

भारतीय जीवन बीमा निगम LIFE INSURANCE CORPORATION OF INDIA

DIVISIONAL OFFICE: COIMBATORE

PROPOSAL FORM FOR LIC'S NIVESH PLUS (UIN:512L317V01) and

LIC's SIIP (UIN: 512L334V01)

Latest Colour Photo of the Proposer

Branch Office :

Latest Colour Photo of the Life to be Assured

"IN THIS POLICY, THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICY HOLDER"

LIC's Nivesh Plus and LIC's SIIP are ULIP plans which are different from the traditional policy in the sense that they are subject to market risk. LIC does not authorize its agents/intermediaries, staff and officials to express their option on the future performance of the "ULIP" fund, excepting the prescribed illustrative rate of 4% and 8% growth.

1	STRUCTIONS TO PROPOSER / LIFE TO			
1. 2. 3. 4.	The form is to be completed in BLOCK This form contains 4 sections namely Section III : Details of personal and far Please read all the questions carefully Please ensure that you affix your signal	Section I : Details of proposi nily health and habits Sect and fill up the details truthful	er and Life to be assured ion IV : Declaration	
5.	This is in your own interest. If the Proposer / Life to be Assured sign			
6.	deciaration must be completed.			dashes / leaving the questions unanswered will
7.	not be accepted). Details need to be br	OVIDED IN CASE OF Affirmative	answers	this form. White ink must not be used.
	be filled by agent : D.O. / CLIA Code No / Mentor code & N	A 1.9		* ************************************
1.	Agent's / Specified Person's / DSE's/Si	up Agent's Name		
3.	Agent's / Specified Person's / DSE's/St License No:	up Agent's Code No & Mobil	e number :	
5.	Date of Expiry :			
	Office Use Only:			- Land 19 19 19 19 19 19 19 19 19 19 19 19 19
	ard No. ount of deposit :	Date : B.O.C. No. :		pposal No.
AIII		tion - I : Details of the F		te:
I. P	ersonal Details	tion - 1 . Details of the P	Toposer / Life to be as:	Sureu
1	Name of the life to be assured	Prefix Name	First Name	Middle Name Last Name
		Mr./Mrs./ Ms / Mx	- Individual	Wilder Name Last Name
	6 9			
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
2	Life assured's Father's / Spouse's			A Philippol
	Full Name			
3	Life Assured's Mother's Full Name			3 Different conduction
4	(a) Name of the Proposer in		1 50	
	case of minor life and			
	Employer - employee Scheme			
	(b) Relationship of proposer			
-	with life to be assured			
5	Gender	Male / Female / Third Ge	nder*	
* LI	C's SIIP and only under Option of LIC	The state of the s	11461	
6	Marital Status	3 Tilvesii Filas is allowed	to Tillia Gender.	
7	Spouse's Full Name			
8	Date of Birth			
9	Age **			
9		//		
40		ons, Age last birthday / Ag	ge nearer birthday shal	be applied for the calculation of premium
10	Place / City of Birth			
11	Nature of Age Proof			
	Submitted			
12	Nationality		57	
13	Citizenship			-



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5.	This is in your own interest. If the Proposer / Life to be Assured signs this proposal in vernacular or puts his/her thumb impression upon it, then the respective											
	Answers should be legible. Questions should be answered in 'Ves' or 'No'. (Strokes / dots / dashes / legying the questions unanguered will											
6.7.	not be accepted). Details need to be pro The Proposer / Life to be Assured must	IVIDED IN CASE OF ATTITMATIVE	anewore									
	be filled by agent :		•	*-u-,*,								
1.	D.O. / CLIA Code No / Mentor code & M Agent's / Specified Person's / DSE's/Su	lobile number : up Agent's Name										
3.	Agent's / Specified Person's / DSE's/Su	ıp Agent's Code No & Mobi	le number :									
4. 5.	License No : Date of Expiry :											
	Office Use Only:											
	ard No. ount of deposit :	Date:		oposal No.								
AIII		B.O.C. No. : tion - I : Details of the I		te:								
I. P	ersonal Details	tion - 1 . Details of the i	Proposer / Life to be as	sured								
1	Name of the life to be assured	Prefix Name	First Name	Middle Name Last Name								
		Mr./Mrs./ Ms / Mx	- Institutio									
	*											
		*	17.71.112									
2	Life assured's Father's / Spouse's											
	Full Name	N										
3	Life Assured's Mother's Full Name			a transfer of the second								
4	(a) Name of the Proposer in											
	case of minor life and											
	Employer - employee Scheme											
	(b) Relationship of proposer											
	with life to be assured											
5	Gender	Male / Female / Third Ge	ander*									
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6	Marital Status	3 Mivesti Flus is allowed	to mira dender.									
7	Spouse's Full Name											
8	Date of Birth											
9	Age **											
9		//										
10		ons, Age last birthday / A	ge nearer birthday shal	l be applied for the calculation of premium								
10	Place / City of Birth											
11	Nature of Age Proof											
	Submitted											
12	Nationality		5									
13	Citizenship	20		2. 11								

