IndiaFirstLife

PROMOTED BY

बैंक ऑफ़ बड़ौदा
Bank of Baroda
India's International Bank

Application No.

Proposal Form

UNDER UNIT LINKED INSURANCE PLANS, INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER. THE UNIT LINKED INSURANCE PRODUCTS DO NOT OFFER ANY LIQUIDITY DURING THE FIRST FIVE YEARS OF THE CONTRACT. THE POLICYHOLDER WILL NOT BE ABLE TO SURRENDER OR WITHDRAW THE MONIES INVESTED IN UNIT LINKED INSURANCE PRODUCTS COMPLETELY OR PARTIALLY TILL THE END OF THE FIFTH YEAR.

For Branch Sales Use Only

LG / Agent Code ☐☐☐☐☐☐☐☐ Branch Code ☐☐☐☐☐ Branch Manager Code ☐☐☐☐☐☐☐☐

(LG code to be written for Banca, Agent Code to be written for Agency.)

BDM/ RM Code ☐☐☐☐☐☐☐☐ Channel Code ☐☐☐☐☐ BDM Mobile No. ☐☐☐☐☐☐☐☐☐☐

Bancassurance/ Agency/ Broker/ Corporate Agency/ Direct Sales/ Marketing Associate, Any Others (pls specify) _____

Latest Photograph

Important Guidelines: 1. This form is to be filled by the proposer in BLOCK LETTERS in black/ blue ink or to be filled electronically 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 annual premium is equal to Rs. 50000 or more per customer by any mode of payment, a copy of PAN card and if annual premium is equal to or more than Rs. 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 & Union Bank of India 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. 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.

1. Proposer/ Policy Owner Details (Please fill in details of Life to be Assured if same as Proposer)

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

FIRST LAST

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

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

LINE 1

LINE 2

LANDMARK

CITY

STATE Pin Code

Permanent Address (If different from the above Address)

LINE 1

LINE 2

LANDMARK

CITY

STATE Pin Code

Mobile* +( ) Landline +( )

Country Code *Receive alerts through SMS and WhatsApp for this proposal / policy STD/ISD

Email ID*

*Receive communication via e-mail

DOB : D D M M Y Y Y Y Age : __ Years Gender: ☐ Male ☐ Female ☐ Transgender Nationality: ☐ Indian ☐ Non Indian

Marital Status : ☐ Unmarried ☐ Married ☐ Widow(er) ☐ Divorced Residental Status : ☐ Resident ☐ NRI ☐ PIO

Education : ☐ Post Grad. ☐ Graduate ☐ Diploma ☐ 12th pass ☐ 10th pass ☐ Below10th ☐ Illiterate

Occupation : ☐ Salaried ☐ Professional ☐ Self Employed ☐ Student ☐ Housewife ☐ Retired ☐ Agriculturist ☐ Others (Please Specify)

Nature of work/duties:

Industry Type : ☐ Jewellery ☐ Import/ Export ☐ Mining ☐ Shipping ☐ Scrap Dealing ☐ Real Estate ☐ Agriculture ☐ Stock Broking ☐ Others (Please Specify)

Organisation Type : ☐ Govt. ☐ Pvt. Ltd. ☐ Public Ltd. ☐ Partner/ Proprietor ☐ Trust ☐ HUF ☐ Society

Name of the Org./Business : Total Years in Service/ Business

Income : (annual) Source of Income : Identity Proof (Proposer)

PAN : (Proposer) (Please provide Form 97, if PAN is not available) PAN (photocopy Enclosed) ☐ Yes ☐ No Address Proof (Proposer) Age Proof (Proposer)

CKYC No.:

Is this policy self proposed ☐ Yes ☐ No Relationship with Life to be Assured

Are you a Politically Exposed Person ? 1) Proposer ☐ Yes ☐ No 2) Life to be Assured ☐ Yes ☐ No

Do you have any disability that restricts you from providing consent/ signature in the proposal form? ☐ 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.

Application No.

Additional Details - Indicator for Residence / Tax status

(a) Place of birth _____ 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. Details of the Life to be Assured (Please fill section 2 only if Life to be Assured is different from Proposer)

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

FIRST LAST

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)

LINE 1
LINE 2
LANDMARK
CITY
STATE Pin Code

Permanent Address (If different from the above Address)

LINE 1
LINE 2
LANDMARK
CITY
STATE Pin Code

Mobile* +( ) Landline +( )
Country Code *Receive alerts through SMS and WhatsApp for this proposal / policy STD/ISD

Email ID*
*Receive communication via e-mail

DOB : D D M M Y Y Y Y Age : __ Years Gender: ☐ Male ☐ Female ☐ Transgender Nationality : ☐ Indian ☐ Non Indian

Marital Status : ☐ Unmarried ☐ Married ☐ Widow(er) ☐ Divorced Residental Status : ☐ Resident ☐ NRI ☐ PIO

Education : ☐ Post Grad. ☐ Graduate ☐ Diploma ☐ 12th pass ☐ 10th pass ☐ Below10th ☐ Illiterate

Occupation : ☐ Salaried ☐ Professional ☐ Self Employed ☐ Student ☐ Housewife ☐ Retired ☐ Agriculturist ☐ Others (Please Specify)

