

Application No.

Proposal Form - IndiaFirst Life Annuity Plans

Latest Photograph First Annuitant	Latest Photograph Second Annuitant	For Branch Sales Use Only	
		LG / Agent Code	Branch Code
		(LG code to be written for Banca, Agent Code to be written for Agency.)	
		Branch Manager Code	BDM/ RM Code
		Channel Code	BDM Mobile No.
Bancassurance/ Agency/ Broker/ Corporate Agency/ Direct Sales/ Marketing Associate, Any Others (pls specify)			

Important Guidelines: 1. This form is to be filled by the proposer in BLOCK LETTERS in black/ blue ink and leave a space blank between each part of the name. 2. If the Proposer/ Life to be Assured is unable to fill the form due to inability to read or understand the language, the help of a person other than the advisor/our employee/insurance intermediary may be used. (Refer to declaration for signing in vernacular language or for uneducated/ illiterate persons) 3. Before filling up the form please read the sales literature to understand the features, benefits, advantages and terms and conditions of the product. 4. If the space provided in the form is not sufficient for providing details, please attach separate sheets signed by the Proposer/ Life to be Assured. 5. All details should be filled completely including email ID, mobile number, etc. 6. If premium is equal to ₹ 50000 or more per customer by any mode of payment, a copy of PAN card and if premium is equal to or more than ₹ 100000 per customer by any mode of payment, income proof document needs to be submitted. 7. Customers are advised not to hand over the premium to IndiaFirst Life insurance advisors to meet the premium dues (including initial premium). Customers are requested to visit the nearest IndiaFirst Life & Bank of Baroda insurance branch to deposit the premium directly. Premium payment made to IndiaFirst Life insurance advisors is at the customer's own risk. 8. Encashment of cheque/ DD does not mean the policy has been approved and the Company reserves the right to call for additional requirements subject to underwriting (if any). 9. While answering questions in the proposal form and providing any other information in respect of the insurance, the Policyholder must make a full and frank disclosure of all material facts with respect to the questions available in proposal form. If a full and frank disclosure is not made of all material facts, or in case of fraud or misrepresentation at the time of answering questions in the proposal form or any stage thereafter, IndiaFirst shall cancel the insurance contract immediately in accordance with Section 45 of Insurance Act 1938, as amended from time to time. 10. In case the Proposer and Life to be Assured are two separate individuals, the proposal form will be signed by both. The life to be assured can sign only if he/she is 18 years or above.

Is the customer an employee of Bank of Baroda, Union Bank of India, eDena, eVijaya, IndiaFirst Life Insurance Co. Ltd. Or an Individual agent or their family member? ☐ Yes ☐ No Employee code/ Ref. no.

Do you have an existing Pension Plan from IndiaFirst Life? Yes ☐ No ☐

If Yes, please provide: Policy Number Client ID

If this Annuity Plan is through Group Scheme, please provide
Group Master Policyholder Name Employee Number

Are you a NPS Subscriber? Yes ☐ No ☐ If Yes, please provide: PRAN Number

If Yes, please provide NPS Subscriber Category: ☐ Govt Sector ☐ Corporate Sector ☐ NPS Lite ☐ Swavalamban ☐ Others, (pl specify)

Is this Policy sourced under QROPS? Yes ☐ No ☐ If Yes, please provide details:

1. Details of First Annuitant/Life Assured

Full Name (Leave a blank space between First and Last Name) Mr. ☐ Mrs. ☐ Ms. ☐ Mx. ☐

Existing IndiaFirst Policy Owner, Kindly enter policy number / client id Policy No ☐ Client ID

Communication Address of the Life Assured (Address to which policy document will be dispatched)

L I N E 1

L I N E 2

L A N D M A R K C I T Y

S T A T E Pin Code

Mobile* +() Landline +()

Country Code *Receive alerts through SMS ☐ STD/ISD

Email ID*

*Receive communication via e-mail ☐

DOB Gender ☐ Male ☐ Female ☐ Trans-gender ☐ Nationality ☐ Indian ☐ Non Indian

Marital Status ☐ Unmarried ☐ Married ☐ Widow(er) ☐ Divorced ☐ Residential Status ☐ Resident ☐ NRI ☐ Others

Identity Proof (Life Assured) Address Proof* Age Proof (Life Assured) Annual Income (Life Assured)

Source of Income PAN (Life Assured) PAN (photocopy Enclosed) ☐ Yes ☐ No

Are you a Politically Exposed Person (Life to be Assured)? ☐ Yes ☐ No

Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, example, Heads of State or of Governments, senior politicians, senior government/judicial/military officials, senior executives of state owned corporations, important political party officials, etc., including their family members and close relatives.

