> Primary | <input type="checkbox"/> None |
| | <input type="checkbox"/> Salaried | <input type="checkbox"/> Business | <input type="checkbox"/> Professional | <input type="checkbox"/> Retired | | | | | | |
| Occupation | <input type="checkbox"/> Housewife | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Student | <input type="checkbox"/> Others | <input type="checkbox"/> Salaried | <input type="checkbox"/> Business | <input type="checkbox"/> Professional | <input type="checkbox"/> Retired | |
| | <input type="checkbox"/> Housewife | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Student | <input type="checkbox"/> Others | | | | | |

BUSINESS ANALYSIS
GOOD EMPLOYER LTD.
WWW.GOODEMPLOYER.COM

4.KYC & AML Details

| | | | |
|---|-------------------------|------------------|---|
| Annual Income (in ₹) | 2,00,000 | Proposed Insured | Proposer / 2 nd Proposed Insured |
| PAN | T F P P V 9 1 5 6 0 | Form 60 | Form 60 |
| GSTIN, if available | | | |
| Aadhaar No. | 444422225555 | | |
| Unique KYC Identifier code | | | |
| E-Insurance Account (eIA) No.* | G P G 2 4 9 6 7 4 1 2 3 | | |
| *For opening new eIA please submit separate application form. | | | |
| Age Proof | AADHAR | | |
| Identity Proof | PASSPORT | | |
| Address Proof | ELECTRICITY BILL | | |
| Income Proof | INCOME TAX RETURN | | |
| Any other document/s | | | |

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

| | | |
|-------------------------|------------|-----------|
| Name & Surname | POOJA NYAS | Nominee 2 |
| Date of Birth | 25-07-1986 | |
| Relationship to Insured | SPOUSE | |
| % Share of Nomination | 100% | |

Appointee Details (If Nominee is a minor)

D D M M Y Y Y Y

Relationship to Nominee

6.a) Product Details

| | | | | | |
|------------------------------|--|-----------------------------------|---|------------------------------------|----------------------------------|
| Product Name | BAJAJ ALLIANZ FUTURE WEALTH PLUS | | | | |
| Option/Variant | | | | | |
| Product Type | <input checked="" type="checkbox"/> Unit Linked <input type="checkbox"/> Health <input type="checkbox"/> Non Unit Linked If Policy has to be backdated, mention date 11.04.2019 <input type="checkbox"/> Systematic Partial Withdrawal <input type="checkbox"/> % of Fund Value <input type="checkbox"/> Extended Life Cover <input type="checkbox"/> Yearly <input checked="" type="checkbox"/> Half yearly <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly | | | | |
| Premium Amount | 30,000 | | | | |
| Multiplier (For Unit Linked) | 30 | Premium Paying Term | 10 | Benefit Term | 15 |
| Premium Frequency: | <input type="checkbox"/> Single | <input type="checkbox"/> Yearly | <input checked="" type="checkbox"/> Half yearly | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Monthly |
| Premium Paid by | <input checked="" type="checkbox"/> Proposed Insured | <input type="checkbox"/> Proposer | <input type="checkbox"/> Others (Third Party) | | |

For Third Party Premium Payment

| | | | | | |
|----------------------------------|-------------------|--------|------|--------|--|
| Premium Payer's Name | | | | | |
| Relationship to Proposed Insured | | | | | |
| PAN | Aadhaar No. | | | | |
| Date of Birth | D D M M Y Y Y Age | Gender | Male | Female | |
| Address | PIN code | | | | |

6.b) For Pension Products (The annuity option selected shall be subject to the availability of the option on the date of vesting)

| | | | | | | | | |
|-----------------------------|---|-----------------------------|---------------------------------|--------------------------------------|------------------------------------|----------------------------------|-----------------------------|---|
| Spouse Age | (years) | Age at Vesting | <input type="checkbox"/> Yearly | <input type="checkbox"/> Half yearly | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Monthly | | |
| A) <input type="checkbox"/> | Annuity for life | B) <input type="checkbox"/> | Annuity for Life with ROC | C) <input type="checkbox"/> | Annuity for life with certain for | <input type="checkbox"/> Years | D) <input type="checkbox"/> | Joint Life Last Survivor with 50% of annuity to spouse |
| E) <input type="checkbox"/> | Joint Life Last Survivor with Roc on death of Last Survivor (100% of annuity to spouse) | | | | | | F) <input type="checkbox"/> | Joint Life Last Survivor with 100% of annuity to spouse |

7.Bank Details

| | |
|--------------------|--|
| Bank & Branch Name | ICICI - UPPAL HYD |
| Account Number | 000110088111 |
| IFSC Code | ICIC10101010 |
| Account Type | <input type="checkbox"/> Current <input checked="" type="checkbox"/> Savings <input type="checkbox"/> NRE <input type="checkbox"/> NRO |

Premium Collection Details

| | | | | | |
|--------------------------------|--|-------------------------------|--|-------------------------------|--------|
| Proposal Deposit | <input checked="" type="checkbox"/> Cheque | <input type="checkbox"/> DD | <input type="checkbox"/> Credit/Debit Card | <input type="checkbox"/> Cash | |
| Renewal Premium Payment Method | <input type="checkbox"/> Cheque/Cash/DD | <input type="checkbox"/> NACH | <input type="checkbox"/> CCSI | <input type="checkbox"/> ADI | |
| TOP UP Sum Assured | 12,500 | TOP UP Multiplier | 1.25 | TOP UP Premium Amt | 10,000 |

8. Details of Policies held and/or applied for with Bajaj Allianz Life Insurance Company Limited and/or any other insurance Company, including details of declined, deferred or postponed proposals

Has any of life and /Health Insurance or Critical Illness Insurance proposal or revival request been declined / postponed / dropped / rated up or accepted with modified terms?

Annual premium paid by you for Insurance policies of your spouse / children / dependents?

Please provide if any Life Insurance / medical Insurance cover held or currently applied with any of the Insurer?

9. Family Details

Is there a history of Diabetes, Cancer, High Blood Pressure, Heart or Kidney diseases, communicable diseases like Tuberculosis, Alcoholism, Mental Illness or suicide in your family?

If Yes, how many family members were aged 50 or below at the time of diagnosis?

Proposed Insured

| | |
|------------------------------|--|
| Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| ₹ 50,000 | |
| Count of Total Policies | Total SA (in ₹) |
| 2 | 1,50,00,000 |

2nd Proposed Insured

| | |
|------------------------------|-----------------------------|
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ₹ | |
| Count of Total Policies | Total SA (in ₹) |
| | |

Proposed Insured

| | |
|---|-----------------------------|
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 02 | |

2nd Proposed Insured