Nature of work/duties PAN (photocopy Enclosed) ☐ Yes ☐ No

PAN : Source of Income : Age Proof (Life Assured)
(Please provide Form 97, if PAN is not available)

Name of the Org./Business : Total Years in Service/ Business Income (Annual)

Additional Details - Indicator for Residence / Tax status

(a) Place of birth _____ 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 then 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

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

Nominee Name	Percentage Share	DOB of Nominee	Age of Nominee	Mobile No	Email-ID	Current Address of Nominee	Permanent Address of Nominee	Relationship of Nominee

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

4. Plan Details

	Policy Term	Premium Paying Term	Installment Premium	Sum Assured
IndiaFirst_____Plan				
IndiaFirst Term Rider				
IndiaFirst Life Waiver Of Premium Rider ☐ Option 1 ☐ Option 2 ☐ Option 3				—
IndiaFirst Life Accidental Death Benefit Rider (ADB)				
IndiaFirst Life Total and Permanent Disability Rider (TPD)				

Premium Frequency: ☐ Single ☐ Yearly ☐ Half Yearly ☐ Quarterly ☐ #Monthly (Only ECS/ Direct debit).

#ECS/DD with cancel cheque copy and DD mandate should be verified by bank branch. Renewal Premium Payment Options: 1. #Standing Instructions ☐ 2. Cheque ☐

Application No.

I would like to fund my future premium with the survival benefit – Yes ☐ No ☐ (Applicable for IndiaFirst Life Smart Pay Plan & IndiaFirst Life Mahajeevan Plus Plan)

(Please select the appropriate option for **IndiaFirst Life Smart Pay Plan, IndiaFirst Life Long Guaranteed Income Plan. IndiaFirst Life Guaranteed Benefit Plan, IndiaFirst Life Mahajeevan Plus Plan, IndiaFirst Life Guarantee Of Life Dreams Plan & IndiaFirst Life Assured Income for Milestones Plan)**

Death Benefit Option ☐ Lump Sum ☐ Income (☐ 5 Years)

(Please select the appropriate option for **IndiaFirst Life Little Champ Plan**)

Risk Cover Option ☐ Death Cover ☐ Accidental Death Cover ☐ Accidental Disability Cover ☐ Comprehensive Cover

Total Payout Option 1) 101% ☐ 2) 102% ☐ 3) 105% ☐ 4) 107% ☐ 5) 110% ☐ 6)115% ☐ 7) 120% ☐ 8) 125% ☐

Select Income Option for **IndiaFirst Life Guarantee Of Life Dreams Plan** (select one of the below options)

☐ Immediate Income ☐ Intermediate Income ☐ Deferred Income

Please choose appropriate Income Benefit Frequency ☐ Yearly ☐ Half Yearly ☐ Quarterly ☐ Monthly

Special Date (For 'Save the Date', if opted) D D M M

Select Plan Option for **IndiaFirst Life Growth of Life Dreams Plus Plan** (select one of the below options)

☐ Immediate Income Option ☐ Deferred Income Option

Death Benefit Option ☐ Lump Sum ☐ Income (☐ 5 Years)

Please choose appropriate Income Benefit Frequency ☐ Yearly ☐ Half Yearly ☐ Quarterly ☐ Monthly

Goal Protection Benefit ☐ Yes ☐ No

Special Date (For 'Save the Date', if opted) D D M M

For **IndiaFirst Life Long Guaranteed Income Plan** please choose appropriate Income Benefit Frequency ☐ Yearly ☐ Half Yearly ☐ Quarterly ☐ Monthly

(Please select the appropriate option for **IndiaFirst Life Guaranteed Benefit Plan**)

Benefit Option ☐ Lumpsum Benefit ☐ Income Benefit

If Income Benefit Option is chosen, please mention below details:-

Monthly Income ₹_____ GAP Period (Years) _____ Income Period (Years) _____

Select option for **IndiaFirst Life Assured Income for Milestones Plan** (select one of the below options)

Plan Option ☐ Income Option ☐ Income Plus Option ☐ Income With Enhanced Maturity Option

Income Variant ☐ Immediate Income ☐ Deferred Income

Income Frequency ☐ Yearly ☐ Half-Yearly ☐ Quarterly ☐ Monthly

Special Date (For 'Save the Date', if opted) D D M M

For **IndiaFirst Life Fortune Plus Plan** please choose appropriate option for Guaranteed Survival Benefit & Cash Bonus: ☐ Payout ☐ Accrual

If Payout Option is chosen, then Payout Frequency _____

Please Select Appropriate Options for **IndiaFirst Life Guardian of Life Dreams Term Plan** (Select any one of the below Options)

☐ Life Cover

☐ Life Cover with Return of Premium

Pay Out Options (Select any one of the below Options)

☐ Lumpsum

☐ Level Income ☐10 Years/☐20 Years

☐ Lumpsum(50%) & Level Income (50%) for ☐10 Years/☐20 Years

Additional Benefits/Options

☐ Soulmate Benefit *(Please fill in details in Section 5 present below)*

Please Select Appropriate Options for **IndiaFirst Life Super Protection Plan** (Select any one of the below Options)

☐ Life Option

☐ Return of Premium Option

Pay Out Options (Select any one of the below Options)

☐ Lumpsum

☐ Lumpsum and Level Income,

Select Percentage of Sum Assured to be Paid as Lumpsum - _____ % (Choose between 10% and 50% in multiple of 10%)