Additional Details - Indicator for Residence / Tax status

- (a) Place and Country of birth
- (b) Are you a citizen of any other country also (Dual / Multiple) ☐ Yes ☐ No
- (c).Are you a resident (For tax purposes) of any other country other than India ☐ Yes ☐ No
- (d) Do you hold a green card of US or any similar card for any other country ☐ Yes ☐ No
- If answer to any /all of the above is yes, please do fill all the details in the Insurance FATCA Declaration

2. Plan Details

For IndiaFirst Life Guaranteed Annuity Plan

Annuity Option (please tick annuity of your choice)

Annuity Option																			
☐	Life Annuity	☐	Life Annuity with return of 100% of purchase price	☐	Joint Life Last Survivor Annuity for Life														
☐	Joint Life Last Survivor Annuity for Life with return of 100% of purchase price																		
☐	Annuity Certain for a period of	☐	5 years	☐	10 years	☐	15 years	and Life thereafter											
☐	Deferred Life Annuity where deferment period is 5 to 10 years		☐			Deferred Life Annuity with Return of Purchase Price where deferment period is 5 to 10 years													
	Deferment period	☐	5 years	☐	6 years	☐	7 years	☐	8 years	☐	9 years	☐	10 years						
☐	Life Annuity with Return of Purchase Price on diagnosis of Critical Illness																		
☐	Life Annuity with Return of Purchase Price in parts													☐	Escalating Life Annuity	☐	Escalating Life Annuity with Return of Purchase price	☐	NPS - Family Income*
*If you have opted for NPS - Family Income Option, please fill the below details																			
	Name*	DOB*	Address								Contact number								
Father																			
Mother																			
Spouse																			
Child 1																			
Child 2																			

Purchase Price / Annuity Amount (Please tick any one option)

☐ Purchase Price or ☐ Annuity Amount

Annuity Value: ☐ Up to 60% as cash lumpsum and rest as Annuity ☐ 100% of Vesting Amount as Annuity

Source of Premium: ☐ NPS Proceeds ☐ IndiaFirst Life Pension Plan ☐ Other Company Pension Plan ☐ Self-Funded ☐ Others, (pl specify)

Annuity Frequency: Yearly ☐ Half Yearly ☐ Quarterly ☐ Monthly ☐

For IndiaFirst Life Guaranteed Pension Plan

Annuity Option (please tick annuity of your choice)

Annuity Option	
Annuity Option*	Description
Plan Option A	Life Annuity
Plan Option B	Life increasing Annuity
Plan Option C	Life Annuity with Return of Purchase Price on Death
Plan Option D	Life Annuity with Return of Purchase Price on Death or on Critical Illness
Plan Option E	Life Annuity with Return of Purchase Price on Death on in instalment on survival

*Plan Option A and Plan Option C are available for single life and joint life whereas other plan options will be available only for Single Life.

Premium Paying Term ☐ 5 years ☐ 6 years ☐ 7 years ☐ 8 years ☐ 9 years ☐ 10 years

Premium Paying Frequency: Yearly ☐ Half Yearly ☐ Quarterly ☐ Monthly ☐

Limited Premium / Annuity Amount (Please tick any one option)

☐ Limited Premium or ☐ Annuity Amount

Annuity Value: ☐ Up to 60% as cash lumpsum and rest as Annuity ☐ 100% of Vesting Amount as Annuity

Source of Premium: ☐ NPS Proceeds ☐ IndiaFirst Life Pension Plan ☐ Other Company Pension Plan ☐ Self-Funded ☐ Others, (pl specify)

Annuity Frequency: Yearly ☐ Half Yearly ☐ Quarterly ☐ Monthly ☐

3. Details of Second Annuitant (if Joint Life is chosen)

Full Name (Leave a blank space between First and Last Name) Mr. ☐ Mrs. ☐ Ms. ☐ Mx. ☐

Existing IndiaFirst Policy Owner, Kindly enter policy number / client id ☐ Policy No ☐ Client ID

Communication Address of the Second Annuitant (Address to which policy document will be dispatched) ☐ Same as First Annuitant

