

LIFE GOALS DONE.

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

BAJAJ ALLIANZ NON-MEDICALBajaj Allianz Company Ltd,
Rahej Plaza House, Airport Road, Vashi, Navi Mumbai - 410208 Non Unit Linked Unit Linked TO BE FILLED IN BLOCK LETTERS WITH BLUE INK ONLY

13456477474373

PROPOSAL FORM FOR LIFE INSURANCE

UIN



CIN : U66910PN2001PLC015959

Agent's Details (For office use only)

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

1. Personal Details**PROPOSED INSURED**

Prefix - Mr./Ms./Dr. Suffix: MBB/ CA /LLB/ Others
 Purpose of Insurance **FINANCIAL PROTECTION**

Name: **AASHISH**
 First
 Middle
 Last
 Date of Birth **09/11/1984** Sex Male Female
 Nationality **INDIAN**
 Country of Residence **INDIA**
 Age **34** Place of Birth **DELHI**
 Age Proof Birth Certificate Passport Per. Driving License
 School Certificate Service Record Others
 Aadhar Card Driving License PAN card Passport
 Voter ID card Others

2. PROPOSER

(To be filled if other than Proposed Insured)

Name: **AASHISH** Prefix - Mr./Ms./Dr. Suffix: MBB/ CA /LLB/ Others
 Date of Birth **09/11/1984** Sex Male Female
 Nationality **INDIAN**
 Country of Residence **INDIA**
 Age **34** Place of Birth **DELHI**
 Age Proof Birth Certificate Passport Per. Driving License
 School Certificate Service Record Others
 Aadhar Card Driving License PAN card Passport
 Voter ID card Others

3. Family Details**PROPOSED INSURED**

Marital Status Single Married Divorced Widowed
 If Married Spouse's Date of Birth **25/07/1986**
 Place of Birth **MOHINARHAR HARYANA**
 Father's Name **KM** Mother's Name **VYAS**
 Mother's Name **MITHLESH** Husband's Name **VYAS**
 Husband's Name **EAST** Maiden name for Female life **LAST**
 Preferred mode of communication Letter e-mail
 Preferred language English Hindi Marathi Punjabi Oriya Malayalam
 Kannada Gujarati Telugu Bengali Assamese Tamil

4. RESIDENTIAL AND MAILING ADDRESS

BIMLA XADAV Relation to LA: **SAME**
101
SVR RESIDENCY
VENKATESHWARA TEMPLE RD.
VISAYA DIAMONOSTIC
GRANDHINAMAR Town/Suburb/Taluka
RANUARREDDY State **TELANGANA**
INDIAN Pin Code **500039**
 Post/Area/Nagar
 District
 County
 Country Code **+91** Area Code **9811111111** Tel. No.
 Country Code **+91** Mobile No. **9811111111**
UNKNOWN@GMAIL.COM
 Passport Telephone Bill Electricity Bill Driving License
 Aadhar Card Current Bank Passbook Others

5. IT Assessee**✓ Y N**If yes, PAN **AFBPV87570** Form 60 Unique Identification number (Aadhar Card) **41142225555**
 Do you want to assign Yes If policy has to be backdated, mention date **29/03/2019**
 No

GSTIN, if available

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

Name & Surname **Pooja Vyas** Relationship to Nominee **2**
 Date of Birth **26-01-1984**
 Relationship to Insured **SPOUSE**
 % Share of Nomination **100%**

7. Appointee Details (If Nominee is a minor)

D D M M Y Y Y Y
 Relationship to Nominee

8. Education & Occupation Details**PROPOSED INSURED**

Education Non-matriculation (If matric., please state the highest standard) Matriculation Graduation & Higher None
 Annual Income **3,000** Occupation* Salaried Agriculture Investment Housewife Unemployed
 Retired Business Professional Others
 Income Proof **ITR** Nature of Duties **BACK OFFICE**
 Industry Type **MANUFACTURING**

Employer's Name **GOOD EMPLOYER LTD.**Address **SN 1007, COOL VILLAGE**Office Phone No. **011-11111111**

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

9. a) Bank details of proposer

Bank & Branch Name **ICICI BANK** Account No. **000110088111** IFSC Code **IOI010101010**
 Recurring Direct Debit A/c. No. **2578261945** MICR Code **2578261945** A/c Type: **CURRENT**

9. b) Renewal Premium Payment Method Cheque/Cash/DD NACH CCSI ADIAmount in words (in Rs.) **ONE THOUSAND**Top-up Multiplier **0.05** Top-up Rs. **450**Top-up Sum Assured **500**Date **29/03/2019** Cheque No. **10. Coverage Information**

Product Name **BEST PLAN 01** Option/ Variant **001** Premium term **20** years Benefit term **25** years Entry Age **34** years
 Premium Amount **1000** Extended Life Cover Multiplier **0.10**

Sum Assured/CMB **500000** Systematic Partial Withdrawal **%** Annual Half-yearly Quarterly Monthly

Riders (Tick if required) Proposer/ 2nd Proposed Insured
 ADB Auto Deductible APFB Auto Premium WGP for base policy
 FIB Salary Protection CI Subsidized and rider(s) chosen

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11. a) Premium Apportionment For Unit Linked