Additional Benefits/Options

☐ Waiver of Premium Benefit (applicable with Life Option)

☐ Joint Life Option (Applicable with Life option) *Please fill in details in Section 5 and Section 10b Respectively*

For **IndiaFirst Life Smart Retirement Plan**, choose your plan option ☐ Retire Smart Option ☐ Retire Secure Option (If you have selected Retire Secure Option, please fill sections 7, 8, 9 and 10 of this form completely)

Choose options for **IndiaFirst Life Wealth Maximizer Plan, IndiaFirst Life Money Balance Plan, IndiaFirst Life Term with ULIP Plus, IndiaFirst Life TULIP Pro, IndiaFirst Life Term with Unit Linked Insurance Plan and IndiaFirst Life Smart Retirement Plan**

Death Benefit Option: ☐ Lumpsum ☐ Income for 5 years

Systematic Partial Withdrawal Option: ☐ No ☐ Yes (If yes, % of withdrawal _____ (between 0 to 25%), from year _____ to year _____

Systematic Partial Withdrawal option is applicable only for IndiaFirst Life Wealth Maximizer Plan after completion of first 5 policy years. in frequency ☐ Yearly ☐ Half-Yearly ☐ Quarterly ☐ Monthly)

Investment Strategies: ☐ Self-Managed ☐ Automatic Trigger Based Investment Strategy (ATBIS) ☐ Fund Transfer Strategy ☐ Age Based Investment Strategy ☐ Smart Switch Strategy

ATBIS is applicable for IndiaFirst Life Money Balance Plan & IndiaFirst Life Wealth Maximizer Plan

Fund Options

Fund total to be 100%			
Equity1 (SFIN:ULIF009010910EQUTY1FUND143)		Value (SFIN:ULIF013010910VALUEFUND0143)	
Large Cap Equity Fund (SFIN: ULIF027060125LARGEQUFND143)		Liquid 1 Fund (SFIN: ULIF014010910LIQUID1FND143)	
Multi Cap Equity Fund (SFIN: ULIF026101024MULTEQUFND143)		Macro Trends Fund (SFIN: ULIF025010824MACREQUFND143)	
Sustainable Equity (SFIN: ULIF02221/02/22SUSTEQUFND143)		Equity Elite Opportunities (SFIN:ULIF020280716EQUELITEOP143)	
Flexi Cap Equity (SFIN: ULIF02121/02/22FLEXCAPFND143)		Dynamic Asset Allocation Fund (SFIN:ULIF015080811DYAALLFUND143)	
Index Tracker (SFIN:ULIF012010910INDTRAFUND143)		Balanced1 (SFIN: ULIF011010910BALAN1FUND143)	
Debt1 (SFIN:ULIF010010910DEBT01FUND143)		Pension Equity Fund (SFIN: ULIF028210725PENEQTYFND143)	
Pension Liquid Fund (SFIN: ULIF030210725PENLIQFUND143)		Pension Debt Fund (SFIN: ULIF029210725PENDEBTFND143)	
Pension Flexicap Equity Fund (SFIN: ULIF033110926PENFCEQFND143)			

For Fund Transfer Strategy, please select one Equity Oriented Fund and one Debt Oriented Fund.

Note: The first three months premium is to be paid as first installment for the monthly mode option (not applicable for pure protection plans). Any cash/cheque/DD payment made towards first or renewal premium is deemed to be received by "IndiaFirst Life Insurance Company Ltd." only when the same has been received by any of its offices or its authorised banking partners or collection point and after an official printed receipt is issued by the Company. Cheques must be drawn only in favour of IndiaFirst Life Insurance Company Ltd. (Application no. for first premium/ policy no. for renewal premium should be written behind the cheque).

Note: The collections points/ centers for accepting payment in cash/ cheque/ DD will be as specified by the Company from time to time.

Third Party payment: I hereby declare that the payment mode as availed by me under my policy belongs to me and I take sole responsibility for the same in respect of any incorrectness of any statement in this regard.

Application No.

5. Details of Secondary Life Assured / Soulmate (If Joint Life option / Soulmate Benefit is chosen). Only applicable for IndiaFirst Life Super Protection Plan & IndiaFirst Life Guardian of Life Dreams Term Plan

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

FIRST LAST

Latest Photograph

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

☐ Select, if the Communication Address is same as Primary Life Assured

If not, Communication Address of Secondary Life Assured

LINE 1

LINE 2

LANDMARK

CITY

STATE Pin Code

Permanent Address (If different from the above Address)

LINE 1

LINE 2

LANDMARK

CITY

STATE Pin Code

Mobile* +( ) Country Code *Receive alerts through SMS and WhatsApp for this proposal / policy Landline +( ) STD/ISD

Email ID*

*Receive communication via e-mail

DOB : D D M M Y Y Y Y Age : __ Years Gender: ☐ Male ☐ Female ☐ Transgender Nationality : ☐ Indian ☐ Non Indian

Marital Status : ☐ Unmarried ☐ Married ☐ Widow(er) ☐ Divorced Residental Status : ☐ Resident ☐ NRI ☐ PIO

Education : ☐ Post Grad. ☐ Graduate ☐ Diploma ☐ 12th pass ☐ 10th pass ☐ Below10th ☐ Illiterate

Occupation : ☐ Salaried ☐ Professional ☐ Self Employed ☐ Student ☐ Housewife ☐ Retired ☐ Agriculturist ☐ Others (Please Specify)

Nature of work/duties PAN (photocopy Enclosed) ☐ Yes ☐ No

PAN : Source of Income : Age Proof (Life Assured)

(Please provide Form 97, if PAN is not available)

Name of the Org./Business : Total Years in Service/ Business Income (Annual)

Are you a Politically Exposed Person ? ☐ 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.

