

LIFE GOALS. DONE.

(In this Policy the Investment Risk in Investment Portfolio is borne by Policyholder)



NON-MEDICAL

Bajaj Allianz Company Ltd.,
Bajaj Allianz House, Airport Road, Yerawada, Pune - 411006

☐ Non Unit Linked ☐ Unit Linked TO BE FILLED IN BLOCK LETTERS WITH BLUE INK ONLY



PROPOSAL FORM FOR LIFE INSURANCE

UIN

CIN : U66010PN2001PLC015959

Agent's Details (For office use only)

Proposal No.	<input type="text"/>	<input type="checkbox"/> Employee <input type="checkbox"/> Individual <input type="checkbox"/> Bancassurance <input type="checkbox"/> Corporate <input type="checkbox"/> DMC <input type="checkbox"/> Others Sector <input type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/>
Bank Ref. Code	<input type="text"/>	FSC Name/IC Name <input type="text"/>
STM Code	<input type="text"/>	FSC Code/IC Code <input type="text"/>
STM Branch	<input type="text"/>	Receipt No. <input type="text"/>
Individual RI <input type="checkbox"/> (eIA) <input type="checkbox"/> E-insurance account (eIA) details <input type="checkbox"/>	Adhaar No. <input type="text"/>	
<input type="checkbox"/> 1 st Life Insured- NRI <input type="checkbox"/> PIO <input type="checkbox"/> Foreign National <input type="checkbox"/> 2 nd Life Insured- NRI <input type="checkbox"/> PIO <input type="checkbox"/> Foreign National <input type="checkbox"/>		

1. Personal Details

PROPOSED INSURED

Prefix – Mr./Mrs./ Ms/ Dr.	Suffix: MBBS/ CA /LLB/ Others	
Purpose of Insurance	<input type="text"/>	
Name	First	<input type="text"/>
	Middle	<input type="text"/>
	Last	<input type="text"/>
Date of Birth	<input type="text"/>	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality	<input type="text"/>	
Country of Residence	<input type="text"/>	
Age	<input type="text"/>	
Age Proof	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Per. Driving License <input type="checkbox"/> School Certificate <input type="checkbox"/> Service Record <input type="checkbox"/> Others	
ID Proof	<input type="checkbox"/> Aadhar Card <input type="checkbox"/> Driving License <input type="checkbox"/> PAN card <input type="checkbox"/> Passport <input type="checkbox"/> Voter ID card <input type="checkbox"/> Others	

2. PROPOSER

(To be filled if other than Proposed Insured)

Prefix – Mr./ Mrs./ Ms/ Dr.	Suffix: MBBS/ CA /LLB/ Others	
Name	First	<input type="text"/>
	Middle	<input type="text"/>
	Last	<input type="text"/>
Date of Birth	<input type="text"/>	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality	<input type="text"/>	
Country of Residence	<input type="text"/>	
Age	<input type="text"/>	
Age Proof	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Per. Driving License <input type="checkbox"/> School Certificate <input type="checkbox"/> Service Record <input type="checkbox"/> Others	
ID Proof	<input type="checkbox"/> Aadhar Card <input type="checkbox"/> Driving License <input type="checkbox"/> PAN card <input type="checkbox"/> Passport <input type="checkbox"/> Voter ID card <input type="checkbox"/> Others	

3. Family Details

PROPOSED INSURED

Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
If Married	Spouse's Date of Birth <input type="text"/>
Place of Birth	<input type="text"/>
Father's Name	<input type="text"/>
Mother's Name	<input type="text"/>
Husband's Name	<input type="text"/>
Maiden name for Female life	<input type="text"/>
Preferred mode of communication	Letter <input type="checkbox"/> e-mail <input type="checkbox"/>
Preferred language	English <input type="checkbox"/> Hindi <input type="checkbox"/> Marathi <input type="checkbox"/> Punjabi <input type="checkbox"/> Oriya <input type="checkbox"/> Malayalam <input type="checkbox"/> Kannada <input type="checkbox"/> Gujarati <input type="checkbox"/> Telugu <input type="checkbox"/> Bengali <input type="checkbox"/> Assamese <input type="checkbox"/> Tamil <input type="checkbox"/>

5. IT Assessee

☐ Y ☐ N

If yes, PAN	<input type="text"/>	Form 60 <input type="checkbox"/>
Unique Identification number (Aadhar Card)	<input type="text"/>	
Do you want to assign the policy after issuance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If policy has to be backdated, mention date <input type="text"/>
GSTIN, if available	<input type="text"/>	