NAME OF FUND*	%	NAME OF FUND*	%

Policy/ Proposal Numbers	Insurance Company	Amount of Insurance	Status
6102011111	SBI STD. LIFE	5,00,000/-	ACTIVE
MO1000001	HDFC STD. LIFE	2,50,000/-	ACTIVE

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

29-10-18

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 as [] Quantity [] per day If quit since when? [] Frequency of consumption [] per week Quantity of consumption [] ml per week.
 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	51	HEALTHY /ALIVE	—	—	Sister	—	—	—	—
Mother	55	HEALTHY /ALIVE	—	—	Spouse	32	HEALTHY /ALIVE	—	—
Brother	20	HEALTHY /ALIVE	—	—	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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Height [] cm	II. Have you ever suffered or having now from any form of diseases of respiratory system such as Asthma, tuberculosis? <input type="checkbox"/> Yes <input type="checkbox"/> No	Height [] cm
III. Have you ever had or been advised to undergo treatment or surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No	Weight [] kg	IV. Any disease or disorder of eye, nose, throat, nervous systems, digestive systems? <input type="checkbox"/> Yes <input type="checkbox"/> No	Weight [] kg
V. Any defect, physical handicap or mental handicap? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

16. Females only

a) Are you currently pregnant? Yes No If yes, current months of pregnancy [] State age 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, miscarriage or ectopic pregnancy? Yes No

d) Total life insurance coverage (Sum assured) on husband [] Rs. Annual income of Husband Yes No

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 answers entered 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 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. If 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 should not be considered as effected by reason of any money paid or settlement made/ payment of sum or acceptance of any premium paid until this application is received by the Company. The Company shall finally approach by an authorized officer for verifying our life history and all other information collected or held by them. (d) We declare that we have not held any direct or indirect interest in any other insurance companies, claims investigation agencies for doing due analysis.

(ii) We hereby irrevocably authorize (e) any organization, institution or individual that has any record of my/the insured's health and medical history or any treatment or advice that has been or may hereafter be consulted or used 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 assigns and remain valid notwithstanding my/the insured's death or incapacity in so far as legally possible.

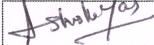
(iii) And if we further agree that if after the date of submission of the proposal but before the communication to me/us of issuance of the First Premium Receipt on acceptance of proposal (i) any change in my/insured occupation or any adverse circumstances connected with my/insured financial position or the general health of myself/insured or that of any members of my family, occurs or (ii) if a proposal for assurance or any application for revival of a policy on my/insured 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 loss or on terms other than as proposed; I/We shall forthwith intimate same to the company in writing to re-consider 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) We declare that we have not applied for any policy under Fully/Fully blocked category. I/We hereby consent to and authorize Bajaj Allianz Life Insurance Company Limited (hereinafter referred to as "Company") to call or send us on the telephone number mentioned in the proposal form or any other telephone number as may be provided to the Company by me or my contact, 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. Further authorizing the Company to mail all service related communication to the email id as mentioned in the application form (Applicable only if email id is provided).

v) If 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.

vii) I/We 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: 22/04/2019 Place:

Name & Address of the witness 102, SUR RESIDENCY, VENATESHWARA TEMPLE ROAD  Signature or thumb impression of the witness Date: 6/6/2019 Place:

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 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. _____ 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 _____ 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 risks 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 _____ Date: _____ Place: _____

IC/ FSC/ POS / SP Name _____

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 question is not applicable, Please tick "N/A". Any corrections or overwriting in this proposal must be signed by the proposer.
 3. Insurer is a contractor of ultimate fact 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. Multiple is a factor used in link plan to arrive at the sum assured. Premium & Maturity = 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 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 or 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 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, theonus of disproving lie 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 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 renewed 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 or grounds and materials on which such decision is based. Provided that the insurer shall use repudiation of the policy on the ground of mis-statement or suppression of material fact based on the grounds of fraud and premiums collected on that policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured or grounds and materials on which such decision is based. 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: ULIF02510/07/06/QUIPFUND116; BOND FUND: ULIF02610/07/06/BONDFUND116; PURE STOCK FUND: ULIF02721/07/06/PURESTKFUN116; EQUITY INDEX FUND: ULIF03024/07/06/EQTYINDEX22116; ASSET ALLOCATION FUND: ULIF04528/09/07/ASSETALLOC116; EQUITY GROWTH FUND: ULIF05106/01/10/EQTYGROW22116; ACCELERATOR MID CAP FUND: ULIF05206/01/10/ACMIDCAP22116; BLUE CHIP EQUITY FUND: ULIF05226/10/10/BLUECHIPEQ116; ASSURED RETURN FUND: ULIF06127/01/11/ASSRDRTRN116; GUARANTEED BOND FUND: ULIF05227/09/11/GTEBONDPRD116; PENSION FUND: ULIF07705/02/11/PENSTKFUN2116; ULIF07705/02/11/PENSTKFUN2116; ULIF07705/01/2017/PENSTKFUN2116.

Glossary of all full form of terms- WOP (Waiver of Premium); APTPDR (Accidental Death Benefit); APFD (Accidental Partial Disability Benefit); FB (Family Income Benefit); C.I. (Critical Illness)