LIFE GOALS, DONE.	(In this Policy the Investment Risk in Inves	nent Portfolio is borne by Policyholder)	
Bajaj Allianz Company Ltd.,	NON-MEDICAL	13456477474373 PR	OPOSAL FORM FOR LIFE INSURANCE
Bajaj Allianz House, Airport Roa		NIU	
C	Unit Linked TO BE FILLED IN BLOCK LETTERS WITH BLUE INK ONLY For office use only)	CIN	: U66010PN2001PLC015959
Proposal No.	Employee Individe	Bancassurance Corporate	DMC Others Sector Urban Rural
Bank Ref. Code	FSC Name/IC Name		FSC Branch
STM Code	FSC Code/IC Code		STM Name
STM Branch	Receipt No.		PAN No.
tunni V	elA)E-insurance account (elA) details	Adhaar No.	
1. Personal Deta		2. PROPOS	ER (To be filled if other than Proposed Insured)
Prefix – Mr./ Mrs./ Ms Purpose of	/ Dr. Suffix: MBBS/ CA /LLB/ Others	Prefix Mr./ Mrs./ Ms/ I	
Insurance	Financial Protection	Name _{First}	
Name _{First}	ASHISH	Middle Last	
Middle		Date of Birth	y y Sex Maie Female
Last	VAYAS		Y Y Y Y SEX WIGHT FEITHE
Date of Birth	6 G 1 1 L G 8 4 Sex Male Female	Nationality	
Nationality Country of	INDIAN	Residence	
Residence (2 4 Place of Birth DELHE	Age Place of B	irth
Age Proof	Birth Certificate Passport Per. Driving License	Age Proof Birth Certificate	Passport Per. Driving License
ID Proof	School Certificate Service Record Others Adhar Card Driving License PAN card Passport	School Certific	ate Service Record Others Driving License PAN card Passport
1011001	☐ Voter ID card ☐ Others	☐ Voter ID card	
3. Family Detail		4. RESIDE	NTIAL AND MAILING ADDRESS
Marital Status	Spouse's Date of Birth 2 5 0 4 9 8 6	C/O Flat/Door no.	Relation to LA:
If Married Place of Birth	Spouse's Date of Birth 2 5 0 7 1 9 8 6	Name of Premises 5 V R	RESTOENCY
Father's Name	KMRSTIMINANC	Road/Street/Lane	LADRI ROAD
Mother's Name	NITHLES W VYAS	Landmark (Near/Opp)	
Husband's Name	F S B S T M L A S T	Viliage NEE	LADRINAHAR
Maiden name for		Post/Area/Nagar BANO	ALORE Town/Suburb/Taluka
Preferred mode o Preferred languag	e English Hindi Marathi Punjabi Oriya Malayalam	District KAKIN	ATAILAState
	Kannada Gujarati Telugu Bengali Assamese Tamil	County Code	Pin Code 56001 Area Code Tel. No.
5. IT Assessee	3 & C PM 0 3 5 2 C Form 60 -	Tel.	Area Code lef. No.
-		Country Code	Mobile No. G L 7 L G 1 7 7 9 9
Unique Identification n Do you want to assign	Yes If policy has to be	Mobile + 9 1	77777777
the policy after issuance?	No backdated, mention date 0 0 M Na y y y y	Address Passport	Telephone Bill Electricity Bill Driving License
GSTIN, if available			d Current Bank Passbook Others
Name & Surname	Under Sec. 39 of Insurance Act 1938) To be filled where Proposed Insured and Nomines 3	aposer are same 7. Appointee Details	(If Norninee is a minor)
Date of Birth Relationship to Insure	16-09-1986 d SPOUSE	D D M M Y	YYY
% Share of Nomination		Relationship to Nominee	
	Occupation Details PROPOSED INSURED		
Education	Non-matriculation (if non-matric, please state the highest standard Matriculation Graduation & Higher None	Employer's Name	
Annual Income Occupation*	Salaried Agriculture Investment Housewife Unemployed	Address	
	Retired Business Professional Others		
Income Proof Industry Type	Nature of Duties	Office Phone No. *Please inform the Company of any change in occu	
9. a) Bank details of p	roposer	Please inform the Company of any change in occu	pauon in the fature.
Bank & Branch Name	Account No.	IFSC Code	
Recurring Direct Debit A/c, No.	MICR Code:	A/c Type:	
9. b) Renewal Pren	nium Payment Method Cheque/Cash/DD NACH CCSI	ADI	
Amount in wo	rds (in Rs.)	Top-up Surn Assured	
Top-up Multipl	ier Top-up Rs.	Date 0 0 M M Y Y Y	Cheque No.
10. Coverage Infor	As i	70 -22-3	
-	3EST PLAN - 001 Option/Variant 001		enefit term 25 years Entry Age 34 years
Premium Amount Sum Assured / GMB	1,000 Extended Life Cover Multiplier 0 1 0		DD Credit/Debit Card Cash
Systematic Partia		remium Frequency Single	Annual Half-yearly Quarterly Monthly
of Fund Value			
) Proposer/ 1" Proposed Insured SERN ASSERTED WOP for base policy and rider(s) chosen	Riders (Tick if required) Proposer/ 2**Proposed I ADB Sum Assumed APTPD	WOP for base policy
FIB :	Sure Assured CI Sum Assured	FIB Sure Assured CI	Sum Assured and Inter(s) chosen
11. a) Premium . NAME O	Apportionment For Unit Linked FFUND* % NAME OF FUND* %	 b) Details of previous insurance h Insurance Company/other med 	eld/currently applied with Bajaj Allianz Life lical insurance policies, if any
NAME O	F FUND* % NAME OF FUND* %		nce Company Amount of Insurance Status
☐ Investor Selectable P	Portfolio Strategy Wheel of Life Portfolio Strategy Systematic Switching Op	(022) ac	& SFIN, please see bottom of proposal form
Trigger based Portfo	ortfolio Strategy		S SFIN, please see bottom of proposal form 67

