IndiaFirstLife
PROMOTED BY
बैंक ऑफ़ बड़ौदा
Bank of Baroda

Unique Reference No:

Key Feature Document Cum Proposal Form

IndiaFirst Life "INSURANCE KHATA" Plan (Micro-Insurance Product) (UIN: 143N057V03)

Key Feature Document (KFD) - Shared in Digital Format

Type of the Plan	A Non-linked, Non-participating, Individual Life Micro Insurance Savings Plan			
Policy Term	5 / 7 /10 years			
Premium Payment Term	Single Premium			
Premium	Policy Term (Years)	Minimum Premium (Rs.)	Maximum Premium (Rs.)	
	5	1000	40,000	
	7	715	28,570	
	10	500	20,000	
Sum Assured on death	Sum Assured on death will be determined by N times the single premium paid excluding applicable taxes. Where N varies depending upon the policy term as per table below.			
	Policy Term	10 years	7 years	5 years
	Sum Assured Multiple	N=10	N=7	N=5
Maturity Benefit	On survival of the Life Assured till the end of the policy term and provided the policy is in-force, Sum Assured on maturity as a percentage of Single Premium, excluding applicable tax and extra premium, if any, shall be payable.			
Death Benefit	Higher of 125% of the single premium or Sum Assured on Maturity or absolute amount assured to be paid on death. The Sum Assured on Maturity is as defined in Maturity Benefit above. The absolute amount assured to be paid on death is the Sum Assured on death as mentioned above			
Policy Loan	Loans up to 80% of the available surrender value will be provided. The minimum loan amount should be Rs.1000			
Suicide Exclusion	In case of death due to suicide within 12 months from the date of commencement of risk under the policy, the nominee or beneficiary of the policyholder shall be entitled to 80% of the total premiums paid(which is Single premium excluding applicable taxes and extra premium, if any) till the date of death or the surrender value available as on the date of death whichever is higher, provided the policy is in force.			
Surrender	Policyholder can surrender the policy any time during the policy term after acquiring surrender value. The benefit payable on surrender is higher of guaranteed surrender value (GSV) or special surrender value (SSV).			
Free Look Period	You can return your policy if you disagree with any of the terms and conditions within the first 30 days from receipt of your policy document, while stating your reasons for the same. We will refund your premium after deducting the pro rata risk premium, stamp duty and medical expenses if any.			

GSV Factors

GSV factor applicable on single premium paid excluding applicable tax, if any, extra premium and rider premium, if any,

Policy Year of Surrender	Policy Term: 5 Years	Policy Term: 7 Years	Policy Term: 10 Years
1	75%	75%	75%
2	75%	75%	75%
3	75%	75%	75%
4	90%	90%	90%
5	90%	90%	90%
6	NA	90%	90%
7	NA	90%	90%
8	NA	NA	90%
9	NA	NA	90%
10	NA	NA	90%

Disclaimer: Please read your Policy Document to understand benefits and other details of the product.

IndiaFirst Life Insurance Company Ltd.,
12th and 13th Floor, North [C] Wing, Tower 4, Nesco IT Park, Nesco Center, Western Express Highway, Goregaon (East), Mumbai – 400063,
CIN: U66010MH2008PLC183679.

Tel: +91 22 6165 8700 **Fax:** +91 22 6857 0600 **Toll Free:** 1800-209-8700

E-mail: customer.first@indiafirstlife.com **Website:** www.indiafirstlife.com

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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 or if you have any disability that restricts you from providing consent/ signature in the proposal form) 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 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.

1. Details of the Life to be Assured

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: ______

Email: ______

KYC: Life to be assured ☐ Yes ☐ No CKYC No.: ______

2. Nominee(s)/ 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	Telephone/ 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

3. Plan details for IndiaFirst Life "INSURANCE KHATA" Plan (Micro-Insurance Product) Product UIN : 143N057V03

	Policy Term	Premium Paying Term	Sum Assured on Death	Single Premium	Maturity Benefit
IndiaFirst Life "INSURANCE KHATA" Plan **(Micro-Insurance Product)**		Single			

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

For Proposer & Life Assured

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.: ______

For Nominee

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.

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

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

6. Health Declaration by the Life Assured - To be confirmed via OTP

I hereby declare that I am in good health and I am not suffering and / or have not suffered from any illness / symptoms/ medical condition requiring medical treatment, medical investigation, surgery or hospitalization in past 2 years. I also hereby declare that age mentioned in the proposal form is correct.

7. General Declaration by the Life Assured - To be confirmed via OTP

I / We, hereby declare that the contents of this proposal form have been fully explained to me / us. 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, misrepresentation 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 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, including AML-eKYC verification, and also to store/share the data/information with government agencies/ statutory authorities/ entities as authorized by the regulator – IRDAI/ Life counsel/any other entity 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".

Digital Policy Document declaration: I hereby give my consent to receive all communications and policy document via email / in link via SMS from IndiaFirst Life Insurance Company Limited.

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

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

☐ I 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.

I/we hereby declare that the Date of Birth, Health declaration of Life to be Assured mentioned in proposal form is correct and true to my knowledge.
In case the information disclosed is 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.

OTP in lieu of Signature (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 Health Declaration as stated above in its entirety and the product features in its entirety and the same would create a legally binding agreement between the Company and You.

Signature or Thumb Impression of the Life to be Insured

Name: _____ Place: _____ Date: _____

Witness's Signature or Thumb Impression _____ Name: _____

Address: _____

8. Declaration to be made by a 3rd Person where: a) The Life Assured has affixed his/her thumb impression; Or b) The Life Assured has signed in vernacular; Or c) The Life Assured has not filled the application; Or d) If a person has any disability that restricts from providing consent/ signature in the proposal form

The declaration should be attested by a person of standing whose identity can easily be established, but unconnected with the insurer in any capacity.

I hereby declare that I have fully explained the above questions and contents of the proposal form to the Life Assured in _____language, and that the Life Assured has affixed the thumb impression above after fully understanding the contents thereof. in my presence"

Name of the Declarant : _____ Signature:_____ Relation with Life Assured_____

Address of the Declarant : _____

Prohibition of Rebate: Section 41 of Insurance Act 1938, as amended from time to time:

1) 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 prospectuses or tables of the insurer.

2) 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.

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

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

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

_____

Relationship of the Authorized Representative

I certify that the contents of the proposal form have been clearly explained to me and I have fully understood them. I further certify that the replies in the proposal form have been recorded as per the information provided by me.

_____

Signature or thumb impression of Life Assured

9. Intermediary details

Name of the Point of Sales Person Mr. ☐ Ms. ☐ Mx. ☐ _____

Pan Card Number: | | | | | | | | | | |

Name of the Intermediary _____License Number._____

(Applicable for all channels except POS & Individual Agents)

_____ _____

Signature of the Agent / Specified Agents Stamp of the Intermediary

Name of the Agent / Specified Agents_____ License Code _____