IndiaFirstLife
PROMOTED BY
बैंक ऑफ़ बड़ौदा
Bank of Baroda

Application No.

Proposal Form - IndiaFirst Life Radiance Smart Invest Plan (UIN 143L067V01)

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

Latest Photograph

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 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.

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. ☐

F I R S T ... L A S T

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)

L I N E 1

L I N E 2

L A N D M A R K

C I T Y

S T A T E Pin Code

Mobile* +( ) Landline +( )
Country Code *Receive alerts through SMS 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 60, if PAN is not available) PAN (photocopy Enclosed) ☐ Yes ☐ No Address Proof (Proposer) Age Proof (Proposer)

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

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 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

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 ☐

F I R S T ... L A S T

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 60, 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	Relationship of Nominee

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

4. Plan Details

	Plan Option	Policy Term	Premium Paying Term	Installment Premium	Sum Assured
IndiaFirst Life Radiance Smart Invest Plan					

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 ☐

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

Systematic Partial Withdrawal Option ☐ Yes ☐ No If yes1) Percentage of withdrawal ______ (Between 0% - 20%)

2) Frequency ☐ Yearly ☐ Half Yearly ☐ Quarterly ☐ Monthly 3) From Policy Year ____ to Policy Year ____

Please select either an investment strategy or the fund options in which you want to invest your premiums.

I. Automatic Trigger Based Investment Strategy (ATBIS) ☐ II. Fund Transfer Strategy ☐ III. Age Based Investment Strategy ☐

IV. Defined Allocation Strategy ☐ V. Smart Switch Strategy ☐ VI. Self Managed Strategy ☐

Fund Options (Total Allocation to be 100% across all selected funds)

Fund Name (SFIN No)	**%**	**Fund Name (SFIN No)**	**%**
Equity1 (ULIF009010910EQUTY1FUND143)		Debt1 (ULIF010010910DEBT01FUND143)	
Index Tracker (ULIF012010910INDTRAFUND143)		Equity Elite Opportunities (ULIF020280716EQUELITEOP143)	
Dynamic Asset Allocation (ULIF015080811DYAALLFUND143)		Value (ULIF013010910VALUEFUND0143)	
Sustainable Equity Fund (ULIF02221/02/22SUSTEQUFND143)		Balanced1 (ULIF011010910BALAN1FUND143)	
Flexi Cap Equity Fund (ULIF02121/02/22FLEXCAPFND143)		Liquid1(ULIF014010910LIQUID1FND143)	

For Fund Transfer Strategy , please select one Equity Oriented Fund and one Debt Oriented Fund.
ATBIS - Select any one Equity Oriented Fund
Defined Allocation Strategy - Select any 4 fund options to invest in & specify the allocation for each of these selected funds.
Self Managed Strategy - You may choose one or all fund options from listed to invest in
At any given point you can select only one strategy

Note: 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.

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

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

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. 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				

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

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

8. 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.

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

Non disclosures or misrepresentation 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

10. If you have answered Yes, to any of the questions between 9(f) to 9(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

11. 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?

12. Insurance Repository

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

E IA Number	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
IR Name	

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

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

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

13. Declaration by Proposer/ Life to be Assured

I / we have understood the questions in the proposal form and I / we have answered them truthfully, completely and correctly. I / we further declare that I / we have not withheld any material fact or information which may affect the decision of IndiaFirst Life Insurance Company Limited (Hereafter called the "Company") in underwriting the risk, and the information provided by me / us in the proposal form, 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 fraud and 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 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.

I 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".

NRI/PIO declaration: By providing consent through OTP on the application form I hereby confirm that NRI/PIO details provided by me / us in the questionnaire are correct and to the best of my knowledge. 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.

Digital Policy Document declaration: I/We hereby give my consent to receive all communications and policy documents via digital means, including but not limited to Email, SMS and WhatsApp messages.

- ☐ I / We hereby give consent for downloading KYC records from CKYCRR for Policy Issuance purpose.
- ☐ I hereby authorized IndiaFirst Life Ins. Co. Ltd., to collect my KYC details from the Bank who is working as a Corporate Agent with them for issuing my insurance policy.
- ☐ I hereby authorized IndiaFirst Life Ins. Co. Ltd., to share my personal details including KYC details with third party for the purpose of policy printing, dispatch, and all policy servicing purposes wherever required.

Life to be Assured's Signature or Thumb Impression _____

(Not applicable in case of minor lives)

Name: _____ Place: _____ Date: _____

Witness's Signature or Thumb Impression _____ Name: _____

Proposer's Signature or Thumb Impression _____

Name: _____ Place: _____ Date: _____

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.

14. 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. 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: _____ 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.

   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 :

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: _____ Relation with the Life Assured/Proposer _____

   Address of the Declarant: _____

15. 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		

16. 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 _____

17. 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.

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

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. / Loan Account No. | | | | | | | | | | | | | | | | Mobile No. | | | | | | | | | | |

Policy No. | | | | | | | | Email ID

I agree for the debit of mandate processing charges by the Bank whom I am authorizing to debit my account as per the latest schedule of charges of the bank.

PERIOD

From D D M M Y Y Y Y

To D D M M Y Y Y Y

Or ☑ Until Cancelled

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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