Relationship with Primary Life Assured - **Spouse**

Additional Details - Indicator for Residence / Tax status

(a) Place of birth _____ 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 then 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

6. Benefit Payment Mode (Choose any one mode only)

For Proposer /Life Assured / Annuitant

Mode selected will be used by the Company to pay the proposer according to the terms of the plan. If none of the below electronic payout option is chosen, the Company reserves the right to use any alternative payout option.

☐ ECS ☐ Direct Credit (Bank of Baroda & Union Bank of India) ☐ NEFT Bank Name:

Account Type ☐ Current ☐ Savings Branch Name: Bank Account No.:

MICR: (Mandatory for ECS mode) 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

For Nominee 1 - _____

Mode selected will be used by the Company to pay the Nominee according to the terms of the plan. If none of the below electronic payout option is chosen, the Company reserves the right to use any alternative payout option.

☐ Direct Credit (Bank of Baroda & Union Bank of India) ☐ NEFT Bank Name:

Account Type ☐ Current ☐ Savings Branch Name: Bank Account No.:

IFSC Code: (Mandatory for NEFT mode)

Nominee Name as per the Bank Account.:

Note: In case of multiple nominations, please add all nominees bank account details

For Appointee (In case the Nominee is minor) - _____

Mode selected will be used by the Company to pay the Appointee according to the terms of the plan. If none of the below electronic payout option is chosen, the Company reserves the right to use any alternative payout option.

☐ Direct Credit (Bank of Baroda & Union Bank of India) ☐ NEFT Bank Name:

Account Type ☐ Current ☐ Savings Branch Name: Bank Account No.:

IFSC Code: (Mandatory for NEFT mode)

Appointee Name as per the Bank Account.:

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 opting for the direct credit option.

7. Life to be Assured's Family History (Please tick Yes or No)

Have either of your parents or any brothers or sisters suffered from or died due to any of the following conditions: Heart problems, diabetes, stroke, hypertension, raised cholesterol, cancer, or any hereditary disease? If yes, please give full details below: ☐ Yes ☐ No

Family Members	Age	If Alive, Illness, if any	Age	If Deceased, exact cause of Death
Father				
Mother				
Brother/ Sister				

8. Proposer's Insurance Details (Applicable to minor lives and housewives)

Parents'/ Husband's insurance details - Total Sum Assured (₹.) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

9a. Details of life insurance policies held/ proposals applied with life insurance companies (including existing policies with IndiaFirst Life Insurance Co. Ltd.)

Have you ever applied for life insurance policies with IndiaFirst Life Insurance Co. Ltd and with other insurers? ☐ Yes ☐ No
If yes, please give full details below, with present status and terms of acceptance for all proposals/ policies applied

Name of Life to be Assured/ Proposer	Name of the Company	Policy/ Proposal No.	Annual Premium	Sum Assured including riders	Year of Commencement	Present Status and Terms of Acceptance
						☐ Standard ☐ Rated up ☐ Declined ☐ Postponed ☐ Lapsed ☐ Rejected
						☐ Standard ☐ Rated up ☐ Declined ☐ Postponed ☐ Lapsed ☐ Rejected

Additional sheets with relevant details signed by the life to be assured may be added if space is insufficient.

9b. Details of life insurance policies held/ proposals applied with life insurance companies (including existing policies with IndiaFirst Life Insurance Co. Ltd.) (Details of Secondary Life Assured (If Joint Life option is chosen). Only applicable for IndiaFirst Life IndiaFirst Life Super Protection Life Plan (Life Option)

Have you ever applied for life insurance policies with IndiaFirst Life Insurance Co. Ltd and with other insurers? ☐ Yes ☐ No
If yes, please give full details below, with present status and terms of acceptance for all proposals/ policies applied

Name of Life to be Assured/ Proposer	Name of the Company	Policy/ Proposal No.	Annual Premium	Sum Assured including riders	Year of Commencement	Present Status and Terms of Acceptance
						☐ Standard ☐ Rated up ☐ Declined ☐ Postponed ☐ Lapsed ☐ Rejected
						☐ Standard ☐ Rated up ☐ Declined ☐ Postponed ☐ Lapsed ☐ Rejected

Additional sheets with relevant details signed by the life to be assured may be added if space is insufficient.

