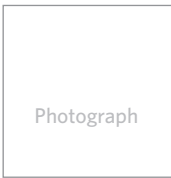


Bank account number:	
BDM/ BM/ mobile no:	
Transaction ID:	

LC code:	
BM code:	
Branch code:	
MICR code:	



A. Life to be assured's personal details

Mr./Ms. Name:

Gender: Male Female Date of birth: Address:

Nationality: Indian NRI Others Please specify

Occupation: Annual income ₹: State: Pin code:

Nature of duties: Tel. (R): Mob.:

B. Do you wish to receive all communication via e-mail ? Yes No

E-Mail ID:

C. Nominee/ Appointee details (To be filled if the life to be assured and the proposer are the same. Appointee details are required only if the nominee is a minor)

Nominee's name: Mr. Ms.

Nominee's date of birth: Relationship with the life to be assured: Please specify

Appointee's name (If nominee is a minor):

Appointee's date of birth: Relationship with the nominee: Please specify

D. Plan details for IndiaFirst Young India Plan

Plan term	Installment premium	Sum assured	Funds (Funds total to be 100%)	Equity 1	Debt 1	Balanced 1	Index Tracker	Value	
Option1 <input type="checkbox"/> Option2 <input type="checkbox"/> <small>(Please select the appropriate option)</small>									
<small>If opted for IndiaFirst Young India Plan, your nominee/you can receive the Additional Benefit equal to the sum of all future premium(s) payable on death or disability due to accident as either of the following options:</small>									
<small>Option 1: Lump Sum amount payable immediately on Death / Disability of Life Assured.</small>									
<small>Option 2: Lump Sum amount payable into the fund to create units on Death / Disability of Life Assured. The fund value will be payable at Maturity.</small>									

E. Life to be assured's medical history

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 1. Are you currently or do you intend to live or travel outside of India for more than 6 months in a financial year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you currently have any existing insurance with IndiaFirst and/ or has any of your insurance cover been postponed, declined, rejected or charged extra premium with other companies? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have either of your parents or any brothers or sisters suffered from or died under the age of 60 due to any of the following conditions - Heart Problems, Diabetes, Stroke, Hypertension, Raised Cholesterol, Cancer or any hereditary disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you smoke or have you smoked more than 5 cigarettes or beedis or 3 pouches of gutka or chewable tobacco per day and do you consume or have you consumed any form of alcohol/ liquor exceeding 90ml or 3 pegs of hard liquor or 2 glasses of beer/ wine per day ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you currently or do you intend engaging in any hazardous or dangerous occupation or hobbies such as working at heights, underground or offshore, using explosives, flying other than as a fare-paying passenger, diving, mountaineering etc.? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Other than for minor conditions such as cold, cough or flu, are you currently taking any medication or drugs prescribed by a doctor? Or have you suffered from any illness, disorder, disability or injury during the past five years which has required any form of medical or specialised examination (including chest X-rays, gynecological investigations, pap smear or blood tests), consultation, hospitalisation or surgery? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have any congenital/ birth defects, pains or problems in the back, spine, muscles or joint, arthritis, gout, severe injury or other physical disability and have you been unable to work/ attend school during the last two years for more than three consecutive days? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you suffer from any medical ailments/ problems such as Diabetes, High BP, Cancer, Respiratory disease (including asthma), Kidney or Liver disease, Stroke, any other Blood disorder, Heart problems, Hepatitis B or Tuberculosis, Psychiatric disorder, Depression, HIV AIDS or a related infection, tumor growth, prostate disorder, disorder of skin or lymph glands, multiple sclerosis, epilepsy, tremor, numbness, double vision, giddiness, speech defect, paralysis ? | <input type="checkbox"/> | <input type="checkbox"/> |

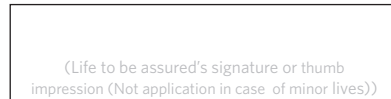
F. Life to be assured's declaration

I have been given the benefit illustration with all important details about the plan I intend to purchase. I have been explained the contents of this proposal form along with their importance. In addition, I have gone through all the sale literature/ product audio-visuals/ IVR (English/ Hindi), and have fully understood the key features of the plan and the importance of the proposed contract basis the information provided. I confirm that the information provided in this proposal form is full, complete, true and forms the basis of this contract. All material facts which may influence the assessment of risk, have been disclosed. I also understand that failure to make such disclosure will result in the contract being void and the company will be entitled to forfeit all the premiums paid under this policy subject to Sec 45 of the Insurance Act, 1938. I am aware that only one policy shall be issued to me under this scheme. I am aware and agree that the maximum cover under this scheme will not exceed ₹5,25,000 irrespective of the number of policies applied by me. The money paid towards the premium of this plan has not been generated from any criminal activities/ offences listed in the Prevention of Money Laundering Act 2002 or under any other applicable law. I consent to IndiaFirst Life Insurance Company Limited seeking medical information from any doctor/ hospital in respect of my physical or mental health and authorize them to share the required information with IndiaFirst and/ or the claims administrator or medical advisors. I agree that in case of any medical request, the risk in this plan will commence only on the date of acceptance of my proposal by the company.

The cover will also not be offered in any of the following conditions - a. Pregnant female lives, b. Any questions under medical history numbered 1-8 being answered as 'Yes'. The application will be processed only if the nature of duties involved in my occupation are standard as per underwriting guidelines. The company may contact me within 7 working days from the time of issue of this OTC plan in case of any further requirements.

Name :

Date : Place :



Section 41 of Insurance Act, 1938: 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 prospectuses or tables of the insurer. Any person making default in complying with the provisions of the section shall be punishable with fine which may extend to five hundred rupees.

Section 45 of Insurance Act, 1938: No policy of life insurance effected before the commencement of this Act shall after the expiry of two years from the date of commencement of this Act and no policy of life insurance effected after the coming into force of this Act shall after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the Policyholder and that the Policyholder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose: Provided that 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 Policyholder was incorrectly stated in the proposal.

Freelook period: You have a period of 15 days from the date of receipt of the Plan document to review the terms and conditions of the plan and if you disagree to any of those terms or conditions, you have the option to return the plan stating the reasons for your objection. In this case you shall be entitled to a refund of the premium paid, subject only to a deduction of a proportionate risk premium for the period you were covered and the expenses incurred by us on medical examination and stamp duty charges. In respect of a unit linked plan, in addition to the above deductions you shall also be entitled to repurchase the units at the price of the units on the date of cancellation.

G. Premium Deposit Voucher

Application no. Date:

Bank name Branch We acknowledge the receipt of the following, subject to realisation of cheque. Received from Mr. / Ms. the proposal for life insurance along with ₹ by way of cheque / DD number dated drawn on bank branch or by way of cash.

Authorised signatory/stamp and sign