14	Correspondence Address			
	House No.	-		
	City / Town / Village			
	District & State			
	Country		#	
	PIN Code	3		
	Tel. No. with STD Code			- a significant of the SN
15	Permanent Address			
	House No.			63. MS W
	City / Town / Village	111.00=10		
	District & State			
	Country			
	PIN Code			
	Tel. No. with STD Code			
16	Residential status		t Indian / Non Resident Indian s Citizen of India	/ Foreign National of Indian Origin /
17	Address outside India (Applicable o	nly for NR	I / FNO / OCI)	
	House No.			*
	City / Town / Village			
	District & State			
	Country			11 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -
	PIN Code		*	wor() ag() tal4(() tg))
П	KYC & PMLA of the life to be assure	d and the	Proposer	A STEELED
y	Adams I large		Life to be assured	Proposer (in case of proposal on minor life major student and Employer Employee Scheme)
1	Are you Income Tax assessee		.Y / N	
2	PAN Number			
3	ID details (to be answered only if PAN			
	* In case of Aadhaar only last four digits	s is to be gi	ven as Id number	
	Proof of Identity			
	ID number * Expiry date of ID :			88-188
4	Address Proof Submitted			
5	Are You Registered under			
	GST, if yes give GSTIN:			. Harring annual section of
6	C KYC number (Central KYC			
	Registry)			
Ш	Educational Details of Life to be ass	ured (to b	e replied if proposal is on	the life of minor or major student)
1	Is the child studying?			
2	If Yes, state the class and / or			
	type of course*			
*Sub	mit Latest school report card			
IV	Occupation (details of proposer to b	e given if	proposal is on the life of m	inor or major students)
1	Educational qualification			
2	Present Occupation			
3	Source of Income			
4	Name of the present employer			
5	Exact Nature of duties			
6	Length of service			
7	Annual Income			

8	To be answered if employed in the Armed Forces
a	Wing to which you belong
b	Rank therein and another the state of the st
С	Date of last Medicatl Examination
d	Medical category after medical examination
е	Were you ever below A-1 category? If so, when?
V	Others
1	Is the life to be assured's occupation associated with any specific hazard or does
	the life to be assured take part in hazardoud activities or have hobbies that could
	be dangerous in any way? If yes, give details and submit respective questionnaire.
2	Have you / life to be assured ever been or are currently being investiaged, charge
	sheeted, prosecuted or convicted or having pending charges in respect of any
	criminal/civil offences in any court of law in India or abroad? If yes, give details.
3	Are you a Politically Exposed Person OR are you a family member or
	close relative of Politically Exposed Person?
	(As per RBI guidelines PEPs are the individuals who are or have been
1	entrusted with prominent public functions in a foreign country)
VI	Existing Insurance: Please give details of Life Assured's previous insurance including policies taken under ULIP plans from
LIC	as well as from other insurers (including policies surrendered / lapsed during last 3 years)
i a	Note: 1. If space is not sufficient for all existing policies, please use separate sheet in the same format. It must be duly signed
	by the life to be assured
	2. Corporation normally does not entertain any fresh proposal for insurance where a policy has lapsed or has been converted into
	paid up policy within the last 3 years.
- 1	Policy Number
2	Name of the Insurer/
	Division Branch
3	Plan and Term
4	Sum assured Sum as
5	Term Rider Sum Assured
6	CI Rider Sum Assured
7	AB / ADDB Sum Assured
8	Date of Commencement
9	Date of Revival
10	Whether accepted at ordinary rate,
	if not give details Make a so of etcl to redmun skidoM
11	Medical / Non medical
12	Whether Inforce
13	If not, Date of FUP / Date of surrender
14	Has a proposal (or an application for revival of a policy) on the life assured made to Yes / No Details
	any office of the Corporation or to any other insurer ever been
а	Withdrawn, Deferred, Dropped or Declined?, If yes give details
b	Accepted with extra Premium or Lien?, If yes give details
C	Accepted on terms other than those proposed?, If yes give details
d	Have you / life to be Assured during the past one year returned any policy of the
	Corporation as the same was not acceptable to you?, If yes give details.
	, must prove the second and