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10a. Lifestyle questions and personal medical history of the Life to be Assured (If 'Yes', please (encircle) the activity/ ailment/ disease)

Non disclosures of facts will highly impact claim settlement

a.	Height in cm: ☐☐☐ / Feet ☐ inches: ☐☐ Weight in kg: ☐☐☐	
b.	Have you taken part, or do you have plans to take part, in any hazardous/ dangerous activity such as ballooning, mountain cycling, motorbike racing, boxing, gliding, diving, horse riding, martial arts, motor racing, mountain climbing, parachuting, sailing, skiing, weight lifting, white water rafting, wrestling and/ or flying other than as a fare paying passenger on a licensed service or any other hazardous/ dangerous activity which is not listed. If yes, please provide details in the special questionnaire which your advisor will provide.	☐ Yes ☐ No
c.	Are you currently or do you intend to live or travel outside India for more than six months in a financial year? If yes, please provide full details of countries to be visited the purpose of visit and duration _____	☐ Yes ☐ No
d.	Have you smoked or used any form of tobacco in the past 12 months? If yes, please indicate in which form: ☐ Cigarettes ☐ Beedi ☐ Chew ☐ Gutka Quantity per day ☐☐☐	☐ Yes ☐ No
e.	Do you consume any form of alcohol? If yes, what type? ☐ Beer ☐ Wine ☐ Hard liquor Quantity per week ☐☐☐	☐ Yes ☐ No
f.	Are you currently taking any medication or drugs, other than for minor conditions, (e.g. cold and flu), either prescribed or not prescribed by a doctor, or have you suffered from any illness, disorder, disability or injury during the past 5 y ears 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?	☐ Yes ☐ No
g.	Do you have any congenital/birth defects, pain or problems in the back, spine, muscles or joint, arthritis, gout, severe injury or other physical disability and have you been incapable of working/attending the school during the last two years for more than three consecutive days or are you currently incapable of working / attending school? Please ignore normal pregnancy.	☐ Yes ☐ No
h.	Do you suffer from or ever had any medical ailments such as diabetes, high blood pressure, cancer, respiratory disease (including asthma), kidney or liver disease, stroke, any blood disorder, heart problems?	☐ Yes ☐ No
i.	Do you suffer from or ever had any medical ailments such as Hepatitis B or C, or tuberculosis, psychiatric disorder, depression, colitis, or any other stomach problems, thyroid disorders, reproductive organs, HIV AIDS or a related infection?	☐ Yes ☐ No
j.	Do you suffer from or ever had any medical ailments such as tumor growth, prostrate disorder, disorder of skin or lymph glands, multiple sclerosis, epilepsy, tremor, numbness, double vision or giddiness, speech defect, paralysis?	☐ Yes ☐ No
k.	Have you ever been advised/ had a surgery or any medical investigations such as X-ray, CT scan, mammogram, pap smear etc?	☐ Yes ☐ No
l.	Have you ever suffered from drug/ narcotics or alcohol addiction or been advised by a doctor to reduce your alcohol/ tobacco consumption?	☐ Yes ☐ No
m.	In the last 3 years, have you been treated, are currently undergoing or have been advised for treatment from a doctor or specialist or undergone any cardiological, radiology or pathological tests (excluding routine check ups)?	☐ Yes ☐ No
n.	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.?	☐ Yes ☐ No
o.	Has your weight altered (Gain/Loss) by more than 5 kgs. in the last 1 years? If yes, please mention weight gain (in Kgs) ☐ or Loss ☐ (in Kgs) Reason for Gain / Loss _____	☐ Yes ☐ No
p.	Have you ever been convicted for any Criminal convictions/activities /offences ?	☐ Yes ☐ No
q.	Have you ever been suffered/suffering Any other disease/disorder not mentioned above ?	☐ Yes ☐ No

10b. Lifestyle questions and personal medical history of the Secondary Life to be Assured / Soulmate
(If 'Yes', please encircle the activity/ ailment/ disease) If Joint Life option is chosen. Only applicable for IndiaFirst Life IndiaFirst Life Super Protection Plan (Life Option)

