IndiaFirst LIFE INSURANCE

A Joint Venture of Bank of Baroda, Legal & General, Andhra Bank

Application No. H00027351

Common Health Proposal Form

If Regular Premium Proposer's Signature

Latest Photograph of PLA

For Branch Sales Use Only

LC / Agent Code | Branch Code

BDM / RM Code | Channel Code

Branch Manager Code

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) 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 annual premium is equal to ₹ 50000 or more per customer by any mode of payment, a copy of PAN card and if annual 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 & Andhra Bank 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 if any material fact is misrepresented, IndiaFirst has the right to cancel the insurance contract subject to Section 45 of the Insurance Act, 1938. 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.

To be filled in by the distributor only: Is the customer an employee of Bank of Baroda, Andhra Bank, IndiaFirst Life Insurance Co. Ltd. ? ☐ Yes ☐ No

1. Principal Life Assured / Proposer (Only Applicable under IndiaFirst Mediclaim Plan)

☐ Mr. ☐ Ms. ☐ Others Please specify Name: F I R S T M I D D L E L A S T

Date of Birth : D D M M Y Y Y Y Marital Status: ☐ Single ☐ Married ☐ Widow(er) ☐ Divorcee Nationality: ☐ Indian ☐ NRI ☐ Others Please specify

Gender : ☐ Male ☐ Female Education: ☐ Post graduate & above ☐ Graduate ☐ Below 10th ☐ Others Please specify Occupation code : ☐☐ Please select the appropriate code as per page no. 6

Nature of duties: Please specify Employer Nature: Annual income (Rs): Source of income Please specify

Address Proof (tick one) : ☐ Driving licence ☐ Passport ☐ Voter ID card ☐ Ration card ☐ Electricity bill ☐ Others Please specify

Identity Proof (tick one) : ☐ Driving licence ☐ Passport ☐ Voter ID card ☐ Defence ID card ☐ PAN card ☐ Others Please specify

Age Proof (tick one) : ☐ Driving licence ☐ Passport ☐ School certificate ☐ Birth certificate ☐ PAN card ☐ Employer certificate ☐ Others Please specify

Income Proof (tick one) : ☐ Salary slips ☐ ITR ☐ Form no.16 ☐ Bank statement ☐ Others Please specify ☐ N.A.

2. Do you wish to receive all communication via e-mail? ☐ Yes ☐ No

E-mail ID :

3. Principal Life Assured's communication address

City: State: Landmark:

Tel.(R): Mob.: Pin:

4. Details of Person Proposed to be Insured

Spouse's Name : Mr. / Ms. / Mrs.

Age Proof | Male : ☐ | Female : ☐ | Date of Birth D D M M Y Y Y Y | Nature of Duties

Occupation code : ☐☐ Please select the appropriate code as per page no 6 | Occupation

Child 1. Name : Mr. / Ms. / Mrs.

Age Proof | Male : ☐ | Female : ☐ | Date of Birth D D M M Y Y Y Y | Nature of Duties

Occupation code : ☐☐ Please select the appropriate code as per page no 6 | Occupation

Child 2. Name : Mr. / Ms. / Mrs.

Age Proof | Male : ☐ | Female : ☐ | Date of Birth D D M M Y Y Y Y | Nature of Duties

Occupation code : ☐☐ Please select the appropriate code as per page no 6 | Occupation

Parent 1. Name : Mr. / Ms. / Mrs.

Age Proof | Male : ☐ | Female : ☐ | Date of Birth D D M M Y Y Y Y | Nature of Duties

Occupation code : ☐☐ Please select the appropriate code as per page no 6 | Occupation

Parent 2. Name : Mr. / Ms. / Mrs.