Mobile* +() Landline +()

Email ID*

*Receive communication via e-mail

DOB Gender: ☐ Male ☐ Female ☐ Trans-gender Relationship with First Annuitant Nationality ☐ Indian ☐ Non Indian

Marital Status ☐ Unmarried ☐ Married ☐ Widow(er) ☐ Divorced Residential Status ☐ Resident ☐ NRI Others

Identity Proof (Second annuitant) Address Proof*(Second annuitant) Age Proof (Second annuitant)

PAN (Second annuitant) PAN (photocopy Enclosed) ☐ Yes ☐ No

4. Nominee/ Appointee Details (Appointee details required only if nominee is a minor)

Nominee Name	Percentage Share	DOB of Nominee	Age of Nominee	Relationship of Nominee

Appointee's Name	DOB	Age	Gender	Relationship with Nominee	Appointee's Address

5. Payment Mode (Choose one mode only)

Mode selected will be used by the Company to pay the proposer according to the terms of the plan. Further, the Company reserves the right to use any alternative payout option including demand draft/ payable at par cheque in spite of option for Direct credit.

Details of First Annuitant

☐ Direct Credit (Bank of Baroda)	☐ NEFT	Bank Name	
Bank Account No		IFSC Code	
		(Mandatory for NEFT mode)	
Customer's Name as per the Bank Account:			

Details of Second Annuitant (if Joint Life is chosen)

☐ Direct Credit (Bank of Baroda)	☐ NEFT	Bank Name	
Bank Account No:		IFSC Code	
		(Mandatory for NEFT mode)	
Customer's Name as per the Bank Account			

Please provide a cancelled copy of your cheque if any of the above option is selected

Disclaimer: In case of non credit to my bank account with/without assigning any reasons thereof or if the transaction is delayed or not credited at all for reasons of incomplete/incorrect information, I will not hold IndiaFirst Life Insurance Co. Ltd. responsible. Further, the Company reserves the right to use any alternative payout option including demand draft/payable at par cheque in spite of not opting for the direct credit option.

6. Insurance Repository

Existing e - Insurance Account (e-IA) holder, please provide the e IA and IR name

E IA Number	
IR Name	

Open New e - Insurance Account - Please choose the repository from the below

IR Code	IR Name
01.	NSDL Database Management Limited ☐
02.	Central Insurance Repository Limited ☐
04.	Karvy Insurance Repository Limited ☐
05.	CAMS Repository Service Limited ☐

Do you need a physical copy of Policy Document? Yes ☐ No ☐

7. Declaration by First Annuitant/ Life to be Assured

I/ we have understood the questions in the proposal form and I/ we have answered them truthfully, completely and correctly. I/ we further declare that I/ we have not withheld any material fact or information which may affect the decision of IndiaFirst Life Insurance Company Limited (Hereafter called the "Company") in underwriting the risk, and the information provided by me/ us in the proposal form will form the basis of the contract between me/ us and the Company. In case of fraud, misrepresentation and suppression of material facts the policy contract shall be treated in accordance with the Section 45 of Insurance Act, 1938 as amended from time to time. I/ We hereby authorize and direct any employer (past and present) to disclose to the Company any information relating to my and nature of work performed by me/Us. I/We further agree that if after the date of submission of the proposal but before the issuance of Policy (i) there is an adverse change in my/us occupation, financial condition, which will affect the decision of the Company in underwriting risk or (ii) if the proposal for assurance made to any insurer is withdrawn or dropped, deferred, declined or accepted at an to a lien or on terms other than as proposed, I/We shall forthwith intimate the same to the company in writing. Failure to do this on my/ our part may render this assurance invalid and the policy will be dealt in accordance with section 45 of the Insurance Act, 1938 as amended from time to time. I/We understand that the cover applied for under this application will commence after approval of my application and receipt of the required premium by the Company. I/We, hereby declare that the premium have not been generated from proceeds of any criminal activities/offences listed in the Prevention of Money Laundering Act 2002 or under any other applicable law.

I/we hereby declare that the Date of Birth and Financial status of Life to be Assured mentioned in proposal form is correct and true to my knowledge.

In case the information disclosed found to be incorrect claim will be treated in accordance with the Sec 45 of Insurance Act 1938 as amended from time to time. Having gone through the "Needs Analysis" process, I hereby confirm that the recommended product and its features have been explained to my satisfaction, and it matches my current insurance needs.

"I/We hereby give consent to the Company for obtaining/downloading CKYC record from Central KYC Records Registry. I/We hereby give consent to the Company for obtaining/downloading KYC details/ from government agencies/entities as authorized by the regulator/ statutory authorities like Passport Seva, Parivahan Sewa, Election Commission of India".

AML-eKYC declaration: I hereby give my unconditional consent to the Company to carry out due diligence in respect of information as provided by me in the proposal form and also to share the data with government agencies/ statutory authorities/entities as authorized by the regulator - IRDAI/ Life counsel for necessary verification purposes.

☐ I/ We hereby give consent for downloading KYC records from CKYCRR for Policy Issuance purpose.

☐ I hereby authorized IndiaFirst Life Ins. Co. Ltd., to collect my KYC details from the Bank who is working as a Corporate Agent with them for issuing my insurance policy.

☐ I hereby authorized IndiaFirst Life Ins. Co. Ltd., to share my personal details including KYC details with third party for the purpose of policy printing, dispatch, and all policy servicing purposes wherever required.

Life to be Assured's Signature or Thumb Impression
(Not applicable in case of minor lives)

Name _____ Place _____ Date _____

Witness's Signature in English

Address of Witness _____

Annuitant Signature or Thumb Impression

Name _____ Place _____ Date _____

Name _____ Place _____ Date _____

Signature authentication (Single factor authentication): An OTP authentication number has been sent on your registered mobile number. By feeding in the said number in the system, you hereby unconditionally and absolutely acknowledge and accept the Terms and Conditions of the policy in its entirety and the same would create a legally binding agreement between the Company and You.

Section 41 of Insurance Act 1938, as amended from time to time: No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take 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. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Section 45 of Insurance Act 1938, as amended from time to time:

Extract of Section 45 of the Insurance Act, 1938, as amended from time to time: No policy of life insurance shall be called into question on any ground whatsoever after the expiry of three years from the date of policy. A policy of life insurance may be called into question at anytime within three years from the date of policy, on the ground of fraud or 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. The insurer shall have to communicate in writing to the insured or 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 misstatement 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 misstatement or suppression are within the knowledge of the insurer. In case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive. In case of repudiation of the policy on the ground of misstatement or suppression of a material fact and not on the grounds of fraud, the premiums collected on the policy till the date of repudiation shall be paid. 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 and the definition of 'date of policy', please refer Section 45 of the Insurance Act, 1938, as amended from time to time.

8. Declaration for Signing in Vernacular or for Uneducated Persons

1. Vernacular 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)
I do hereby state that I have read out and explained the contents of the proposal form to the annuitant and he/she have understood the same.

Name of the Declarant : _____ Signature: _____

Relation with the Annuitant _____

Address of the Declarant : _____

I certify that the contents of the proposal form have been clearly explained to me and I have fully understood them. I further certify that the replies in the proposal form have been recorded as per the information provided by me.

Signature or thumb impression of Annuitant

2. In case the Annuitant 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 Annuitant has affixed the thumb impression above after fully understanding the contents thereof."

Name of the Declarant: _____ Signature: _____

Relation with the Annuitant _____

Address of the Declarant: _____

9. Intermediary details

Name of the Intermediary _____ License Number. _____

(Applicable for all channels except Individual Agents)

Signature of the Agent / Specified Agents

Stamp of the Intermediary

Name of the Agent / Specified Agents _____ License Code _____

10. Know Your Customer Certificate Issued by Bank

We hereby confirm that holds Savings/Current/Fixed Deposit Loan Account no. and Bank Customer ID with our bank. We confirm that we have obtained the necessary documentary evidence to establish the identity and address of the customer as mentioned by him/ her in this proposal form, as per the "Know Your Customer" (KYC) norms for banks.

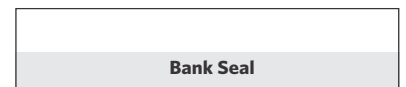
Signature of Authorized Signatory from Bank: _____

Name of Authorized Signatory from Bank: _____

Name of the Bank Branch: _____

Aforementioned details can be used by the company to pay the proposer according to the terms of the plan. Payment options (cheque will be used if none of the below electronic payout option is chosen). Further, the company reserves the right to use any alternative payout option including demand draft/payable at par cheque in spite of option for Direct Credit.

