

### 13. Declaration

- I/we hereby declare and agree that:-
- I/we have read the application/the same was interpreted to me/us by the person filling the Proposal Form whose name is mentioned herein below, and the answers entered in the application are mine / ours;
  - I/we hereby certify that I have signed on the Proposal form after fully understanding the content and purport of the nature of the information asked for in this Proposal Form and confirm that each of the above answers is full, complete, and true to the best of my knowledge and nothing has been concealed and suppressed or declared false. I/we understand that Bajaj Allianz Life Insurance Company Ltd. (hereafter called the company) believing on the answers, will rely and act on them in utmost good faith, without verification or confirmation of any of my answers.
  - Such application shall not be considered as effected by reason of any money paid or settlement made in payment of or on account of any premium paid, until this application is received by the Company and is finally approved by an authorized officer of the Company during my/our lifetime;
  - Any personal information collected or held by the Company (whether contained in the this application or otherwise obtained) may be held, used and disclosed by the Company to reinsurance companies, claims investigation companies for doing claim analysis.
  - i) I/we hereby irrevocably authorize:-
  - a) any organization, institution or individual that has any record of knowledge of my/the insured's health and medical history or any treatment or advise that has been or may hereafter be consulted or other personal information to disclose to the Company such information and such information shall only be used to decide on the terms of acceptance of this proposal or any claim arising out of the policy of insurance issued in accordance with this proposal. This authorization shall bind my/the insured successors and usages and remain valid notwithstanding my/the insured's death or incapacity in so far as legally possible.
  - iii) And I/we further agree that if after the date of submission of the proposal but before the communication to me/us of issuance of the First Premium Receipt on acceptance of proposal
  - a) any change in my/insured occupation or any adverse circumstances connected with my/insured financial position or the general health of myself/insured or that of any members of my family, occurs or
  - b) if a proposal for assurance or any application for revival of a policy on my life made to any office of the Company or any other Company has been withdrawn or dropped, deferred or accepted at an increased premium or subject to a lien or on terms other than as proposed I/we shall forthwith intimate the same to the company in writing to reconsider the terms of acceptance of assurance. In the case of fraud or misrepresentation by me, I/we understand that action will be taken or the policy will be cancelled in accordance with the provisions of Section 45 of the Insurance Act, 1938, as amended from time to time
  - iv) Notwithstanding my registration with the NCPR or any Telecom Service Provider under Fully/Partially blocked category, I hereby consent to and authorize Bajaj Allianz Life Insurance Company Limited (hereinafter referred to as Company) to call or send SMS on the telephone number mentioned in this proposal form or any other telephone number as may be provided to the Company by me or contact me, through its representatives, for any matter (including ascertaining of feedback) relating to this proposal for insurance or any matter concerning the policy of insurance which may be issued pursuant to this proposal for insurance. I further authorize the Company to mail all service related communications to the email id as mentioned in the application form (applicable only if email id provided).
  - v) I/we declare that money used by me/us to pay the premium/s under the policy is acquired by legal means and confirms to the AML guidelines as they are updated from time to time.
  - vi) I hereby provide my consent in accordance with Aadhaar Act, 2016, and regulations made there under for (a) collecting, storing and usage (b) validating / authenticating and (c) updating my Aadhaar number.

### 14. Signature

(Please do not sign on blank Proposal)

Signature or thumb impression  
of Proposed Insured

Signature or thumb impression of  
2nd Proposed Insured/Proposer

Place: HYDERABAD

Date: 13052019

Name & Address of the Witness \_\_\_\_\_

Witness Date

13052019

Signature of Witness

**Vernacular Declaration:** If signature of Proposer is in other than English Language.

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

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

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

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

"I certify that the contents of the form and documents have been fully explained to me by (Name, Designation, and occupation) Mr. / Mrs.: AMIT SHARMA and I have understood the significance of the proposed contract." Signature or thumb impression of the person whose life is proposed to be assured: \_\_\_\_\_

Vernacular declaration: \_\_\_\_\_

Customer's Preferred Language

Signature or thumb impression

ENGLISH  Other Language

### 15. Insurance Consultant / Sales Intermediary-Details & Report

Name & Surname of Proposed Insured

AKHISH V YAS

KYC / AML Documents Collected

How long you have known Proposed Insured?

Year  Month

As Identity Proof  VOTER ID

Is Proposed Insured immediate relative of IC or of BALIC employee?

Yes  No

As Address Proof  PASSPORT

Proposed Insured Occupation & Income details

As Age Proof  Aadhar

Is Proposed Insured physically handicapped or having any adverse feature?

If Yes, please provide details

Any other documents  NA

Any other risk associated with Occupation, Sports Pursuit, Financial/Social Position or Personal Habits of Life to be Assured/ Annuitant that could affect the risk in the Insurance Proposal: NO RISK

FSC/IC Code  1C1C0251210 Lead by code  0123456

Relationship ref. code  294A24621

FSC/IC Name  1C1C0251210 Sub id-code  25461234

Emp code  AP123456

SP name  ATUL SP code  AP123456

On the basis of my independent inquiries, I certify that the particulars of the applicant are the same as stated in the proposal form. I state that the proposal has been filled up by the proposer/ person authorized by the proposer after fully understanding the nature of the questions in the proposal form and importance of disclosing all material information that has been explained by me to the proposer. I have also explained the features and benefits of the product plan to the applicant vide Benefit Illustration No. 2451, if any, before the applicant consented to it. I also confirm that I have not induced or coerced the applicant / life assured have responded in their free volition. To the best of my knowledge the applicant has not applied for life insurance through any other agent other than indicated in the proposal form. I recommend this proposal for insurance. I confirm having verified the identity and address of the customers and proofs submitted for the same.

Signed by:  
 FSC/IC  Designated Employee in case of Brokers  
 MI Agent  Employee in case of Direct Business

Specified Person in case of Corporate Agents  
 Specified Person for others

Place: \_\_\_\_\_  
Date: 13052019

**SECTION 41 of the Insurance Act 1938:** Section 41 of the Insurance Act 2015 as amended from time to time shall be applicable to your policy. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer. Any person making default in complying with the provision of the section shall be punishable with a fine that may extend up to ten lakh rupees.

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

\*FUND NAMES AND SFIN: LIQUID FUND: ULIF02510/07/06LIQUIDFUND116; BOND FUND: ULIF02610/07/06BONDFUND116; PURE STOCK FUND: ULIF02712/07/06PURESTKFUN116; EQUITY INDEX FUND II: ULIF03024/07/06EQTYINDEX02116; ASSET ALLOCATION FUND: ULIF04528/09/07ASSETALLOC116; EQUITY GROWTH FUND II: ULIF05106/01/10EQTYGROW02116; ACCELERATOR MID CAP FUND II: ULIF05206/01/10ACCMIDCA02116; BLUE CHIP EQUITY FUND: ULIF06026/10/10BLUECHIP02116; ASSURED RETURN FUND: ULIF06127/01/11ASSRDRTRN116; GUARANTEED BOND FUND: ULIF06322/09/11GTEBOND02116; PENSION BUILDER FUND: ULIF06908/02/13PENSIONBUI116; PURE STOCK FUND II: ULIF07709/01/2017PURSTKFUN2116.

Glossary of all full form of riders:- WOP (Waiver of Premium); ADB (Accidental Death Benefit); APTPDB (Accidental Permanent Total/Partial Disability Benefit); FIB (Family Income Benefit); C.I. (Critical Illness)