Age Proof | Male : ☐ | Female : ☐ | Date of Birth D D M M Y Y Y Y | Nature of Duties

Occupation code : ☐☐ Please select the appropriate code as per page no 6 | Occupation

MKTG/Health proposal form/version 13/February 2013

Application No. H00027351

In the event of the death of an insured person any payment due under the policy shall become payable to the nominee. His / her receipt of the proceeds would discharge to the Company of all its obligations towards the contract. The nominee must be an immediate relative of the Proposer. Nominee for all other persons proposed to be insured will be the Proposer himself / herself. The following section is to be filled by the Proposer.

5. Nominee / Appointee Details (To be filled if the life to be assured and the proposer are the same. Appointee details are required only if the nominee is a minor)

Nominee's Name : ☐ Mr. ☐ Ms.

Nominee's Date of Birth : D D M M Y Y Y Y Relationship with the Life to be Assured: Please specify

Appointee's Name (If nominee is a minor):

Appointee's Date of Birth : D D M M Y Y Y Y Relationship with the Nominee: Please specify

6. Plan Details

Plan Name :	
Sum Assured :	
Total Premium :	
Premium Frequency :	Single ☐ Regular ☐
IndiaFirst Term Rider :	☐ PLA ☐ Spouse ☐ Child 1 ☐ Child 2 ☐ Parent 1 ☐ Parent 2
IndiaFirst Term Rider Sum Assured :	

Funds (Funds total to be 100 %)					
Equity 1		Debt 1		Value	
Balanced 1		Liquid 1		Index Tracker	

Please Select the appropriate option for IndiaFirst Mediclaim Plan

☐ Easy Health

☐ Premier Health ☐ With Maternity Benefit ☐ Without Maternity Benefit

Note: 1. Single Premium is not applicable under IndiaFirst Mediclaim Plan. 2. Fund option is not available under IndiaFirst Mediclaim Plan. 3. Any cheque / DD payment made onwards 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 authorized banking partners or collection point and after an official printed receipt is issued by the company. Cheques must be drawn only in favor 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 point / centers for accepting payment in cheque / DD will be as specified by the Company from time to time.

7. Premium Frequency: ☐ **Single ☐ Yearly ☐ Six Monthly ☐ * Monthly (Only ECS/ Direct debit).

* 1. 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 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 cheque/ DD will be as specified by the Company from time to time.

8. Payment Mode (choose any one mode only)

Mode selected will 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.

☐ ECS ☐ Direct credit (Bank of Baroda & Andra Bank) ☐ NEFT ☐ Bank Name:

Account Type: ☐ Current ☐ Savings Branch Name: Bank Account No. :

MICR : (Mandatory for ECS mode) IFSC code : (Mandatory for NEFT mode)

Please provide a cancelled copy of your cheque if any of the above option is selected.

Declaration: In case of non credit to my bank account with / without assigning any reasons thereof or if the transaction is delayed or not effected 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.

9. Insurance Details

a. Are you or any of the proposed members currently insured or applying for any medical, hospitalization, critical illness, accident or life insurance? If Yes, Please give details: Yes ☐ No ☐

Name of the Member	Name of the Company	Policy No.	Sum Assured	Date of commencement	Present Status		
					Inforce	Lapsed	Pending
					Inforce	Lapsed	Pending
					Inforce	Lapsed	Pending

b. Has any of your or any of the proposed members application for medical, hospitalization, critical illness, accident or life insurance ever been declined, postponed or accepted at other than normal terms by any insurance company(ies)? If Yes, Please give details: Yes ☐ No ☐

Name of the Member	Name of the Company	Sum Assured	Type of Policy Applied For	Date of Commencement of Policy	If Accepted,Terms of Acceptance	Reason

c. Have you or any of the proposed members ever made a claim in respect of any medical, hospitalization, critical illness or accident insurance? If Yes, please give details: Yes ☐ No ☐