	of parents, brothers and sisters Relationship		icy Numl		T-tol Com	A commence of	
	Father	1 011	Cy INUITI	Jer .	Total Sum	Assured	population for the land
_	Mother			- 4		mate is the second	
	Brothers						
_	Sisters						elanio -
			" O K N	4			
	(b) Whether all the children are mention reason for the sam	ne		o lantan aturi ye		ten or had ever be	
	Note : (Please give details of al	II questions ir	n the spa	ice provided for the	same,). If space is in	sufficient, attach a	separate sheet
	duly signed by Proposer)		e li	ng a vestaged, the	ed (dinemic) our so me	ed teve beloass e	
11	Details of Nominee and appoin	ntee (It is in th	e interes	st of the life to be as	sured to avail the fac	ility of nomination)	
	Name and address of	% share	Age	Relationship with the life to be assured	If Nominee is minor appointee's full name, age	Relationship to the nominee	Appointee's signature as a token of consent
				nesd sveri	o em oriw elstrowiba	nee PEPs are to	ite bius 186 reg s.h)
	- Land of the control			160	เมือง การเขาอาสาราชาน	hul pildug metin	envaritiw belowice
	most south OLA Laphousen						
	The state of the s	2	CHIROLIU N	A STATE OF THE STA	Cheusea at 110 stists	Pavio assort : ac	Exterior locure
	- Avancies while and business in terminal	and the	ESVE	El orgue beenst	A DONCHES SUPERIORS	Abukan asawem	Als well as from other
	A CONTRACTOR OF THE PARTY OF TH		Blatte			is not sumplement	Note: 1. if space u
7	If proof of Nominee /		u sposh	concurrent of tea	area dead une moto	CSTUS	Dy ure ans to be 15
	Appointee		235711	School of the last	doning a feet our mi	19 Ion esoo yana	Multiplication of the same
	ID Number					The same and the	The summaring view
	** to be filled only if life to be as	ssured is maj	or				
111	Bank Details					. 319	
	Bank Account details :			of sub-little in			
-		A POOLETS					
-	a) Type of Account-Savings / Cu						
-	b) Your Account No :					peursi	
	c) MICR Code :			d) IFS Code :		hero	
	e) Name and Address of your bar	nk:				bsniza/	
						Inema	
	Attach a photocopy or cancelled	d cneque with	1 the ron	n			
_						atervietibis # 5	Suscessed 1
obile	e number of the Proposer / Life to	be Assured	: 46.284		in on the start of		
mai	lid of the Proposer / Life to be As	ssured :					
				0			
				(8)	io.Vallog a to laviver.	oj dolikalinga nea	L. Has a proposed to
	A Property of the Party of the	is to be all	193. T P.L.		of special and special by all the second	sion of the propos	ser / life to be assured
	0.510.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		Se	ction - II : Proposi	ed Plan	Carley and I have	and and heliav
					0-1-15:10	or / Saving and Dia	1.0
	Objective of Insurance Whether Proposal is under (plea				Saving / Risk Cove	7 Saving and his	K Gover

III	To b	e answered for Nives	sh Plus				ellanerasione i di			
а	Term	1	Single Premiu	ım : Rs.		Single Premium (in Words) Rs.				
			4							
b	Basi	ic Sum Assured : (Ch	oose (✓) only one o	f the follow	wing optio	ns)				
	-		of the single premium		villa optio		and the same of th			
			of the single premium							
IV	To b	e answered for LIC's	SIIP				- m			
а	Term	1:								
b	Mod	e of Premium Paymen	t Installment Pr	emium (in	figures.)	Installment Premium (in words)				
	Yly/	Hly / Qly / Monthly (NA	ACH)							
		Rs. Rs.								
С	Raci	ic Sum assured :	2				,			
			5 years : (10* annualiz		35					
			and above : (7* annu		nium)					
V			Death Benefit Rider (
			sh to opt for LIC's Link	red						
	Accidental Death Benefit Rider		Rider		Y/N					
b.	b. If "Yes", Sum Assured under LIC's Lir		er LIC's Linked Accide	ntal						
	Death Benefit Rider				Rs.	18 19 19 19 19 19 19 19 19 19 19 19 19 19				
Applic	cable t	to Police Personnel if I	LIC's Linked Accidenta	ıl			W.			
Benef	fit Ride	er is opted for :	v 11 111							
	a. W	hether you are engage	ed in police duty in any	1						
	p	olice organization othe	er than paramilitary for	ce?	Y/N					
	b. If	"Yes", whether you wis	h to avail LIC's Linked	1						
	A	ccidental Death Benef	it Rider while on police	duty?	Y/N					
VI		Fund Selected : BOND / SECURED / BALANCED / GROWTH FUND :								
						_				
			(See Informat	ion below)						
			BROAD INVESTM	ENT PATT	ERN OF TH	HE INVESTIBLE FUNDS				
Fund Ty	/pe	Investment in	Short-term	Investm	ent in	Objective & Risk profile	SFIN			
		Government /	Investments such	Listed E	quity					
		Government Guaranteed	as money market instruments	Shares						
		Securities /	motramonto							
	- 4	Corporate Debt								
Bond Fu	und	Not less than 60%	Not more than 40%	Nil		Low risk - To provide relatively	ULIF00124/12/18LICU			
						safe and less volatile investment	LIPBND512			
						option mainly through accumula- tion of income through investment				
						in fixed income securities				
Secured	1	Not less than 45%	Not more than 40%	Not less	than 15%	Lower to Mediums risk - To	ULIF00224/12/18LICU			
Fund		and not more	110111010111111111111111111111111111111	& Not mo	PERSONAL PROPERTY.	provide steady income through	LIPSEC512			
		than 85%		55%		investment in both equities and				
						fixed income securities				
Balance	d	Not less than 30%	Not more than 40%		than 30%	Medium risk - To provide	ULIF00324/12/18LICU			
Fund		and Not more than		& Not mo	ore than	balanced income and growth	LIPBAL512			
		70%		70%		through similar proportiion investment in both equities and				
					11/11/	fixed income securities				
Growth F	und	Not less than 20%	Not more than 40%	Not less	than 40%	High risk - To provide long term	ULIF00424/12/18LICU			
JIVIIII I	WIIVE	and not more than	140t more than 4070	& Not mo	100	capital growth through	LIPGRW512			
		60%		80%		investment primarily in equities				
* For fu	ırther	details, you can refer t	to the Sales Literature	and/or Pol	icy Docume	ent of this plan available on our webs	ite www licindia com			