Non disclosures of facts will highly impact claim settlement

a.	Height in cm: ___ / Feet ___ inches: ___ Weight in kg: ___	
b.	Have you taken part, or do you have plans to take part, in any hazardous/ dangerous activity such as ballooning, mountain cycling, motorbike racing, boxing, gliding, diving, horse riding, martial arts, motor racing, mountain climbing, parachuting, sailing, skiing, weight lifting, white water rafting, wrestling and/ or flying other than as a fare paying passenger on a licensed service or any other hazardous/ dangerous activity which is not listed. If yes, please provide details in the special questionnaire which your advisor will provide.	☐ Yes ☐ No
c.	Are you currently or do you intend to live or travel outside India for more than six months in a financial year? If yes, please provide full details of countries to be visited the purpose of visit and duration	☐ Yes ☐ No
d.	Have you smoked or used any form of tobacco in the past 12 months? If yes, please indicate in which form: ☐ Cigarettes ☐ Beedi ☐ Chew ☐ Gutka Quantity per day ___	☐ Yes ☐ No
e.	Do you consume any form of alcohol? If yes, what type? Beer Wine Hard liquor Quantity per week	☐ Yes ☐ No
f.	Are you currently taking any medication or drugs, other than for minor conditions, (e.g. cold and flu), either prescribed or not prescribed by a doctor, or have you suffered from any illness, disorder, disability or injury during the past 5 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?	☐ Yes ☐ No
g.	Do you have any congenital/birth defects, pain or problems in the back, spine, muscles or joint, arthritis, gout, severe injury or other physical disability and have you been incapable of working/attending the school during the last two years for more than three consecutive days or are you currently incapable of working / attending school? Please ignore normal pregnancy.	☐ Yes ☐ No
h.	Do you suffer from or ever had any medical ailments such as diabetes, high blood pressure, cancer, respiratory disease (including asthma), kidney or liver disease, stroke, any blood disorder, heart problems?	☐ Yes ☐ No
i.	Do you suffer from or ever had any medical ailments such as Hepatitis B or C, or tuberculosis, psychiatric disorder, depression, colitis, or any other stomach problems, thyroid disorders, reproductive organs, HIV AIDS or a related infection?	☐ Yes ☐ No
j.	Do you suffer from or ever had any medical ailments such as tumor growth, prostrate disorder, disorder of skin or lymph glands, multiple sclerosis, epilepsy, tremor, numbness, double vision or giddiness, speech defect, paralysis?	☐ Yes ☐ No
k.	Have you ever been advised/ had a surgery or any medical investigations such as X-ray, CT scan, mammogram, pap smear etc?	☐ Yes ☐ No
l.	Have you ever suffered from drug/ narcotics or alcohol addiction or been advised by a doctor to reduce your alcohol/ tobacco consumption?	☐ Yes ☐ No
m.	In the last 3 years, have you been treated, are currently undergoing or have been advised for treatment from a doctor or specialist or undergone any cardiological, radiology or pathological tests (excluding routine check ups)?	☐ Yes ☐ No
n.	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.?	☐ Yes ☐ No
o.	Has your weight altered (Gain/Loss) by more than 5 kgs. in the last 1 years? If yes, please mention weight gain (in Kgs) ☐ or Loss ☐ (in Kgs) Reason for Gain / Loss ___	☐ Yes ☐ No
p.	Have you ever been convicted for any Criminal convictions/activities /offences ?	☐ Yes ☐ No
q.	Have you ever been suffered/suffering Any other disease/disorder not mentioned above ?	☐ Yes ☐ No

10c. If you have answered Yes, to any of the questions between 10a(f) to 10a(q) please provide details here

Question no.	For question No. 10a(f) to 10a(q) provide complete details including health condition, date of diagnosis, treatment prescribed, name/ address of doctor, if applicable

10d. If you have answered Yes, to any of the questions between 10b(f) to 10b(q) please provide details here

Question no.	For question No. 10b(f) to 10b(q) provide complete details including health condition, date of diagnosis, treatment prescribed, name/ address of doctor, if applicable

10e. For Female Life to be Assured only

a. Are you pregnant at present? ☐ Yes ☐ No If yes duration in weeks ☐☐ b. Date of last delivery D D M M Y Y Y Y

c. Please state any complications during pregnancy? **>>**

<< 11. Health Declaration of Life to be Assured - Limited Underwriting

Non disclosures of facts will highly impact claim settlement

Height in cm: ___ / Feet ___ inches: ___ Weight in kg: ___

S.No	Question	Life Assured	
	I here by agree that: -	Yes	No
1	Are you currently taking any medication or drugs, other than for minor conditions, (e.g. cold and flu), either prescribed or not prescribed by a doctor, or have you suffered from any illness, disorder, disability or injury during the past 5 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?		
2	Do you have any congenital/birth defects, pain or problems in the back, spine, muscles or joint, arthritis, gout, severe injury or other physical disability and have you been incapable of working/attending the school during the last two years for more than three consecutive days or are you currently incapable of working / attending school? Please ignore normal pregnancy.		
3	Do you suffer from or ever had any medical ailments such as diabetes, high blood pressure, cancer, respiratory disease (including asthma), kidney or liver disease, stroke, any blood disorder, heart problems, Hepatitis B or C, or tuberculosis, psychiatric disorder, depression, colitis, or any other stomach problems, thyroid disorders, reproductive organs, HIV AIDS or a related infection, tumor growth, prostrate disorder, disorder of skin or lymph glands, multiple sclerosis, epilepsy, tremor, numbness, double vision or giddiness, speech defect, paralysis?		
4	Are you currently or do you intend to live or travel outside India for more than six months in a financial year? If yes, please provide full details of countries to be visited the purpose of visit and duration ___		
5	For females only- Have you ever suffered from or suffering or is currently suffering from any diseases of breast / uterus / cervix, or presently pregnant?		
6	Have you ever been suffered/suffering from Any other disease/disorder not mentioned above ?		
7	Have you ever suffered from drug/ narcotics or alcohol addiction or been advised by a doctor to reduce your alcohol/ tobacco consumption?		

>>

For Female Life to be Assured only

a. Are you pregnant at present? ☐ Yes ☐ No If yes duration in weeks ☐☐ b. Date of last delivery D D M M Y Y Y ☐

c. Please state any complications during pregnancy? **>>**

<< 12. Health Declaration of Life to be Assured - Simplified Underwriting

Non disclosures of facts will highly impact claim settlement

Height in cm: ☐☐☐ / Feet ☐ inches: ☐☐ Weight in kg: ☐☐☐

I declare that I am in a sound state of health. I hereby declare that, as of the date of this declaration, I do not have any history of, have never suffered from or currently suffering from medical conditions such as, but not limited to, high blood pressure, chest pain, heart attack or any other heart condition; stroke, transient ischemic attack or any other cerebrovascular disease; diabetes or any other endocrinal disease; kidney disease; HIV / AIDS or AIDS related complex; any cancer or tumor; asthma or any other respiratory disease; any mental or nervous disease; hepatitis or any other liver disease; blood disorders; digestive and bowel disorders; paraplegia, physical disability or any other disorder of the bones, spine or muscle; any other disease, disorder or disability, not mentioned above and excluding minor impairment such as common cough or cold. I have never undergone any surgical procedure for any illness, ailment, disease or disability. In the last 5 years, I have not received any form of medication for more than 7 consecutive days or been absent from work for more than 7 days due to any health reasons.

For Female Lives: I further declare that presently I am not pregnant and I have not ever had any disease of breast, uterus, cervix, ovaries or any other part of the reproductive system. >>

13. 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	☐

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

15. Declaration by Proposer/ Life to be Assured/ Secondary Life 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, the supplementary documents and information provided to the medical examiner in case of being medically examined will form the basis of the contract between me/us and the Company and in case of fraudand suppression of material facts the policy contract shall be treated in accordance with the Sec 45 of Insurance Act,1938 as amended from time to time. I / we hereby authorize and direct any doctor, hospital, or employer (past and present) to disclose to the Company any information relating to my present state of health, past health history and nature of work performed by me / us. I / we undertake to undergo all medicals as may be required by the Company to assess the risk and grant the insurance. 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, health condition which will affect the decision of the Company in underwriting risk or (ii) if a proposal for assurance or an application for revival of the policy on my / our life or the life to be assured made to any insurer is withdrawn or dropped, deferred, declined or accepted at an increased premium or subject 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 understand that in case of withdrawal of this application by me post undergoing medicals or part thereof, the Company shall return the premium deposit after deducting the expenses incurred on the medical test/examination, if any.

Digital Policy Document Declaration:

By submitting my details, I authorize hereby IndiaFirst Life and its authorized representatives to contact me and send information/communication through SMS/Email/ Phone/Letter/WhatsApp and/or any other electronic mode of communication to my registered email id/ phone number. I hereby consent IndiaFirst Life to store, share, process, use my personal data/information with government agencies /statutory authorities /entities as authorized by the IRDAI, third party service providers and partners & affiliates for the purposes of issuance of policy, data analytics, and other related due diligence activities as may be requires by IndiaFirst Life.

The disclosure of information made on this platform is with my wilful consent. I further acknowledge and agree that IndiaFirst Life shall not be held liable for any breach, loss, or unauthorized disclosure of the data provided herein

I/We hereby give my consent to the Company to carry out due diligence in respect of information, as provided by me in the proposal form, including AML-eKYC verification, and also to store/share the data/ information with government agencies/ statutory authorities/ entities as authorized by the regulator – IRDAI for necessary verification purposes and/or policy servicing purpose.

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".

I hereby provide my express consent and authorise IndiaFirst Life to block an amount as quoted in this proposal form (including applicable taxes), for the purpose of premium payment towards insurance. I agree and understand that this mandate shall be valid for a period of 14 days from the date of premium block mandate or date of acceptance of this proposal, whichever is earlier and that the blocked amount will be utilised towards premium payment upon proposal acceptance. I further authorise IndiaFirst Life to share information with the relevant entities for the purpose of blocking/releasing the premium amount.

NRI/PIO declaration: By providing consent through OTP on the application form I/We hereby confirm that NRI/PIO details provided by me / us in the questionnaire are correct and to the best of my/our knowledge. By feeding in the said number in the system, I hereby acknowledge the above declaration in its entirety and the same would create a legally binding agreement between the Company and me.

☐ I hereby authorize IndiaFirst Life Insurance. Co. Ltd., to collect my KYC records from the Central KYC Records Registry (CERSAI)/ **Third Party** for the purpose of KYC verification for my insurance application. Or I hereby authorize IndiaFirst Life Insurance. Co. Ltd., to collect my KYC details/CKYC number 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 or Thumb Impression _____ Name: _____

Secondary Life to be Assured signature (if Joint Life option is chosen. Only applicable for IndiaFirst Life Guaranteed Protection Plus Plan) _____

Proposer's Signature or Thumb Impression _____

(Not applicable in case of minor lives)

Name: _____ Place: _____ Date: _____

Name: _____ Place: _____ Date: _____

Witness's Signature or Thumb Impression _____ Name: _____ Address: _____

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 acknowledge the above declaration 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. 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.

Customers are advised not to pay Insurance premium (initial or renewal) through cash or bearer instrument to IndiaFirst Life insurance Advisors/Employees/Insurance Agents. IndiaFirst Life Insurance Advisors/ Employees/Insurance Agents are not authorised to receive the premium in cash or bearer instrument. Handing over cash or bearer instrument to any IndiaFirst Life Insurance Advisor / Employee/Insurance Agents is solely at your own risk and the company in no way be held responsible for any loss in this regard. Insurance Premium Cheques must be drawn only in favour of IndiaFirst Life Insurance Company Ltd. (Proposal no. for first premium/ policy no. for renewal premium should be written behind the cheque). Any Cheque payment made shall be deemed to be received by IndiaFirst Life Insurance only when the same has been received by any office of IndiaFirst Life Insurance or its authorized collection points and after an official receipt is issued by the Company.

16. 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 from IndiaFirst Life Insurance Co. Ltd to the proposer/life assured and he/she have understood the same.

