IndiaFirstLife
PROMOTED BY
बैंक ऑफ़ बड़ौदा
Bank of Baroda

Application No.

Proposal Form - IndiaFirst Life Annuity Plans

Latest Photograph First Annuitant	Latest Photograph Second Annuitant

For Branch Sales Use Only

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

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 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 or if you have any disability that restricts you from providing consent/ signature in the proposal form.) 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 premium is equal to ₹ 50000 or more per customer by any mode of payment, a copy of PAN card and if premium is equal to or more than ₹ 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, Union Bank of India, eDena, eVijaya, IndiaFirst Life Insurance Co. Ltd. Or an Individual agent or their family member? ☐ Yes ☐ No Employee code/ Ref. no.

Do you have an existing Pension Plan from IndiaFirst Life? Yes ☐ No ☐
If Yes, please provide: Policy Number ☐☐☐☐☐☐☐☐☐☐☐☐ Client ID ☐☐☐☐☐☐☐☐☐☐☐☐

If this Annuity Plan is through Group Scheme, please provide
Group Master Policyholder Name _____ Employee Number ☐☐☐☐☐☐☐☐☐☐☐☐

Are you a NPS Subscriber? Yes ☐ No ☐ If Yes, please provide: PRAN Number _____

If Yes, please provide NPS Subscriber Category: ☐ Govt Sector ☐ Corporate Sector ☐ NPS Lite ☐ Swavalamban ☐ Others, (pl specify) _____

Is this Policy sourced under QROPS? Yes ☐ No ☐ If Yes, please provide details: _____

1. Details of First Annuitant/Life Assured

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 Life Assured (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 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

Marital Status ☐ Unmarried ☐ Married ☐ Widow(er) ☐ Divorced Residential Status ☐ Resident ☐ NRI Others_____

Identity Proof (Life Assured) _____ Address Proof* (Life Assured) _____ Age Proof (Life Assured) _____ Annual Income (Life Assured) _____

Source of Income (Life Assured) _____ PAN (Life Assured) ☐☐☐☐☐☐☐☐☐☐ PAN (photocopy Enclosed) ☐ Yes ☐ No

CKYC No.: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Are you a Politically Exposed Person (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 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

2. Plan Details

For IndiaFirst Life Guaranteed Annuity Plan

Annuity Option (please tick annuity of your choice)

Annuity Option
☐ Life Annuity ☐ Life Annuity with return of 100% 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 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 ☐ NPS – Family Income*

*If you have opted for NPS - Family Income Option, please fill the below details

	Name*	DOB*	Address	Contact number
Father				
Mother				
Spouse				
Child 1				
Child 2				

	Policy Term (years)	Premium Payment Term (years)	Installment Premium (Rs.)	Sum Assured
IndiaFirst Life Accidental Death Benefit Rider (ADB)				
IndiaFirst Life Total and Permanent Disability Rider (TPD)				

Purchase Price / Annuity Amount (Please tick any one option)

☐ Purchase Price or ☐ Annuity Amount Please specify

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

Source of Premium: ☐ NPS Proceeds ☐ IndiaFirst Life Pension Plan ☐ Other Company Pension Plan ☐ Self-Funded ☐ Others, (pl specify)

Annuity Frequency: Yearly ☐ Half Yearly ☐ Quarterly ☐ Monthly ☐

For IndiaFirst Life Guaranteed Pension Plan

Annuity Option (please tick annuity of your choice)

Annuity Option	
Annuity Option*	**Description**
Plan Option A	Life Annuity
Plan Option B	Life increasing Annuity
Plan Option C	Life Annuity with Return of Purchase Price on Death
Plan Option D	Life Annuity with Return of Purchase Price on Death or on Critical Illness
Plan Option E	Life Annuity with Return of Purchase Price on Death on in instalment on survival

*Plan Option A and Plan Option C are available for single life and joint life whereas other plan options will be available only for Single Life.

