

*Mandatory field

***Nominee/ Appointee Details**

Nominee Name	Percentage Share	DOB of Nominee	Relationship with Life Assured	Appointee Name (if applicable)	Appointee DOB	Relationship with Nominee

***Declaration by the Member**

I understand and agree that the answer and statements made on this Health Declaration are full, complete and true and will form the basis of the contract, which may arise. 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. In case of fraud, misrepresentation and suppression of material facts by me/us, the policy contract/COI shall be treated in accordance with Sec 45 of Insurance Act, 1938 as amended from time to time. All material facts, which may influence the assessment of the risk have been disclosed. I also understand that failure to make such disclosure shall give Company the right to cancel the insurance contract subject to Section 45 of the Insurance Act, 1938 as amended from time to time.

I understand and agree that the maximum cover under the insurance scheme shall not exceed as agreed with Master Policyholder, irrespective of any number of loan/Saving accounts held by me/us. I authorise the Company to seek medical information from any doctor/hospital in respect of any matter relating to my physical or mental health and I authorize the doctor/hospital to give such information to the Company and/or to their claims administrator or medical advisors. Further I also confirm that I have never participated nor intend to participate in any hazardous sports or activity. I agree that in case of any medical request on my proposal the risk will commence only on the date of acceptance of my proposal by the Company. I authorize sharing with the Company, my personal/contact information to enable them to carry out their duties as the Insurer. I also declare that all the information given by me is true, correct and complete or else the policy shall stand cancelled.

*Primary Life Signature/Thumb impression: _____ Date: _____ *Joint Life Signature/Thumb impression _____ Date: _____

Authorisation for Settlement of Claim amount in favour of Master Policy Holder who is a Regulated Entity

I authorise the Company to make the payment towards my Outstanding Loan Balance amount to Master Policyholder by deducting from claim proceeds payable on the happening of the contingent event covered by the Policy, in case the policy is availed through a Regulated Entity as prescribed by the authority from time to time.

*Primary Life Signature/Thumb impression: _____ Date: _____ *Joint Life Signature/Thumb impression _____ Date: _____

OTP Verified ☐

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.

Declaration to be made by a 3rd Person where: a) The insured member has affixed his/her thumb impression; Or b) The insured member has signed in vernacular; Or c) The insured member has not filled the application .

The declaration should be attested by a person of standing whose identity can easily be established, but unconnected with the insurer in any capacity.

I hereby declare that I have fully explained the above questions and contents of the proposal form to the Member in _____ language, and that the Member has affixed the thumb impression above after fully understanding the contents thereof. in my presence"

Name of the Declarant : _____ Signature: _____ Relation with Member _____

Address of the Declarant : _____

Section 41 of Insurance Act 1938, as amended from time to time: 1) 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 prospectuses or tables of 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 lakh rupees.

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.

COVID -19 QUESTIONNAIRE

Name of Life Assured		Application No:			
S.No	Question	Primary Life		Sec. Life	
		Yes	No	Yes	No
1	Are you, or have you been (If yes to any of below please provide details) a) in close contact with anyone who has been quarantined or who has been diagnosed with novel coronavirus (SARS-CoV-2/COVID-19)? b) quarantined due to a possible exposure to novel coronavirus (SARSCoV2/COVID-19)? c) tested positive for the novel coronavirus or await the result of such test? d) advised to be tested to rule in, or rule out, a diagnosis of novel coronavirus?				
2	Have you experienced any of the following symptoms within the last 14 days? ▪ Any fever //Cough//Shortness of breath //Malaise (flu-like tiredness) ▪ Rhinorrhea (mucus discharge from the nose) //Sore throat ▪ Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhea				
3	Please provide your travel patterns over the past 14 days/ next 30 days (provide details if Yes)				
4	Are you currently in good Health?				
5	Does your occupation fall within any of the below mentioned? (If yes please provide details) ▪ Doctor/ medical professional ▪ Nursing personnel ▪ Pharmacist ▪ Transport work force personnel ▪ Police/Military staff ▪ Pilots/ Cabin Crew personnel Any other occupation which has higher exposure to a large population. If yes, please specify _____				
6	Do you have any history of conviction under any criminal proceedings, in India or abroad?				
7	Is your occupation associated with any specific hazards which would render you susceptible to any injury or illness, (e.g. chemical factory, mines, explosives, corrosive chemicals, etc.?)				
8	Has your weight altered (Gain/Loss) by more than 5 kg in the last 1 year? If yes details required				
9	Have you ever or are you currently suffering from any other illness, impairment or disability or any surgery not mentioned in the application form?				
Signature		Date:			
Name of Life to be Assured		Place:			

Mandate Form - Direct Debit / NACH (To be filled only for Regular / Limited premium)

 IndiaFirstLife	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																														
To																														
Or		☒ Until Cancelled																												
Signature Primary Account holder Signature of Account holder Signature of Account holder																														
1. Name as in bank records 2. Name as in bank records 3. 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

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