Name of the Declarant : _____ Signature:_____ Or OTP verified ☐ Relation with the Life Assured/Proposer_____

Address of the Declarant : _____

Note: The Declarant identity should be easily established and he/she should not be connected to insurer in any capacity.

2. In case the Life Assured / Proposer is illiterate, his/her thumb impression should be attested by a person of standing whose identity can easily be established, but unconnected with the insurer and this declaration should be made by him.
"I hereby declare that I have fully explained the above questions and contents of the proposal form to the life assured / proposer in _____language, and that the life assured / proposer has affixed the thumb impression above after fully understanding the contents thereof."

Name of the Declarant: _____ Signature: _____ Or OTP verified ☐ Relation with the Life Assured/Proposer_____

Address of the Declarant: _____

3. Declaration by Authorised Representative of Person with Disability

I_____ Son/Daughter of _____, adult and residing at _____do hereby declare on solemn affirmation as under:

The Proposer is a person with disability and requires assistance in completing the proposal form. I am duly authorised by the competent court / authority to fill this proposal form on behalf of the Proposer. I have read out and fully explained the contents of the proposal form to Mr./Mrs./Ms. _____ and he/she has understood the significance of the proposed contract. I have truthfully and correctly recorded the replies given by the Proposer in the proposal form.

Solemnly affirmed at _____ on_____

_____
Signature of the Authorised Representative Or OTP verified ☐

_____
Relationship of the Authorized Representative

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 the person whose life is proposed to be assured :

(if Join Life option is chosen.
Only applicable for IndiaFirst Life Guaranteed Protection Plus Plan)
_____
Signature or thumb impression of the secondary life to be assured

17. Occupation Details of the Life to be Assured

(Please tick one of the occupation types that best describes your current occupation as chosen in S.No 1 or 2)

Code	Occupation Types	Code	Occupation Types
01	Salaried - administrative employees, clerk, executive, accountant	16	Electricity Line Worker
02	Professionals - doctor, chartered accountant / advocate- lawyer / teacher- lecturer, professors	17	Explosives handler - demolition experts
03	Salesman - including counter sales staff	18	Fireman
04	Retail / whole sale shop owner, commission agents	19	Fisherman
05	Retired / pensioner	20	Hotel industry other than 5 star
06	Student	21	Merchant navy others
07	House wife	22	Mining, coal miner, mining engineers
08	Agriculture - labourer, cleaner, maintenance workers, gardener, hawker, mill worker, porter / coolie	23	Oil Rig worker
09	Armed force personnel (military service)	24	Police
10	Aviation - includes all pilots	25	Well sinker / Bore well drillers
11	Blacksmith, boiler worker, furnace workers, welding workers, machine operators	26	Print / media involved in war
12	Weaver, lift operators, domestic servants, mason, mechanic	27	Professional sports person
13	Construction / building worker	28	Security guard
14	Diver - water, deep sea	29	Others (None of the above)
15	Driver - ambulance, armoured vehicle, lorry etc		

18. 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 _____

19 . 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: _____

Bank Seal

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 for IndiaFirst Life Money Balance Plan 143L017V07
- UIN for IndiaFirst Term Rider 143B001V02
- UIN for IndiaFirst Life Plan 143N007V03
- UIN for IndiaFirst Life Wealth Maximizer Plan 143L029V05
- UIN for IndiaFirst Life Cash Back Plan 143N024V05
- UIN for IndiaFirst Life Smart Pay Plan 143N051V04
- UIN for IndiaFirst Life Waiver of Premium Rider 143B017V01
- UIN for IndiaFirst Life Long Guaranteed Income Plan 143N054V06
- UIN for IndiaFirst Life Guaranteed Benefit Plan 143N056V09
- UIN for IndiaFirst Life Fortune Plus Plan 143N065V03
- UIN for IndiaFirst Life Mahajeevan Plus Plan 143N059V03
- UIN for IndiaFirst Life Guarantee Of Life Dreams Plan 143N080V03
- UIN for IndiaFirst Life Elite Term Plan 143N070V01
- UIN for IndiaFirst Life Term with Unit Linked Insurance Plan 143L072V02
- UIN for IndiaFirst Life Term with ULIP Plus 143L073V02
- UIN for IndiaFirst Life Guaranteed Single Premium Plan 143N068V04
- UIN for IndiaFirst Life Little Champ Plan 143N035V02
- UIN for IndiaFirst Life Super Protection Plan (UIN: 143N075V01)
- UIN for IndiaFirst Life Total and Permanent Disability Rider (ULIP) 143A022V01
- UIN for IndiaFirst Life Accidental Death Benefit Rider (ULIP) 143A020V01
- UIN for IndiaFirst Life Accidental Death Benefit Rider (Traditional) 143B019V01
- UIN for IndiaFirst Life Total and Permanent Disability Rider (Traditional) 143B021V01
- UIN for IndiaFirst Life Assured Income for Milestones Plan 143N101V01
- UIN for IndiaFirst Life TULIP Pro 143L077V01
- UIN for IndiaFirst Life Smart Retirement Plan 143L076V02
- UIN for IndiaFirst Life Growth Of Life Dreams Plus Plan 143N102V01
- UIN for IndiaFirst Life Term Rider 143A023V01
- UIN for IndiaFirst Life Guardian of Life Dreams Term Plan 143N081V01
- UIN for IndiaFirst Life Value Shield Plus 143N082V01