a is the life to be assured now being proposed for another assurance or an application for revival of a policy or any other proposal under consideration in any office of the Corporation or to any other insurer? If yes, give details b Whether proposed simultaneously on the life of spouse / children / parents? If yes, give details V/N VIII Settlement Option Does Life to be Assured wish to avail "Settlement Option to take Death Benefit in Instalments": Yes / No If "Yes", Kindly fill the addendum which forms a part of the proposal form. Note: 1) Life Assured / Policy holder will have the option of choosing / altering the mode of receipt of payment of claim proceeds lumpsum to instalment and vice versa during the policy duration IX Are you registered with LIC Portal: Y/N If yes, give Customer ID If not, Please vist our site www.licindia.in and registere yourself with LIC Portal after completion of this proposal to avail the benefit of a services. Signature / Thumb impression of the proposer / life to be assured Section - III: Personal and family details of health / habits of life to be assured Section - III: Personal and family details of health / habits of life to be assured Section - III: Personal and family details of health / habits of life to be assured I Personal Health Personal Health Personal Health Personal Health Personal Health Personal Health If yes, give details Height Weight Weight Weight (In yes, give details Height Weight Weight (In yes, give details) Height Weight Weight (In yes, give details) Height (In yes, give		Simultaneous Proposals				
If yes, give details V / N Settlement Option Does Life to be Assured wish to avail "Settlement Option to take Death Benefit in Instalments": Yes / No If "Yes", Kindly fill the addendum which forms a part of the proposal form. Note: 1) Life Assured / Policy holder will have the option of choosing / altering the mode of receipt of payment of claim proceeds lumpsum to instalment and vice versa during the policy duration X. Are you registered with LiC Portal: Y/N If yes, give Customer ID If not, Please visit our site www.licindia.in and registere yourself with LIC Portal after completion of this proposal to avail the benefit of a services. Section - III: Personal and family details of health / habits of life to be assured Section - III: Personal and family details of health / habits of life to be assured I Personal Health Personal Health Practitioner for any allment requiring treatment for more than a week? If yes, give details Has the life to be assured ever been admitted to any hospital or nursing home for general check up, observation, treatment or operation? If yes/ give details Has the life to be assured suffering from or has the life to be assured ever suffered or undergone investigation in the past or has the life to be assured been advised to undergo investigation or treatment for the following ailments: Diseases I. LungsRespiratory Disease / Pentistent cough, asthma, bonohilis, pneumonia, spiting of blood dec. Personal index, vision, dzzy or faining spetis head injuy / insomnia / nervos particular disease of the hier disease of the hier of the nervous system Pentition and or faining spetis head injuy / insomnia / nervos particular or unity system? 1. LungsRespiratory Disease / Pentistent cough, asthma, bonohilis, pneumonia, spiting of blood dec. 2. Pergis Luciocholis, juundic, amenia, ples, dysentey, or any other disease of the hier of the heart or arteries? 4. Any disease of lat, note, broad or unity system? 4. Any disease of lat, note, broad or unity system? 5. Religation and soluti	а	application for revival of a policy or any other proposal under of any office of the Corporation or to any other insurer?			Y/N	
Does Life to be Assured wish to avail "Settlement Option to take Death Benefit in Instalments": Yes / No If "Yes", Kindly fill the addendum which forms a part of the proposal form. Note: 1) Life Assured / Policy holder will have the option of choosing / altering the mode of receipt of payment of claim proceeds lumpsum to instalment and vice versa during the policy duration IX Are you registered with LIC Portal: Y/N If yes, give Customer ID If not, Please visit our site www.licindia.in and registere yourself with LIC Portal after completion of this proposal to avail the benefit of a services. Section - III: Personal and family details of health / habits of life to be assured Section - III: Personal and family details of health / habits of life to be assured Personal Health Please state exact height (in cms) and weight (in Kgs) (without shoes) Height Weight Practitioner for any aliment requiring treatment for more than a week? If yes, give details Has the life to be assured ever been admitted to any hospital or nursing home for general check up, observation, treatment or operation? If yes/ give details Has the life to be assured remained absent from place of work on grounds of health during the last 5years? If yes, give details Is the life to be assured suffering from or has the life to be assured ever suffered or undergone investigation in the past or has the life to be assured been advised to undergo investigation or treatment for the following ailments. Diseases 1. LungsRespiratory Disease/ Penistent cough, astima, bronchilds, pneumonia, spilling of blood etc. 3. Pegos ulcaricollis, jaundoe, ansemia, piles, dyentery, or any other diseases of the stomach, they spleen, gall backer or pancreas / diseases of carriors / fagestive disorder enlarged glands, vision, dizzy or fainting splets/ head injury / insomnia / nervous phesidence / any facilities of the eart or artifacies? 4. Any disease of the heart or artifacies, gonomboea, syphilia or any other venereal disease? 8. Endocrine disorders such as D	b		iren / pa	rents?	Y/N	
If "Yes", Kindly fill the addendum which forms a part of the proposal form. Note : 1) Life Assured / Policy holder will have the option of choosing / altering the mode of receipt of payment of claim proceeds lumpsum to instalment and vice versa during the policy duration IX Are you registered with LIC Portal: Y/N If yes, give Customer ID	VIII	Settlement Option				
It was give Customer ID					alments" : Yes / No	8
If yes, give Customer ID				/ altering the mo	ode of receipt of payment of claim proceed	ds fro
