



Name of Life To Be Assured / Proposer: _____

Requirement: **Signed Declaration with Date and Place.**

Application No. _____

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DECLARATION BY PROPOSER / LIFE TO BE ASSURED

I/we hereby declare that the Benefit Illustrations containing important information in relation to the product being purchased by me/us have been provided to me/us and that the contents of this proposal form have been fully explained to me/us. Further to this, I/we hereby declare that I/we have also gone through the Sales Material/ Audiovisuals/ (VR (English/Hindi)) and I/we have fully understood the product features and significance of the proposed contract basis all the information provided. 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 if anything is found to be incorrect, false statement and information not disclosed then the contract shall be null and void and the Company shall be entitled to forfeit all the premiums paid under the policy **subject to provision under section 45 of Insurance Act 1938**. 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 this 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assurance or an application for revival of the policy on my/our life or the life to be assured made to any insurer is withdrawn or dropped, deferred, declined or accepted at an increased premium or subject to a lien or on terms other than as proposed, I/we shall forthwith intimate the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 render this assurance invalid and all the monies which shall have been said in respect thereof shall stand forfeited to the Company. 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 also understand and consent to receipt of promotional offers / service alerts / intimations from IndiaFirst Life via SMS / Call / Email from time to time.

Signature of Witness	Signature or Thumb Impression of Life to be Assured (Not applicable in case of minor lives)	Signature or Thumb Impression of Proposer
Name _____	Name _____	Name _____
Place _____ Date _____	Place _____ Date _____	Place _____ Date _____

Section 41 of Insurance Act, 1938: No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out 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. Any person making default in complying with the provisions of the section shall be punishable with fine which may extend to five hundred rupees.

Section 45 of Insurance Act, 1938: No policy of life insurance effected before the commencement of this Act shall after the expiry of two years from the date of commencement of this Act and no policy of life insurance effected after the coming into force of this Act shall after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the Policyholder and that the Policyholder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose: Provided that 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 Policyholder was incorrectly stated in the proposal.

Free-look Period: Within 15 days of the receipt of this policy, the policyholder may, if dissatisfied with it for any reasons, give the Company a written notice of cancellation along with reasons for the same, and return the policy documents to the Company, subject to which the Company shall send the policyholder a refund comprising the premium paid less the proportionate risk premium for the period the life assured was on cover and the expenses incurred on medical examination and stamp duty charges. In case of Unit Linked Plans, the refund paid to the policyholder will in addition to the above also be subject to any deductions/ additions arising on account of a change in the fund value due to fall/rise in the unit price between the dates of allocation and cancellation of units (without reference to any premium allocation rate or charges).

Signature of Life To Be Assured / Proposer

Signature of FA / CRO / BDM

Place: _____

Place: _____

Date:

Date: