IndiaFirstLife
PROMOTED BY
बैंक ऑफ़ बड़ौदा
Bank of Baroda

Application No.

Proposal Form - To be filled Electronically

Latest Photograph

Important Guidelines: 1. If the 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) 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. All details should be filled completely including email ID, mobile number, etc. 4. 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. 5. 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). 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.

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

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

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

1. Details of the Point of Sales Person

Name: Mr. ☐ Ms. ☐ Mx. ☐

Pan Card Number

2. Proposer/ Policy Owner Details (Please fill in details of Life to be Assured if same as Proposer) - To be auto populated through Aadhar

Name: Mr. ☐ Ms. ☐ Mx. ☐

Date of Birth: D D M M Y Y Y Y Gender: ☐ Male ☐ Female ☐ Transgender

Address:

State: Pin:

Tel (Res): Mobile:

PAN:

Email:

Source of Income: Occupation : Annual Income:

3. Details of the Life to be Assured (Please fill section 3 only if Life to be Assured is different from Proposer)

Name: Mr. ☐ Ms. ☐ Mx. ☐

Date of Birth: D D M M Y Y Y Y Gender: ☐ Male ☐ Female ☐ Transgender

Address:

State: Pin:

Tel (Res): Mobile:

Age Proof: Address Proof:

Email:

Source of Income: Occupation : Annual Income:

4. Nominee(s) (under Section 39 of Insurance Act, 1938, as amended from time to time)

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

5. Plan Details

	Policy Term	Premium Paying Term	Installment Premium	Sum Assured
IndiaFirst Life Cash Back Plan				

Premium Frequency: ☐ 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 ☐

6. 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) ☐ 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.

7. 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.

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

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

10. Declaration by the Life to be Assured - To be confirmed via OTP

I declare that I am in good health and I do not have any physical defect, deformity or disability. I further declare that I perform all my routine activities independently, that I do not have any history of, have never suffered from, am not currently suffering from, nor have I received, nor am I currently receiving, nor been hospitalized, nor have been recommended by doctor to be hospitalized for any ailment or disease like Cancer, Heart ailment, Stroke, Paralysis, Epilepsy, Diabetes, Tuberculosis, HIV/AIDS, Asthama, Hypertension, any disease of liver, digestive system (stomach, pancreas, gall bladder, intestines), kidney. I further confirm that I have not had any application for life, accident, health or critical illness insurance on my life ever been declined, postponed or accepted at other than normal terms. I agree that if any of the statements, answers or declarations made herein are found to be untrue or if any material fact has been found to be suppressed, IndiaFirst Life Insurance Company Limited (Hereafter called the "Company") shall be entitled to cancel the Policy or repudiate the claim, if any and I also understand that the insurer can decline my claim within first 3 yrs from the date of issue if its confirmed that I had wrongly represented my health conditions through the above statements in accordance with the Sec 45 of Insurance Act,1938 as amended from time to time.

Signature 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 Health Declaration as stated above in its entirety and the same would create a legally binding agreement between the Company and You.

Note: The product will be available without medicals and on the basis of declaration of good health.

11. 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.

12. General Declaration - To be confirmed via OTP

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 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. 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 Insurance 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 or accepted at normal rates/terms, 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 hereby declare that the Date of Birth, Health related questions 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.

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".

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

☐ I hereby authorize IndiaFirst Life Insurance. Co. Ltd., to collect my KYC records from the Central KYC Records Registry (CERSAI) 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.

Signature or Thumb Impression of the Life to be Insured

Name: _____ Place: _____ Date: _____

Witness's Signature or Thumb Impression _____ Name: _____

Address: _____

☐ Validated through the OTP sent to registered mobile no. XXXXXXXXXX

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 product features in its entirety and the same would create a legally binding agreement between the Company and You.

Agent Code/ Company Representative ID _____ Agent / Company Representative Signature. _____

Customers are advised not to pay premium (initial and /or renewal) through cash or bearer instrument to IndiaFirst Life insurance Advisors/Employees. IndiaFirst Life Insurance Advisors/

Employees 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 is solely at your own risk and the company in no way be held responsible for any loss in this regard.

Premium 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). 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 and after an official receipt is issued by the Company.

13. 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 hereby declare that I have fully explained the above questions to the proposer and I have truthfully recorded the answers given by the proposer."

Name of the Declarant : _____ Signature: _____ Date: _____

Address of the Declarant : _____

"I certify that the contents of the form and documents have been fully explained to me by (Name, Designation, and occupation) Mr. / Mrs.:_____ and I have understood the significance of the proposed contract.

_____

Signature or thumb impression of the person whose life is proposed to be assured :

2. In case the Life Insured 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 Insured in _____language, and that the Life Insured has affixed the thumb impression above after fully understanding the contents thereof."

Name of the Declarant: _____ Signature: _____ Date: _____

Address of the Declarant: _____

14. 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 _____

• IndiaFirst Life Cash Back Plan 143N024V05