I Personal Health Please state exact height (in cms) and weight (in Kgs) (without shoes) During the last five years did the life to be assured consult a Medical Practitioner for any allment requiring treatment for more than a week? If yes, give details Has the life to be assured ever been admitted to any hospital or nursing home for general check up, observation, treatment or operation? If yes/ give details Has the life to be assured remained absent from place of work on grounds of health during the last 5years? If yes, give details Is the life to be assured suffering from or has the life to be assured ever suffered or undergone investigation in the past or has the life to be assured been advised to undergo investigation or treatment for the following ailments. Diseases Y/N Diseases Y/N Diseases 1. Lungs/Respiratory Disease/ Persistent cough, asthma, bronchitis, pneumonia, spitting of blood etc. 3. Peptic ulcer/colitis, jaundice, anaemia, piles, dysentery, or any other disease of the stomach, liver, spleen, gall bladder or pancreas / digestive disorder 6. Paralysis/pilepsy/ insanity / tremors, numbness, double 7. Cancerleukemial/ymphoma/tumour/cyst Any other growth/ lumps/ blood disorder/enlarged glands. vislon, dizzy or fainting spells head injury / insomnia / nervous breakdown / any other disease of the brain or the nervous system 9. Endoorine disorders such as Diabetes, Goltre, Thyroid etc. or have you ever	IX	If yes, give Customer ID If not, Please visit our site www.licindia.in and registere yourse	elf with I	LIC Portal after o	completion of this proposal to avail	
Please state exact height (in cms) and weight (in Kgs) (without shoes) Please state exact height (in cms) and weight (in Kgs) (without shoes) Practitioner for any ailment requiring treatment for more than a week? If yes, give details Has the life to be assured ever been admitted to any hospital or nursing home for general check up, observation, treatment or operation? If yes/ give details Has the life to be assured remained absent from place of work on grounds of health during the last 5years? If yes, give details Is the life to be assured suffering from or has the life to be assured ever suffered or undergone investigation in the past or has the life to be assured been advised to undergo investigation or treatment for the following ailments. Pleases Y/N Diseases 1. Lungs/Respiratory Disease / Persistent cough, asthma, bronchitis, pneumonia, spitting of blood etc. 3. Peptic ulcer/collitis, jaundice, anaemia, piles, dysentery, or any other disease of the stomach, liver, spleen, gall bladder or pancreas / digestive disorder 5. Paralysisepilepsy/ insanity / tremors, numbness, double 7. Cancer/leukemia/lymphoma/lumour/cyst Any other growth/ lumps/ blood disorder/ enlarged glands. vision, dizzy or fainting spells/ head injury / insomnia / nervous breakdown / any other disease of the brain or the nervous system 9. Endocrine disorders such as Diabetes, Goltre, Thyroid etc. or have you ever	Signa		ails of I	nealth / habits o	of life to be assured	
During the last five years did the life to be assured consult a Medical Practitioner for any ailment requiring treatment for more than a week? If yes, give details Has the life to be assured ever been admitted to any hospital or nursing home for general check up, observation, treatment or operation? If yes/ give details Has the life to be assured remained absent from place of work on grounds of health during the last 5years? If yes, give details Is the life to be assured suffering from or has the life to be assured ever suffered or undergone investigation in the past or has the life to be assured been advised to undergo investigation or treatment for the following ailments. Diseases 1. Lungs/Respiratory Disease / Persistent cough, asthma, bronchitis, pneumonia, spitting of blood etc. 3. Peptic ulcer/colitis, jaundice, anaemia, piles, dysentery, or any other disease of the stomach, liver, spleen, gall bladder or pancreas / digestive disorder/ enlarged glands. vision, dizzy or fainting spells/ head injury / insomnia / nervous breakdown / any other disease of the brain or the nervous system 9. Endocrine disorders such as Diabetes, Golfre, Thyroid etc. or have you ever		Personal Health		Y CONTRACT	2.1 pm / 1 m / 1 m / 2 m / 2 m / 2 m / 2 m	
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passed sugar, albumin, pus or blood in urine 12. Chronic infections - Tuberculosis / pelurisy / Skin disease /	1. Lu spitti 3. Pe the s 5. Pe 7. Ca	Has the life to be assured remained absent from place of work on grounds of health during the last 5years? If yes, give details Is the life to be assured suffering from or has the life to be assured been advised to undergo investigation. Diseases ungs/Respiratory Disease / Persistent cough, asthma, bronchitis, pneumonia, fing of blood etc. eptic ulcer/colitis, jaundice, anaemia, piles, dysentery, or any other disease of stomach, liver, spleen, gall bladder or pancreas / digestive disorder aralysis/epilepsy/ insanity / tremors, numbness, double ancer/leukemia/lymphoma/tumour/cyst Any other growth/ lumps/ blood disorder/	s sured ev	Diseases 2. Hypertension, Hy palpitation, any dise 4. Any disease of ki 6. Hemia/hydrocele syphilis or any othe	ndergone investigation in the past or collowing ailments. potention, rheumatic fever, pain in chest, breathlessness ease of the heart or arteries? dney / prostate or urinary system? varicocele, fistula, varicose veins, filariasis, gonorrhoea, r venereal disease?	0.00
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13. Hepatitis or AIDS & HIV related condition 14. Any Operation, accident or injury / any bodily defect or deformity.	1. Luspitti 3. Pe the s 5. Pe 7. Ca enlai breal 9. Er pass 11. N	Has the life to be assured remained absent from place of work on grounds of health during the last 5years? If yes, give details Is the life to be assured suffering from or has the life to be assured been advised to undergo investigated has the life to be assured been advised to undergo investigated. Diseases Ings/Respiratory Disease / Persistent cough, asthma, bronchitis, pneumonia, and of blood etc. Septic ulcer/colitis, jaundice, anaemia, piles, dysentery, or any other disease of stomach, liver, spleen, gall bladder or pancreas / digestive disorder aralysis/epilepsy/ insanity / tremors, numbness, double ancer/leukemia/lymphoma/tumour/cyst Any other growth/ lumps/ blood disorder/ rged glands. vision, dizzy or fainting spells/ head injury / insomnia / nervous kdown / any other disease of the brain or the nervous system indocrine disorders such as Diabetes, Goitre, Thyroid etc. or have you ever sed sugar, albumin, pus or blood in urine lifental Disorder (Depression / Anxiety, etc.).	s sured ev	Diseases 2. Hypertension, Hy palpitation, any dise 4. Any disease of ki 6. Hemia/hydrocele syphilis or any othe 8. Any disease of e 10. Bone / Joint / S from the ears 12. Chronic infectio skin erruption / Lep	ndergone investigation in the past or collowing ailments. potention, rheumatic fever, pain in chest, breathlessness case of the heart or arteries? dney / prostate or urinary system? avaricocele, fistula, varicose veins, filariasis, gonorrhoea, r venereal disease? ar, nose, throat or eyes, including defective pine Disease / Arthritis sight or hearing and discharge case. Tuberculosis / pelurisy / Skin disease / crosy	4.

