IndiaFirstLife

PROMOTED BY

बैंक ऑफ़ बड़ौदा
Bank of Baroda

Policy No.

Proposal Form - IndiaFirst Life Wealth Wise Plan (UIN - 007L001V01)

UNDER UNIT LINKED INSURANCE PLANS, INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER.

For Branch Sales Use Only

Latest Photograph

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

Branch Code

Branch Manager Code

BDM/ RM Code

Channel Code

BDM Mobile No.

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

Important Guidelines: 1. This form is to be filled electronically and leave a space blank between each part of the name. 2. Before filling up the form please read the sales literature to understand the features, benefits, advantages and terms and conditions of the product. 3. 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. 4. All details should be filled completely including email ID, mobile number, etc. 5. Customers are advised not to hand over the premium to any individual (in any capacity) to meet the premium dues (including initial premium). Premium payment made to any individual (in any capacity) is at the customer's own risk. 6. 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. 7. 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. Dr.

FIRST LAST

Communication Address of the Proposer

LINE 1

LINE 2

LINE 3

LINE 4

CITY ZIP Code/Post Code

COUNTRY

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

Email ID* *Receive communication via e-mail

Permanent Address of the Proposer (Same as above)

LINE 1

LINE 2

LINE 3

LINE 4

CITY ZIP Code/Post Code

COUNTRY

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

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 (TIN is required for United States Of America)

Passport No. : Passport Issue Date : D D M M Y Y Y Y Passport Exp. Date : D D M M Y Y Y Y

Place of Issue of Passport : TIN (if Nationality is United States Of America):

Marital Status : Unmarried Married Widow(er) Divorced Residental Status : Foreign National Indian National NRI PIO Others

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

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

PAN : (Proposer) Is this policy self proposed Yes No Relationship with Life to be Assured

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
Please share details

(c) Are you a resident (For tax purposes) of any other country other than India ☐ Yes ☐ No
Please share details

(d) Do you hold a green card of US or any similar card for any other country ☐ Yes ☐ No
Please share details

If answer to any /all of the above (b,c & d) 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)

Latest Photograph

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

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

Passport No. : Passport Issue Date : D D M M Y Y Y Y

Passport Exp. Date : D D M M Y Y Y Y Place of Issue of Passport :

Marital Status : ☐ Unmarried ☐ Married ☐ Widow(er) ☐ Divorced Residental Status : ☐ Foreign National ☐ Indian National ☐ NRI ☐ PIO ☐ Others

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

Occupation : ☐ Salaried ☐ Professional ☐ Self Employed ☐ Student ☐ Housewife ☐ Retired ☐ Agriculturist
☐ Others (Please Specify) TIN (if Nationality is United States Of America):

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

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

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

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
Please share details

(c) Are you a resident (For tax purposes) of any other country other than India ☐ Yes ☐ No
Please share details

(d) Do you hold a green card of US or any similar card for any other country ☐ Yes ☐ No
Please share details

If answer to any /all of the above (b,c & d) 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	Relationship of Nominee with the Proposer	Gender of Nominee	Mobile No. of Nominee	Appointee Name (if applicable)	Appointee Relationship with Nominee	Gender of Appointee

4. Plan Details

	Policy Term	Premium Paying Term	First Installment Premium
IndiaFirst Life Wealth Wise Plan			

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

I. Self-Managed Strategy ☐ II. Automatic Trigger Based Investment Strategy ☐

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

Fund Name (SFIN No)	%	Fund Name (SFIN No)	%
Global Equity Fund - ULIF002260324GLEQUITYFN143		Global Equity Growth Fund - ULIF003260324GLEQTYGWFN143	
Global Balanced Fund - ULIF005260324GLBLNCEDFN143		Global Fixed Income Fund - ULIF006260324GLFXDINCFN143	
Global Gold Fund - ULIF004260324GLGOLDFUND143		Global India Equity Fund - ULIF001260324GLINEQTYFN143	

5. Benefit Payment Mode

For Non Indian/ NRI Bank Name:

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

SWIFT Code:

Customer'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. 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	☐

7. 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 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 shall amount to a breach of my/our undertaking 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 – for necessary verification purposes and/or policy servicing purpose.

"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.

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:

OTP verified by Email ☐ Through Email ID

Date and Time

Signature authentication (Single factor authentication): An OTP authentication number has been sent on your registered mobile number and registered email ID. 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.