12. Whether a proposal or request for re	evival decimed, deterred, rates			
if yes give details 13. a) Have you ever used tob:	rera/Narratics/Airabal as	any addictive dever in any form or	undergone any treatment for narcotis	s drugs? Yes No
13. a) Have you ever used tobi	per day If quit sine	Fr	equency of consumption	Quantity of consumption mi
Has the consumption of alcohol increased of		Yes Equally Less	r week	JEI WEEK.
13. b) Are you a Politically Exp	osed Person(PEP)"			Yes No
If yes give details Politically exposed persons are individuals who are or he ate-owned corporations, important political party offic	ave been entrusted with prominent pul	blic functions in a loreign country, e.g., Heads of	States or of Governments, senior politicians, senior gov	vernment/judicial/military officers, senior executives of
14. Family Details	ans to tituries are rating thember of an	describer des amistalouses como ist, e di coss	anniga, in moral	
Members Age Health Sta	tus Alive Age when die	d Cause of Death Members Sister	Age Health Status Alive	Age when died Cause of Death
Mother		Spouse		
Brother 15. DECLARATION OF GOOD HEALT		Children	Proposed Insured	Proposer
		ase, stroke, cancer, hepatitis or mental illness stem such as Asthma, tuberculosis?		T I Yes I No TT
iii. Have you ever had or been advised to unde	ergo hospital treatment or surgery?	7	Yes No	cms Yes No cms
v. Any defect, physical handicap or mental ha	ındicap ?	15 ?	Yes No	kg Yes No kg
vi. Have you consulted any medical practition 16. Females only	er within the last 12 months for any	y condition other than minor impairments su	ch as colds or flu? Yes No	─ Yes No ───
a) Are you currently pregnant?	Yes No If yes, current n		e at first pregnancy : : Years	
b) Have you consulted a gynaecologist	for reason other than pregnancy	'? Yes No If Yes	(Give Details)	
c) Have you ever had abortion, miscarrio				Yes No
d) Total life insurance coverage (Surn a Based on the information given by the proposed	insured, the insurer reserves the rig	jht to call for any further information in any fo	Annual income of Husband rmat such as, but not limited to full proposal form,	medical history, diagnosis, when it happened,
treatment taken, names of medications, tests do		DECLARATION		
answersentered in the application are mine / ours:	(b) I/We hereby certify that I have sign	ned on the Proposal form after fully understanding	ome /us by the person filling the Proposal Form wh ng the content and purport of the nature of the inform	ation asked for in this Proposal Form and confirm
that each of the above answers is full, complete, ar company believing on the answers, will rely and a	id true to the best of my knowledge ar ct on them in utmost good faith, witho	nd nothing has been concealed and suppressed out verification or confirmation of any of my answ	or declared false. I/We understand that Bajaj Allianz L rers. (c) such application shall not be considered as eff	ife Insurance Company Ltd. (herealter called the ected by reason of any money paid or settlement
theCompany (whether contained in the this appli	cation or otherwise obtained) may be	held, used and disclosed by the Company to re	orized officer of the Company during my/our lifetime; insurance companies, claims investigation companie	s for doing claim analysis.
orother personal information to disclose to the Co	mpany such information and such info	ormation shall only be used to decide on the term	l's health and medical history or any treatment or adv ns of acceptance of this proposal or any claim arising o	ut of the policy of insurance issued in accordance
iii)And I/We further agree that if after the date of	submission of the proposal but befor	re the communication to me/us of issuance of t	y/ the insured's death or incapacity in so far as he First Premium Receipt on acceptance of proposal	(i) any change in my/insured occupation or any
to anyoffice of the Company or any other Company	has been withdrawn or drooped, defe	erred or accepted at an increased premium or sul	y family, occurs or (ii) if a proposal for assurance or any oject to a lien or on terms other than as proposed I/we : action will be taken or the policy will be cancelled in	:hall forthwith intimate the same to the company