	If answer to any of the summary and all inves	stigation papers along wi	th the proposal form).	givo dotallo c			
	Nature of disease / illness	Date of Diagnosis	Fully recovrered (Y/N)		reatment (Y/N), If ails of treatment	Yes	Name and address of Doctor / Hospita
							w construct as male no
١.	Personal Habits						
	Does the life to be ass ever smoked / consum a. Alcoholic drinks	ured smoke/consume or ned the following (a, b, c)	r has		/N, If yes, quantity onsumed and dura		If stopped, since how many months
	b. Narcotics						The state of the s
	c. Any other drugs, If	yes, which one					
	to be assured ever (Tobacco product in beedis, chewable to	assured smoke / consun smoked/consumed toba ncludes but not limited to obacco like Gutkha,flavo months. (in sticks/pack	occo in any form ocigars, cigarettes, ored paan masala,		on tomo on lo pro- yech som se la mo hup more la cusci more il senzio-se		gen væleg saldmann hill yn 16. al hodrouden dyg yder 20. o'red i falb presydryddi Rifilmaga odd rifn achtafaur
	What has been the life	fe to be assured's usu	al state of health?	/day)		ALCOHOLD STATE	CARLO SECTION THE DISTRIBUTE
/	Family details			7 100 100 100	The second second	ng that are a little	and an electricistic for the
	and / or any of his/her n diesease, stroke, high kidney disease or any i	е	om or died of heart st mellitus, cancer, sanity, or any				
		e life to be assured and					
-	c. date / year of death	e life to be assured and			MARK MARK		
-		e life to be assured and	Living		D1		
	c. date / year of death Family History	Age	Living State of health		Dead Age at death		Vos/cause of death
	c. date / year of death Family History Father		Living State of health	A COLUMN TO STATE OF THE STATE	Dead Age at death	ols at 4	Yes/cause of death
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Section IV - Declaration