Extract of Section 45 of the Insurance Act, 1938, as amended from time to time: No policy of life insurance shall be called into question on any ground whatsoever after the expiry of three years from the date of policy. A policy of life insurance may be called into question at anytime within three years from the date of policy, on the ground of fraud or on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued. The insurer shall have to communicate in writing to the insured or legal representatives or nominees or assignees of the insured, the grounds and materials on which such decision is based. No insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the misstatement or suppression of material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such misstatement or suppression are within the knowledge of the insurer. In case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive. In case of repudiation of the policy on the ground of misstatement or suppression of a material fact and not on the grounds of fraud, the premiums collected on the policy till the date of repudiation shall be paid. Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal. For complete details of the section and the definition of 'date of policy', please refer Section 45 of the Insurance Act, 1938, as amended from time to time.

8. 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

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INSURANCE FATCA/CRS DECLARATION

Individual declaration- US Person* or Person Residing outside India
You are requested to consult a legal/tax advisor for Residential Status

Note: The information in this section is being collected because of enhancements to IndiaFirst Life Insurance's new policy issuance procedures in order to fully comply with Foreign Account Tax Compliance Act (FATCA) requirements and the Common Reporting Standards (CRS) requirements pursuant to amendments made to Income- tax Act,1961 read with Income-Tax Rules, 1962.

Self-Attested Address and ID Proof of Policyholder is mandatory document to be enclosed.

For more information refer:

http://www.incometaxindia.gov.in/dtaa/other%20agreements/india_iga_final-_india_english.pdf

http://www.oecd.org/ctp/exchange-of-tax-information/automatic-exchange-financial-account-information-common-reporting-standard.pdf

(We are unable to provide advice about your tax residency. If you have any questions about your tax residency, please contact your tax advisor)

ALL THE FIELDS GIVEN BELOW ARE MANDATORY. PLEASE DO NOT LEAVE THEM BLANK

CLIENT ID			
Parameters	**Proposer**	**Life Insured**	**Nominee**
Name			
Father's name			
US Person (Pls✓)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Resident of any other country other than US	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Country of Residence- Please specify the country			
Taxpayer Identification Number (TIN) (Mention complete number and Submit a copy - Mandatory)			
Exemption claimed, if any (to be supported by necessary documents)			
"COUNTRY OUTSIDE INDIA"			
Country issuing the "Identity Proof"			
Telephone No. Outside India? (Pls ✓)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If Yes, provide Telephone no.			
Citizenship Outside India. (Pls ✓)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If Yes, provide country of citizenship			
Communication / Permanent Address Outside India? (Pls ✓)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If Yes, provide the address			
Country/ies of Residence for Tax purpose is outside India? (Pls ✓)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Power of Attorney (POA) of a person outside India? (Pls ✓)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Source of Income			

Note: Please use multiple forms incase of multiple life assured or multiple nominees

*US Person: In case of individuals, US Person means a citizen or resident of the United States. Persons who would qualify as USPersons could be Born in the United States, Born outside the United States of a US parent, Naturalized citizens, Green Card Holders, Tax residents. [Please note that above information is provided only for quick reference to customers. Please consult your tax/legal advisor for details]

I / We confirm that above details provided by me / us are correct and to the best of my knowledge. I / We also confirm that I / We will report any change in my/our tax status in future to IndiaFirst Life Insurance within 30 days of such change. I acknowledge that towards compliance with tax information sharing laws, such as FATCA/CRS, IndiaFirst Life Insurance may be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from the account holder. Such information may be sought either at the time of Policy issuance or any time subsequently.

I hereby give consent to IndiaFirst Life Insurance to share with any regulatory body my information such as contact details, tax identification number / social security number, account balances / activities or any transactions undertaken with IndiaFirst Life Insurance.

IndiaFirst Life Insurance may deduct from the moneys payable to me such amount as may be required to comply with any instruction issued by a Government/ Statutory/ Regulatory authority, including, but not limited to, instructions by Indian Authorities to comply with a foreign law, such as FATCA/CRS.

I also authorise IndiaFirst Life Insurance to terminate the Policy in the event that appropriate documentation of Insured / Policyholder as may be required by IndiaFirst Life Insurance for the compliance as aforesaid is not timely provided to IndiaFirst Life Insurance.

	PROPOSER	LIFE INSURED	NOMINEE
Name			
Signature	Signature on Application form would suffice and there would not be any need to capture signature for FATCA	Signature on Application form would suffice and there would not be any need to capture signature for FATCA	Signature on Application form would suffice and there would not be any need to capture signature for FATCA
Date			