- UIN :143N066V03 IndiaFirst Life Guaranteed Pension Plan • UIN :143N050V04 IndiaFirst Life Guaranteed Annuity Plan • UIN :143N027V01 IndiaFirst Immediate Annuity Plan



Confidential Report (To be completed by the sales personnel after receiving the completed proposal form)

Note: If the Life to be Assured is related to the advisor, this report should be countersigned by the authorized signatory

1. Have you met the Proposer/ Life to be Assured? ☐ Yes ☐ No
2. Are you related to the proposed Life to be Assured? If yes, please state your relationship with applicant ☐ Yes ☐ No
3. Are you satisfied with the financial standing of the proposed Life to be Assured? ☐ Yes ☐ No
- What is the estimated annual income of the Life to be Assured? _____
4. Does the life assured appear to be in good health without any mental disorder (or) physical disability? ☐ Yes ☐ No
5. Does the appearance of the proposed Life to be Assured correspond with the age stated in application? ☐ Yes ☐ No
6. Is the Proposer a: ☐ Judge ☐ Member of Parliament ☐ Member of state legislature ☐ National/State level office bearer of political party (*Tick if applicable, default value No)

Other Remarks: _____

Licensed Advisor's Signature

Name of the Intermediary _____
(Applicable for all channels except Individual Agents)

Name of the Agent / Specified Agents _____

Intermediary License No. _____

License Code _____

Place: _____ Date: _____

Advisor Code:

NACH Mandate		UMRN																Date							
Tick (✓)		Sponsor Bank Code																Utility Code							
☐ CREATE ☐ MODIFY ☐ CANCEL		I/We hereby authorize		IndiaFirst Life Insurance Company Ltd																to debit (tick✓)		SB /CA /CC /SB-NRE /SB-NRO /Other			
		Bank a/c number																							
with Bank		Name of customers bank																IFSC				MICR			
an amount of Rupees																		₹							
FREQUENCY		☐ Mthly		☐ Qtly		☐ H-Yrly		☐ Yrly		☒ As & when presented								Debit type		☐ Fixed Amount		☒ Maximum Amount			
Application No. / Loan Account No.																		Mobile No.							
Policy No.																		Email ID							
I agree for the debit of mandate processing charges by the Bank whom I am authorizing to debit my account as per the latest schedule of charges of the bank.																									
PERIOD																									
From		D D		M M		Y Y		Y Y																	
To		D D		M M		Y Y		Y Y																	
Or		☒ Until Cancelled																							
		1. <u>Signature Primary Account holder</u> Name as in bank records																2. <u>Signature of Account holder</u> Name as in bank records				3. <u>Signature of Account holder</u> Name as in bank records			

• This is to confirm that the declaration has been carefully read, understood & made by me / us. I am authorizing the user entity / corporate to debit my account.
 • I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorized the debit.

Declaration for Auto Debit

- If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/ we shall not hold the company responsible for such delay or non credit to my policy.
- In addition, I/We understand and agree that the premium amount to be debited from my/ our account may vary due to taxes and other statutory levies as may be applicable from time to time. I/ We also accept that the transaction will be effected to the policy on the due date (provided it is a working day).
- In case of an ECS / direct debit dishonor, I/ We authorize IndiaFirst Life Insurance to re-debit my/our bank account with the mentioned bank to recover the premium payable.
- I hereby authorize IndiaFirst Life Insurance Co. Ltd. and their authorize service providers to debit my Bank Account directly or by NACH for collection of premium payments.
- I/We hereby agree to maintain adequate balance in the account stated herein for availing Direct Debit facility.
- **I/We hereby authorize the Bank to debit my account to wards charges for DD mandate verification if anyapplicable.**

Yes, I / we have attached a blank cancelled cheque Certificate of the Bank Named in the Mandate

It is certified that as per our records, the bank account particulars of the mandate above are correct and the signature of the bank account holder is true.

Bank Stamp

Signature of Authorized Bank official

DD mandate should be verified by bank branch and should have "Signature verified stamp" along with "fixed specimen signature number".

NACH / DD is automated facility which debits your premium from the bank account specified by you on your premium due date, except in case of a holiday.

Policyholder's Signature

Primary Account holder's Signature
(If Primary Account holder differs from Policyholder)

Joint Account holder's 1 Signature**Joint Account holder's 2 Signature**