DECLARATION BY THE LIFE TO BE ASSURED

the person whose life is herein being proposed to be assured, do hereby declare that the foregoing statements and answers have been given by me after fully understanding the questions and the same are true and complete in every particular and that I have not withheld any information and I do hereby agree and declare that these statements and this declaration shall be the basis of the contract of assurance between me and the Life Insurance Corporation of India. And I further agree that if after the date of submission of the proposal but before the issue of First Premium Receipt. (i) any change in my occupation or any adverse circumstances connected with my financial position or the general health of myself or that of any members of my family occurs or (ii) if a proposal for assurance or an application for revival of a policy on my life made to any office of the Corporation is withdrawn or dropped, deferred or accepted at an increaed premium or subject to a lien or on terms other than as proposed, I shall forthwith intimate the same to the Corporation in writing to reconsider the terms of acceptance of assurance. Any omission on my part to do so shall render this contract to be dealt with as per provisions of Section 45 of the Insurance Act, 1938, and that if any untrue averment be contained therein the said contract shall be dealt with as per provisions of Section 45 of the Insurance Act, 1938 as smended from time to time.

Not-withstanding the provision of any law, usage, custom or convention for the time being in force prohibiting any doctor, hospital, diagnostic center and/or employer, reinsurer/ credit bureau from divulging any knowledge or information about me concerning my health or employment, occupation, insurance, financial etc. on the grounds of privacy, I, my heirs, executors, administrators and assignees or any other person or persons, having interest of any which have deep contract issued to me, hereby agree that such authority, having such knowledge or information, shall at any time be at liberty to divulge any such knowledge or information to the Corporation and the Corporation to divulge the same to any Authorised Organisation / Institution / Agency/ and Governmental / Regulatory Authority for the sole purpose of underwriting / investigation / risk mitigation / fraud control and/or claim settlement.

Lundertake to inform the Corporation immediately of any changes in KYC documents such as residence. Lalso give my consent to share my data with Central KYC Registry and to receive phone calls, SMS / E-mail from Central KYC registry in this regard.

I understand that the Corporation reserves the right to accept / Postpone / drop / decline or offer alternate terms on this proposal for life insurance.

I hereby give my consent to receive phone calls, SMS/E-mail on the below mentioned registered number / E-mail address from / on behalf of the Corporation with respect to my life insurance policy / regarding servicing of insurance policies / enhancing insurance awareness / notifying about the status of Claim etc.

I hereby give my consent for undergoing medical examinations / tests including test for HIV as required by the Corporation.

	ave discussed my financi ent/intermediary, I have ta						
I understand that if I hav	e deposited "application r	noney" as a token co	nsideration under thi	is proposal for insura	nce, the closing NAV	of the date of comp	letion only will be
	units. ie premiums, charges and	hanafita undar the no	liev are cubicet to tay	ros / dutios / oborgos i	n accordance with the	lava sa smallashla	forms time a to time a
Dated at	on the	day of	20	es/dulles/charges	n accordance with the	iaws as applicable	from time to time.
Dateu at	On the	day oi	20				
Signature of Witness							
Name					No. of the life to be as		
Occupation				E-mail	id of the life to be assu	ber	
Address				0			
	(Part)			Signatu	ire or thumb impressii	ion of the Life to be	assured
	DE	CLARATION BY	THE PROPOSEF	RIN CASE OF MIN	IOR LIFE	TRANSPORT AND ADDRESS.	Care Care
that these statements a averment be contained	g the questions and the sar and this declaration shall b I therein the said contract	ne are true and compl be the basis of the cor shall be dealt with as p	ete in every particula ntract of assurance t per provisions of Sec	ar and that I have not v between me and the ction 45 of the Insura	Life Insurance Corpo nce Act, 1938 as ame	on and I do hereby a ration of India and t raded from time to ti	gree and declare that if any untrue ime.
reinsurer/ credit bureau I, on behalf of myself, th this policy contract issusuch knowledge or info Regulatory Authority fo	provision of any law, usag I from divulging any knowl ne life to be assured, our h led on the life to be assure prmation to the Corporatic Ir the sole purpose of unde	edge or information al eirs, executors, admir ed, hereby agree that on, and the Corporatio erwriging / investigatio	oout the life to be ass nistrators and assigr such authority, havir on to divulge the san on / risk mitigation / fi	sured concerning the nees or any other per ng such knowledge o me to any Authorised raud control and/or c	health, insurance, fina son or persons, havin r information, shall at Organisation / Institu laim settlement.	ancial etc. on the grang interest of any kir any time be at liber at at liber at liber and Agency / and	ounds of privacy, nd whatsoever in rty to divulge any I Governmental /
or that of any members	if after the date of submiss of his family occurs, I shall Ill render this contract to be	forthwith intimate the s	same to the Corporat	tion in writing to recon	sider the terms of acce	eptance of assurance	life to be assured ce. Any omission
I further declare that I h consultation with the ac	nave discussed my financi gent/intermediary, I have ta	ial standing with the a ken a personal and ir	gent/intermediary. ndependent decision	I have been informed in an informed mani	d about the risk profile ner to go for the Plan a	of the ULIP plan(s	and fund(s). In ave chosen.
I understand that if I have applied for allotment of	ve deposited "application runits.	money" as a token co	nsideration under thi	is proposal for insura	nce, the closing NAV	of the date of compl	letion only will be
I undertake to inform the and to received phone	e Corporation immediately calls, SMS/E-mail from C	of any changes in KY entral KYC registry in	C documents such a this regard.	as residence. I also gi	ve my consent to share	e my data with Cent	tral KYC Registry
I understand that the C	orporation reserves the rig	ght to accept / Postpo	ne/ drop/ decline or o	offer alternate terms	on this proposal for life	e insurance.	
I hereby give my conse my life insurance policy	nt to receive phone calls, S //regarding servicing of ins	SMS/E-mail on the bel	low mentioned regist	tered number/ E-mail	address from/on beh	alf of the Corporatio	on with respect to
also understand that th	e premiums, charges and	benefits under the pol	icy are subject to tax	es / duties / charges in	accordance with the	laws as applicable f	from time to time.
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Signature of the Proposer

