IndiaFirstLife
PROMOTED BY
बैंक ऑफ़ बड़ौदा Bank of Baroda

For Branch Sales Use Only

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)

Photograph

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 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. 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. 7. 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). 8. 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. 9. 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/ Proposer 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

1. Life Assured Details (same as Proposer)

Full Name (Leave a blank space between First and Last Name)
FIRST ... LAST

Existing IndiaFirst Policy Owner, Kindly enter policy number / client id ☐ Policy No ☐ Client ID

Communication Address (Address to which policy document will be dispatched)

LINE 1
LINE 2
LANDMARK
CITY
STATE | Pin Code

Mobile* +( ) Landline +( )
Country Code | *Receive alerts through SMS 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:

Marital Status : ☐ Unmarried ☐ Married ☐ Widow(er) ☐ Divorced

Education : ☐ PG & above ☐ Graduate ☐ Diploma ☐ 12th pass ☐ 10th pass ☐ Below10th ☐ Illiterate

Occupation : ☐ Salaried ☐ Professional ☐ Self Employed ☐ Student ☐ Housewife ☐ Retired ☐ Others (Please Specify)

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

Exact Nature of duties:

Annual Income : Source of Income : Identity Proof

PAN : PAN (photocopy Enclosed) ☐ Yes ☐ No Address Proof*

Are you a Politically Exposed Person? ☐ Yes ☐ No CKYC 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

2. Nominee/ Appointee details (Appointee details are required only if the 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 Saral Jeevan Bima Plan UIN : 143N061V01

	Plan Term	Premium Payment Term	Installment Premium	Premium Mode	Total Premium	Sum Assured#
IndiaFirst Life Saral Jeevan Bima Plan						

#Please choose Sum Assured between Rs. 5,00,000 and Rs. 50,00,000 only

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 ☐

Note: The first three months premium is to be paid as first installment for the monthly mode option. 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.

Do you have any other Saral Jeevan Bima Plan Policies? ☐ Yes ☐ No If yes, please give full details below for all policies

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
Total Sum Assured for all Saral Jeevan Bima Plan policies						

Additional sheets with relevant details signed by the life to be assured may be added if space is insufficient.

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.

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 & 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.:

For Nominee 1 -

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.

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

5. Health Declaration by Life to be Assured (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

(If Yes, to any of the above questions please provide us complete details separately (including dates, duration and treatment, names and addresses of physicians)

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 _____

c. Please state any complications during pregnancy? _____

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. General

I / we have understood the benefit illustration and 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 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 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.

_____

Life to be Assured's Signature or Thumb Impression

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.

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 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 Assuredr has not filled the application

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 :_____

_____

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

10. Intermediary details

Name of the Intermediary _____License Number._____

_____ _____

Signature of the Agent / Specified Agents Stamp of the Intermediary

Name of the Agent / Specified Agents_____ License Code _____