4. RESIDENTIAL AND MAILING ADDRESS

C/O	Relation to LA: <input type="text"/>	
Flat/Door no.	<input type="text"/>	
Name of Premises	<input type="text"/>	
Road/Street/Lane	<input type="text"/>	
Landmark (Near/Opp)	<input type="text"/>	
Village	<input type="text"/>	
Post/Area/Nagar	Town/Suburb/Taluka <input type="text"/>	
District	State <input type="text"/>	
County	Pin Code <input type="text"/>	
Tel.	Country Code <input type="text"/>	Area Code <input type="text"/>
Mobile	Country Code <input type="text"/>	Mobile No. <input type="text"/>
E-mail	<input type="text"/>	
Address Proof	<input type="checkbox"/> Passport <input type="checkbox"/> Telephone Bill <input type="checkbox"/> Electricity Bill <input type="checkbox"/> Driving License <input type="checkbox"/> Aadhar Card <input type="checkbox"/> Current Bank Passbook <input type="checkbox"/> Others	

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

Name & Surname	Nominee 1	Nominee 2
Date of Birth	<input type="text"/>	<input type="text"/>
Relationship to Insured	<input type="text"/>	<input type="text"/>
% Share of Nomination	<input type="text"/>	<input type="text"/>

7. Appointee Details (If Nominee is a minor)

Relationship to Nominee	<input type="text"/>
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8. Education & Occupation Details

PROPOSED INSURED

Education	<input type="checkbox"/> Non-matriculation (If non-matric, please state the highest standard) <input type="checkbox"/> Matriculation <input type="checkbox"/> Graduation & Higher <input type="checkbox"/> None
Annual Income	<input type="text"/>
Occupation*	<input type="checkbox"/> Salaried <input type="checkbox"/> Agriculture <input type="checkbox"/> Investment <input type="checkbox"/> Housewife <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Others
Income Proof	<input type="text"/>
Industry Type	<input type="text"/>

Employer's Name	<input type="text"/>
Address	<input type="text"/>
Office Phone No.	<input type="text"/>

*Please inform the Company of any change in occupation in the future.

9. a) Bank details of proposer

Bank & Branch Name	Account No.	IFSC Code
Recurring Direct Debit A/c. No.	MICR Code:	A/c Type:

9. b) Renewal Premium Payment Method

☐ Cheque/Cash/DD ☐ NACH ☐ CCSI ☐ ADI

Amount in words (in Rs.)	Top-up Sum Assured
Top-up Multiplier	Date <input type="text"/>
Top-up Rs.	Cheque No. <input type="text"/>

10. Coverage Information

Product Name	Option/ Variant	Premium term	Benefit term	Entry Age
Premium Amount	Extended Life Cover <input type="checkbox"/> Multiplier	Proposal Deposit	Cheque <input type="checkbox"/> DD <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Cash	Premium Frequency
Sum Assured /GMB			Single <input type="checkbox"/> Annual <input type="checkbox"/> Half-yearly <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly	
Systematic Partial Withdrawal % of Fund Value	Annual <input type="checkbox"/> Half-yearly <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly			

Riders (Tick if required) Proposer/ 1 st Proposed Insured	WOP for base policy and rider(s) chosen	Riders (Tick if required) Proposer/ 2 nd Proposed Insured	WOP for base policy and rider(s) chosen
ADB <input type="checkbox"/> Sum Assured APTPDB <input type="checkbox"/> Sum Assured		ADB <input type="checkbox"/> Sum Assured APTPDB <input type="checkbox"/> Sum Assured	
FIB <input type="checkbox"/> Sum Assured CI <input type="checkbox"/> Sum Assured		FIB <input type="checkbox"/> Sum Assured CI <input type="checkbox"/> Sum Assured	

11. a) Premium Apportionment For Unit Linked

NAME OF FUND*	%	NAME OF FUND*	%

11. b) Details of previous insurance held/currently applied with Bajaj Allianz Life Insurance Company/other medical insurance policies, if any

Policy/ Proposal Numbers	Insurance Company	Amount of Insurance	Status

☐ Investor Selectable Portfolio Strategy ☐ Wheel of Life Portfolio Strategy ☐ Systematic Switching Option (SSO) ☐ Trigger based Portfolio Strategy ☐ Automatic Transfer Strategy (Please select any one of the above mentioned strategy) For Available Fund Names & SFIN, please see bottom of proposal form

12. Whether a proposal or request for revival declined, deferred, rated-up or modified while seeking insurance either by this company or another insurance company ?

Yes

No

If yes give details

13. a) Have you ever used tobacco/Narcotics/Alcohol or any addictive drugs in any form or undergone any treatment for narcotics drugs?

Yes

No

Used asQuantityper dayIf quit since when ?

M

M

Y

Y

Y

Y

Frequency of consumptionper weekQuantity of consumptionper week.ml

Has the consumption of alcohol increased during the last 6 months.

Yes

Equally

Less

13. b) Are you a Politically Exposed Person(PEP)*

Yes

No

If yes give details

*Politically exposed persons are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials & immediate family member of above mention persons(Spouse, Children, Parents, Siblings, In-laws)

14. Family Details									
Members	Age	Health Status Alive	Age when died	Cause of Death	Members	Age	Health Status Alive	Age when died	Cause of Death
Father					Sister				
Mother					Spouse				
Brother					Children				

15. DECLARATION OF GOOD HEALTH

i. Have you ever had or having medical condition such as any form of heart disease, stroke, cancer, hepatitis or mental illness ?

