

Name of Life To Be Assured / Proposer: _____

Requirement: Plan details

Application No. _____

PLAN DETAILS

11. Plan applied for: (Only one of the plan specified below may be opted with this proposal form)

Plan	Policy Term	Sum Assured	Installment premium
IndiaFirst Savings Plan			
IndiaFirst Education Plan			
IndiaFirst Future Plan			
IndiaFirst Annuity Plan			

12. Fund Options: (not applicable for IndiaFirst Annuity plan)

Balanced Fund % Debt Fund % Equity Fund % Liquid Fund % (Only applicable under IndiaFirst Future Plan)

13. Details of First Premium Deposit Paid:

Cash/Cheque/DD No. Dated

Bank Name Branch Name

14. Premium Frequency: ☐ Yearly ☐ Half Yearly ☐ Single ☐ *Monthly (Only ECS / Direct Debit)

*ECS mandate along with cancelled cheque ☐ Yes ☐ No

Note: For the monthly mode option, the first two months' premium to be paid as first instalment. 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 office or Andhra Bank or Bank of Baroda or collection point and after an official printed receipt is issued by the Company. Cheque must be drawn only in favor of IndiaFirst Life Insurance Company Ltd. (Application no. for First Premium / Policy no. for Renewal Premium to be recorded at the back side of the cheque). Note - The collection points / centres for accepting payments in cash/cheque/DD would be as specified by the Company from time to time."

Signature of Life To Be Assured / Proposer

Signature of FA / CRO / BDM

Place: _____

Place: _____

Date: _____

Date: _____