Premium Paying Term ☐ 5 years ☐ 6 years ☐ 7 years ☐ 8 years ☐ 9 years ☐ 10 years

Premium Paying Frequency: Yearly ☐ Half Yearly ☐ Quarterly ☐ Monthly ☐

Limited Premium / Annuity Amount (Please tick any one option)

☐ Limited Premium Please specify or ☐ Annuity Amount Please specify

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

Source of Premium: ☐ NPS Proceeds ☐ IndiaFirst Life Pension Plan ☐ Other Company Pension Plan ☐ Self-Funded ☐ Others, (pl specify)

Annuity Frequency: Yearly ☐ Half Yearly ☐ Quarterly ☐ Monthly ☐

3. Details of Second Annuitant (if Joint Life is chosen)

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 Second Annuitant (Address to which policy document will be dispatched) ☐ Same as First Annuitant

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

Permanent Address (If different from the above Address) ☐ Same as First Annuitant

LINE 1

LINE 2

LANDMARK CITY

STATE Pin Code

Mobile* +( ) Landline +( )
Country Code *Receive alerts through SMS 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 _____ Nationality ☐ Indian ☐ Non Indian

Marital Status ☐ Unmarried ☐ Married ☐ Widow(er) ☐ Divorced Residental Status ☐ Resident ☐ NRI Others_____

Identity Proof (Second annuitant) Address Proof*(Second annuitant) Age Proof (Second annuitant)

PAN (Second annuitant) PAN (photocopy Enclosed) ☐ Yes ☐ No

4. Nominee/ Appointee Details (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	Relationship of Nominee

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

5. 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. 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.

Details of First Annuitant

☐ Direct Credit (Bank of Baroda) ☐ NEFT Bank Name

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

Customer's Name as per the Bank Account.:

Details of Second Annuitant (if Joint Life is chosen)

☐ Direct Credit (Bank of Baroda) ☐ NEFT Bank Name

Bank Account No.: IFSC Code MICR
(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

For Nominee 1-_____

Mode selected will be used by the Company to pay the nominee according to the terms of the plan. 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.

☐ Direct Credit (Bank of Baroda) ☐ NEFT Bank Name

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

Nominee's 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. 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.

☐ Direct Credit (Bank of Baroda) ☐ NEFT Bank Name

Bank Account No IFSC Code MICR
(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 not 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. Do you need a physical copy of Policy Document? Yes ☐ No ☐

8. Declaration by First Annuitant/ 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 will form the basis of the contract between me/ us and the Company. In case of fraud, misrepresentation and suppression of material facts the policy contract shall be treated in accordance with the 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 relating to my 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, which will affect the decision of the Company in underwriting risk or (ii) if the proposal for assurance 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. 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.

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

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 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".

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.

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 – IRDAI/ Life counsel for necessary verification purposes.

☐ 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
(Not applicable in case of minor lives)

Name _____ Place _____ Date _____

Annuitant Signature or Thumb Impression

Name _____ Place _____ Date _____

Witness's Signature in English _____

Name _____ Place _____ Date _____

Address of Witness _____

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:

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.

9. 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 to the annuitant and he/she have understood the same.

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

   Relation with the Annuitant _____

   Address of the Declarant : _____

   _____

2. In case the Annuitant 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 Annuitant has affixed the thumb impression above after fully understanding the contents thereof."

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

   Relation with the Annuitant _____

   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/ Annuitant 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/ Annuitant. 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/ Annuitant 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 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 Annuitant

11. 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 _____

12. 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.

- UIN :143N066V04 IndiaFirst Life Guaranteed Pension Plan
- UIN :143N050V07 IndiaFirst Life Guaranteed Annuity Plan#

#IndiaFirst Life Accidental Death Benefit Rider (143B019V01) and IndiaFirst Life Total and Permanent Disability Rider (143B021V01) are available with the # marked product has context menu

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: ☐☐☐☐☐☐☐☐☐☐