Yes

No

ii. Have you ever suffered or suffering now from any of diseases of respiratory system such as Asthma, tuberculosis ?

Yes

No

iii. Have you ever had or been advised to undergo hospital treatment or surgery ?

Yes

No

iv. Any disease or disorder of eye, nose, throat, nervous systems, digestive systems ?

Yes

No

v. Any defect, physical handicap or mental handicap ?

Yes

No

vi. Have you consulted any medical practitioner within the last 12 months for any condition other than minor impairments such as colds or flu?

Yes

No

Proposed Insured

Height

cms

Weight

kg

Proposer

Height

cms

Weight

kg

16. Females only

a) Are you currently pregnant ?

Yes

No

If yes, current months of pregnancy

M

State age at first pregnancy

Y

Y

Years

b) Have you consulted a gynaecologist for reason other than pregnancy ?

Yes

No

If Yes (Give Details)

c) Have you ever had abortion, miscarriage or ectopic pregnancy?

Yes

No

d) Total life Insurance coverage (Sum assured) on husband Rs. Annual income of Husband

Based on the information given by the proposed insured, the insurer reserves the right to call for any further information in any format such as, but not limited to full proposal form, medical history, diagnosis, when it happened, treatment taken, names of medications, tests done and results of the tests.

DECLARATION

i)Declaration & Authorisation: I/We hereby declare and agree that (a) 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 answersentered in the application are mine / ours;(b) 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 eachof 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. (c) such application shall not be considered as effected by reason of any money paid or settlement made inpayment 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; (d) 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.

ii)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 orother 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 withthis proposal. This authorization shall bind my/the insured successors and usages and remain valid not withstanding 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 (i) any change in my/insured occupation or any adversecircumstances connected with my/insured financial position or the general health of myself/insured or that of any members of my family, occurs or (ii) if a proposal for assurance or any application for revival of a policy on my life made to anyoffice 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 inwriting 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 theInsurance 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.

SPECIMEN SIGNATURE (Please do not sign on blank Proposal Form)

Signature or thumb impression of Proposed Insured

Signature or thumb impression of 2nd Proposed Insured/Proposer

Date:

Place:

Name & Address of the witness

Signature or thumb impression of the witness

Place:

Date:

VERNACULAR DECLARATION

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 Declarant:

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 Declarant:

"I certify that the contents of the form and documents have been fully explained to me by (Name, Designation, and occupation) Mr. / Mrs.: and I have understood the significance of the proposed contract.

Signature or thumb impression of the person whose lifeds proposed to be assured :

Vernacular declaration

Signature or thumb impression

Customer's Preferred Language

ENGLISH

Other Language

PASSPORT SIZE PHOTOGRAPH OF PROPOSED INSURED

PASSPORT SIZE PHOTOGRAPH OF PROPOSER

PLEASE DO NOT SIGN ON BLANK PROPOSAL FORM

Insurance Consultant/ Financial Service Consultant/ POS / SP - Report

Proposed Insured

Age

Sum Assured

I hereby declare that I have personally seen the applicant and the life to be insured. On basis of my independent inquiries I certify that the particulars are the same as stated in the Proposal Form. I have explained the nature of questions contained in the proposal form to the applicant. I have also explained the features and benefits of the plan and riders to the applicant. I also confirm that I have not induced or coerced and that the applicant / life to be insured 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.

IC/ FSC/ POS / SP Signature

IC/ FSC/ POS / SP Name

Date :

Place :

Guidelines for filling the form

1. This form is to be filled up by the proposer. In case the proposer is unable to do so, the proposer may dictate the answers to questions in the proposal form to a scribe.

2. If any questions are not relevant, please state "N/A". Any corrections or overwriting in this proposal must be signed by the proposer .

3. Insurance is a contract of utmost good faith which requires the proposer and the life to be insured to disclose all material facts.Incase of any doubt as to whether a fact is material or not the fact should be disclosed.

4. Multiplier is a factor used in unit linked product to arrive at the sum assured : Premium X Multiplier = Sum Assured

5. Please tick a box thus ☒ where appropriate.

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 of 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: ULIF02610/07/06BONDFUNDLI116; PURE STOCK FUND: ULIF02721/07/06PURESTKFUN116; EQUITY INDEX FUND II: ULIF03024/07/06EQTYYINDX02116; ASSET ALLOCATION FUND: ULIF04528/09/07ASSETALLOC116; EQUITY GROWTH FUND II: ULIF05106/01/10EQTYYGROW02116; ACCELERATOR MID CAP FUND II: ULIF05206/01/10ACCMIDCA02116; BLUE CHIP EQUITY FUND: ULIF06026/10/10BLUECHIQE116; ASSURED RETURN FUND: ULIF06127/01/11ASSRDRETRN116; GUARANTEED BOND FUND: ULIF06322/09/11GTBONDFND116; PENSION BUILDER FUND: ULIF06908/02/13PENSIONBU116; 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)

29-10-18