theinsurance Act 1938, as amended from time to t	ime		and authorize Bajaj Allianz Life Insurance Company Lir	
send SMS on the telephone number mentioned in the this proposal for insurance or any matter concerning	sis proposal form or any other telephone g the policy of insurance which may be i	e number as may be provided to the Company by n	ne or contact me, through its representatives, for any ma rther authorize the Company to mail all service related o	itter i including ascertaining of feedback i relating to
application form (applicable only if email id provide v) I/we declare that money used by me/ us to pay t	i). he premium/ s under the policy is acqu	rired by legal means and confirms to the AML guid	delines as they are updated from time to time.	
vi)I hereby provide my consent in accordance with	Audhuar Act, 2016, and regulations ma		ge(b) validating / authenticating and (c) updating my /	
		SEECHMEN SIGNATURE	(Please do not sign	on blank Proposal Form)
	Signature or thumb	SPECIMEN SIGNATURE		on blank Proposal Form)
	Signature or thumb impression of Proposed Insured	SPECIMEN SIGNATURE	Signature or thumb Date: impression of 2 [™] Proposed	an blank Proposal Form)
		SPECIMEN SIGNATURE	Signature or thumb Date:	on blank Proposal Form)
Name & Address of the witness	impression of Proposed	SPECIMEN SIGNATURE	Signature or thumb Date: impression of 2 [™] Proposed	an blank Proposal Form)
	impression of Proposed Insured	SPECIMEN SIGNATURE	Signature or thumb Date: impression of 2 [™] Proposed	an blank Proposal Form)
Signature or thumb impression of	impression of Proposed Insured	Place: VERNACULAR DECLARATIO	Signature or thumb Date: impression of 2" Proposed Insured/Proposer Place:	an blank Proposal Form)
Signature or thumb impression of Vernacular Declaration: If signature of Prope "Thereby declare that I have fully explained the	impression of Proposed Insured the witness seer is in other than English Langue above questions to the proposer ar	Place:	Signature or thumb Date: impression of 2" Proposed Insured/Proposer Place:	an blank Proposal Form)
Signature or thumb impression of Vernacular Declaration: If signature of Prope "Thereby declare that I have fully explained the Name of the Declaring: In case the Proposer is littlerate, his/her thumb	impression of Proposed Insured the witness seer is in other than English Langue above questions to the proposer ar Signature: impression should be attested by a	Place:	Signature or thumb Date: Impression of 2" Proposed Insured/Proposer Place: Date: Date: ON of the Declarant: be established, but unconnected with the insurer	D D M W Y Y Y Y D D M D Y Y Y Y and this declaration should be made
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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 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, that the insurer shall have to communicate in writing to the insured or the legal representatives or nomines 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 case the policyholder is not alive. A policy of life insurance may be called in question at any time within the event of the insured have insured that in case of fraud, the council of stips of light export the beneficiares, 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 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 thrat that in case of repudiation of the policy of the ground of mis-statement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy of life insurance is based. Provided thrat that increase of repudiation of the policy of the ground of mis-statement or suppression of a material fact, an

Section 95 of the insurance ALC, 1936, 36 office insurance United.

**PUND NAMES AND SIRS: LIQUID FUND: ULIF02510/07/06LQUIDFUND116; BOND FUND: ULIF02610/07/06BONDFUNDL1116; PURE STOCK FUND: ULIF02721/07/06FUNESTKFUN116; EQUITY INDEX FUND II:

**ULIF035024/07/06EQTYINDX02116; ASSET ALLOCATION FUND: ULIF04528/09/07ASSETALLOCATION; EQUITY GROWTH FUND II: ULIF05106/01/10EQTYGROW02116; ACCELERATOR MID CAP FUND II:

**ULIF05206/01/10ACCMIDCA02116; BLUE CHIP EQUITY FUND: ULIF06026/10/10BLUECHIPEQ116; ASSURED RETURN FUND: ULIF06127/01/11ASSRDRETRN116; GUARANTEED BOND FUND:

**ULIF0522/09/11GTEBONDPND116; PENSION BÜLLDER FUND: ULIF06008/07/19PENSIONBUILI16; PURESTOCKFUND III: ULIF07709/01/2017PURSTKFUN2116.