Address

1. Declaration by the person filling in the form (in case form is filled up/signed in a language different from that of the Proposal Form or in case the proposer is person with disability (PWD) where he/she is not able to fill the proposal form himself / herself. "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 and I have truthfully recorded the answers given by the proposer and I have truthfully recorded the answers given by the proposer and I have truthfully recorded the answers given by the proposer and I have truthfully recorded the answers given by the proposer and I have truthfully recorded the answers given by the proposer and I have truthfully recorded the answers given by the proposer and I have truthfully recorded the answers given by the proposer and I have truthfully recorded the answers given by the proposer and I have truthfully recorded the answers given by the proposer and I have truthfully recorded the answers given by the proposer and I have truthfully recorded the answers given by the proposer and I have truthfully recorded the answers given by the proposer and I have truthfully recorded the answers given by the proposer and I have truthfully recorded the answers given by the proposer and I have truthfully recorded the answers given by the proposer and I have truthfully recorded the answers given by the proposer and I have truthfully recorded the answers given by the proposer and I have truthfully recorded the answers given by the proposer and I have truthfully recorded the answers given by the proposer and I have truthfully recorded the answers given by the proposer and I have truthfully recorded the answers given by the proposer and I have truthfully recorded the answers given by the proposer and I have truthfully recorded the answers given by the proposer and I have truthfully recorded the answers given by the proposer and I have truthfully recorded the answers given by the proposer and I have	
proposer has affixed the thumb impression / signature as below after fully understanding the contents thereof."	
Name of the Declarant : Signature :	
Address of the Declarant:	
"I certify that the contents of the form and documents have been fully explained to me by (Name, Designation, occupation) Mr./Ms.:and I have understood the significance of the proposed contract.	
Signature or Thumb impression of the Proposer / life to be assured	
2. 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 Corporation 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"	
Signature : Name of the Declarant : Address of the Declarant :	
	_
"With reference to the proposal for Rson the life of my son/daughter/Grand Son / Daughter, I hereby agree and undertake that if under the policy that may be issued, any payment is received by me by way of surrender or for any other reasons whatsoever before the policy has vested in life assured, I shall utilize the moneys hereby received for the benefit of the minor or his/her estate."	
Signature of Parent / Guardian : Signature of witness :	
Name:	
Occupation:	
Address : ADDENDUM TO PROPOSAL (In case Life to be Assured is a Minor)	
"I understand and agree that the policy shall automatically vest on the Life Assured on the policy anniversary coinciding with or immediately following the completiion of 18 years of age and shall on vesting be deemed to be a contract between the Corporation and Life Assured." Dated at on the day of 20	
Signature of Witness	
Name Occupation	
Address	
CECTION AS OF THE INCLIDANCE ACT 1000	_
SECTION 45 OF THE INSURANCE ACT, 1938 (1) 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.	,
(2) A policy of life insurance may be called in question at any time within three years 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, 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 the materials on which such decision is based.	
Explanation I - For the purpose of this sub section the expression "fraud" means any of the following acts committed by the insured or by his agent with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy: a) The suggestion, as a fact of that which is not true and which the nsured does not believe to be true: b) The active concealment of a fact by the insured having knowledge or belief of the fact c) Any other act fitted to deceive; and d) Any such act or omission as the law specially declares to be fraudulent.	
Explanation II - Mere silence as to facts likely to affect the assessment of the risk by the insurer is not fraud, unless the circumstances of the case are such that regard being had to them, it is the duty of the insured or his agent, keeping silence to speak, or unless his silence is in itself, equivalent to speak.	
3) Notwithstanding anything contained in sub-section (2), 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 a material fact was true to the best of his knowledge and belief or that there was no deliberate intension 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 of policy holder is not active.)
Explanation : A person who solicits and negotiates a contract of insurance shall be deemed for the pupoose of the Formation of the contract to be agent of the insurer.	

- 4) A policy of life insurance may be called in question at any time within three years 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, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured as 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 misstatement or suppression of a material fact, and not on 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.
 - **Explanation** For the purposes of this sub-section, the mis-statement of or suppression of fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer, the onus is on the insurer to show that had the insurer been aware of the said fact no life insurance policy would have been issued to the insured.
- 5) 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.'

Signature / thumb impression of the life to be assured / Proposer

SECTION 41 OF THE INSURANCE ACT, 1938

- (1) 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 or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.
 - Provided that acceptance by an insurance agent of commission in connection with a policy of Life Insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bonafide Insurance agent employed by the insurer.
- (2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten hundred rupees.

Signature / thumb impression of the life to be assured

Signature of the Agent.

Addendum to Proposal Form for Settlement Option to take Death Benefit in Instalments

(To be furnished by the Life to be Assured / Policyholder)

Proposal No. / Policy No.

Do you wish to avail Settlement Option to take Death Benefit in Instalments?

YES/NO

If yes, please give the following details:

- 1. Period for Settlement Option to take Death Benefit in Instalments (maximum 5 years)
- 2. Mode of Instalment payment: Yearly / Half-Yearly / Quarterly / Monthly

Note: The instalment shall be the total number of units as on the date of initimation of death divided by total number of instalments (i.e. 5, 10, 20 and 60 for yearly, half-yearly, quarterly and monthly instalments in 5 year period respectively). The number of units arrived at in respect of each instalment will be multiplied by the NAV of the applicable fund type as on the date of instalment payment. The first payment will be made corresponding to the date of intimation of death and thereafter based on the mode opted by the policyholder i.e. every month or three months or six months or annual from the date of intimation of death, as the case may be.

Date: Place:

(2)

Signature / Thumb impression of the Life Assured / Policy holder

Name of Life Assured / Policy holder