IndiaFirstLife
PROMOTED BY
बैंक ऑफ़ बड़ौदा
Bank of Baroda

Application No.

Proposal Form - IndiaFirst Life Guaranteed Retirement Plan

Latest Photograph

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) _____

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 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 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, IndiaFirst Life Insurance Co. Ltd.? ☐ Yes ☐ No

1. Proposer/ Policy Owner / First Annuitant Details (Please fill in details of Life to be Assured if same as 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 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 for this proposal / policy STD/ISD

Email ID*

*Receive communication via e-mail

DOB : D D M M Y Y Y Y

Gender: ☐ Male ☐ Female ☐ Trans-gender

Nationality: ☐ Indian ☐ Non Indian ☐ NRI ☐ PIO

Marital Status : ☐ Unmarried ☐ Married ☐ Widow(er) ☐ Divorced

Residental Status : ☐ Resident

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

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

Age Proof (Proposer)

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

PAN : (Proposer) PAN (photocopy Enclosed) ☐ Yes ☐ No 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.

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 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

Application No.

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

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)

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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 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	Appointee's Name	Relationship of Nominee

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

4. Plan Details

4.a.

Product Name	Policy Term (in years)	Premium Payment Term (in years)	Premium Mode	Sum Assured in(₹)	Installment Premium in (₹)
IndiaFirst Life Guaranteed Retirement Plan					

Annuity Option (please tick annuity of your choice)

☐ Life Annuity ☐ Life Annuity 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

☐ Joint Life Last Survivor Annuity for Life ☐ Joint Life Last Survivor Annuity for Life with return of 100% of purchase price

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

Annuity Frequency: ☐ Yearly ☐ Six Monthly ☐ Quarterly ☐ Monthly

*The Policyholder will have to select the proportion of vesting amount to be received as a lump sum and the balance in the form of an Annuity Option as described above. In case you fail to select the annuity proportion at time of vesting, 100% of vesting amount will be annuitized.

Details of Second Annuitant (if Joint Life is chosen)

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

FIRST LAST

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

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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 Gender: ☐ Male ☐ Female ☐ Trans-gender Relationship with First Annuitant _____

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

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

Note: The first three months premium is to be paid as first installment for the monthly mode option. 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. Direct Debit/ECS declaration: I hereby give my consent to debit my bank account towards the initial premium deposit for my insurance proposal.

5. 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) ☐ NEFT Bank Name:

Bank Account No.: IFSC Code: (Mandatory for NEFT mode) MICR: (Mandatory for ECS 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:

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's 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.

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

7. Declaration by Proposer/ Life to be Assured

I/we hereby declare that I/we have fully understood the contents of this proposal form which has been fully explained to me/ us. Further to this, I/we have fully understood the product features and significance of the proposed contract basis all the information provided. 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 will form the basis of the contract between me/ us and the Company. In case of fraud or misrepresentation at the time of answering questions in the proposal form or at any stage thereafter, the contract shall be cancelled immediately, subject to the fraud and misrepresentation being established by us in accordance with 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 nature of work performed by me/Us. I/We undertake to provide all information and necessary documents 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, which will affect the decision of the Company in underwriting risk or (ii) if the 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 to a lien or on terms other than as proposed, I/We shall forthwith intimate the same to the company in writing and failure to do so shall lead to a decision as per the applicable terms and conditions of the policy. 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 IndiaFirst Life Insurance Company Limited has tie-ups with certain Banks and financial institutions mentioned in its official website. In case, I/We have an account with any of such Banks or financial institutions, I/We hereby authorise the Bank or financial institution to provide copy of my / our KYC documents available with them to IndiaFirst Life Insurance Company Limited.

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 or misrepresented claim will be treated in accordance with the Sec 45 of Insurance Act 1938 as amended from time to time.

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.

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 like, IRDAI/ Life counsel/Law Enforcement agencies for necessary verification purposes.

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 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.

"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 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 _____ 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 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:

The provisions of Sec. 45 of the Insurance act, 1938, as amended from time to time are applicable for the above contract. For more details please refer our website www.indiafirstlife.com

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.

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 and all other documents incidental to availing the Insurance Policy from IndiaFirst Life Insurance Co. Ltd to the proposer/life assured and he/she have understood the same. I declare that whatever I have stated herein above is true and correct to the best of my knowledge and belief.

Name of the Declarant : _____ Signature: _____ Or OTP verified ☐

Relation with the Life Assured/Proposer _____

Address of the Declarant _____

_____

2. In case the Proposer is illiterate, his/her thumb impression should be attested by a person of standing whose identity can easily be established, but unconnected with the 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 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/ Life to be Insured 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/ Life to be Insured. 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/Life to be Insured 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 product applied for by me and 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 :

9. 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.

10. Intermediary details

Name of the Intermediary _____ License Number. _____

_____ _____

Signature of the Agent / Specified Agents Stamp of the Intermediary

Name of the Agent / Specified Agents _____ License Code _____

UIN : IndiaFirst Life Guaranteed Retirement Plan 143N026V02

Occupation Details of the Life to be Assured

(Please tick one of the occupation types that best describes your current occupation and enter the code in the space provided on the first page Q. No 1 & 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		

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: ☐☐☐☐☐☐☐☐☐☐

Mandate Form – Direct Debit / NACH

To,

The Branch Manager,

Bank Name _____ Date _____

Bank Branch Name & Address _____

Ref: Authorization to pay IndiaFirst Life Insurance premium through Direct Debit (DD)/ NACH

Dear Sir/Madam,

I/ We undersigned authorize IndiaFirst Life Insurance Company Limited / their authorized service provider to debit my / our bank account through NACH / Direct Debit towards payment of my / our life insurance premium, as per the details provided below

☐ Direct Debit

Application No. / Policy No.	Amount (₹) (in words)	Amount	Frequency (i.e. yearly/half yearly/Quarterly/Monthly)	Start Date	End Date

Name of the Account Holder
(As appearing in the Bank records)

Account No. **Account Type** ☐ Savings ☐ Current

(Affixing of your proprietary firm / company stamp is mandatory, in case of a current account)

MICR Code (Applicable in case ECS payment)
(Is the 9 digit code on the cheque book issued by the bank. You are requested to attach a cancelled cheque for verification of the MICR Code)

IFSC Code (Applicable in case Non ECS payment) (If appearing on the Cheque book)

Mobile No. Email Id

Request for Payment Mode change to NACH / Direct Debit OR Deactivation of NACH /DD mandate should be submitted 35 days prior to the due date or same would be eective from the next premium due date.

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

IndiaFirstLife

NACH Mandate

UMRN **Date** D D M M Y Y Y Y

Tick (✓)

CREATE ✓
MODIFY
CANCEL

Sponsor Bank Code **Utility Code**

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. **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

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.**