Name of the Member	Name of the Company	Amount Claimed	Cause of Claim	Date

d. Family History

Do you or any of the proposed members have any parent and / or brother or sister who has suffered / is suffering from, or has died under the age of 60 due to any of the following conditions: Heart disease, diabetes, stroke, hypertension, raised cholesterol, cancer, multiple sclerosis, Alzheimer disease, Parkinson's disease or any other hereditary disease? If Yes, please give full details: Yes ☐ No ☐

e. Primary Insured:

Family Member(relationship to insured)	Details of Illness or If Deceased - Cause of death	If Alive, Current Age	If Deceased, Age of Death

f. Spouse:

Family Member(relationship to insured)	Details of Illness or If Deceased - Cause of Death	If Alive, Current Age	If Deceased, Age of Death

g. Any other member - please attach separate sheet and provide information as per the format mentioned above.
Health and Avocation

	PLA		Spouse		Child 1		Child 2		Parent 1		Parent 2	
Height (in Cms)												
Weight (in Kgs)												
(a) In the past 1 year is there a change in the weight?												
(b) If yes, have you gained or lost weight	Lost	Gained	Lost	Gained	Lost	Gained	Lost	Gained	Lost	Gained	Lost	Gained
(c) Please mention the difference in weight in kgs												

h. Have you or any of the proposed members ever had or been told of or been treated for: (Please answer the following Questions in Yes or No)

	PLA		Spouse		Child 1		Child 2		Parent 1		Parent 2	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
(1) Do you or any of the proposed members smoke or consume any form of tobacco and / alcohol? If Yes: Please mention the form (strike off ones not applicable) and quantity separately for each of the proposed members Cigarette / Beedi / Gutka / Chewable. Quantity per day: _____ Beer / Wine / Hard liquor. Quantity per week: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
(2) Heart problem or chest pain e.g. rheumatic fever, palpitation, raised blood pressure, low blood pressure, angina, murmur, heart attack, pulmonary hypertension etc?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
(3) Diabetes, thyroid problem or any other hormonal disorder?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
(4) Eye, ear, nose or throat problems e.g. ear discharge, cataract, glaucoma, nasal bleeding or speech impairment, hearing, visual impairments?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
(5) Chest or breathing complaint(s) e.g. asthma, blood spitting, persistent cough, pleurisy, bronchitis, tuberculosis or other respiratory problem?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
(6) Anaemia, haemophilia, thalassemia or any other disorders of the blood?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
(7) Complaint(s) of the digestive system i.e of the stomach, intestines, bowel or rectum (e.g, bleeding from any of these organs, ulcers, chronic indigestion, hernias, etc) and / or liver (e.g hepatitis or hepatitis carrier status, jaundice) and/or gallbladder (including infections of gall bladder or gall stones)?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
(8) Protein blood, pus or sugar in urine, stones in or any other disorders of the kidney, bladder, prostate or genital organs?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
(9) Brain disorder or problem(s) affecting the nervous system including stroke ,epilepsy, paralysis, numbness, dizziness, prolonged headache, loss of balance or fits?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
(10) Cancer or tumour, cyst, lump or other growths of any kind?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
(11) Pain or other problems in the back, spine, muscles or joint, arthritis, gout, severe injury or other physical disability?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
(12) Alcohol abuse, Drug abuse, depression, psychological or mental disorder?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
(13) Sexually transmitted disease such as gonorrhea, syphilis, urethritis, any other venereal disease, AIDS or AIDS related condition or infection with Human Immunodeficiency Virus (HIV)?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
(14) Major burns, congenital anomalies and / or physical defects?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
(15) Have you or any of the proposed members ever been involved or planning to be involved in a dangerous sport or hobby? E.g.: diving, mountaineering, parachuting, private aviation, racing, etc.?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
(16) Are you or any of the proposed members presently incapable of working / attending school or have you been incapable of working / attending school for more than 7 days during the last 5 years?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

i. For Female Lives Only

(17) Have you or any of the proposed members ever had or been told of or been treated for gynaecological disorders such as endometriosis, ovarian growth, fibroid, irregular menstrual bleeding, abnormal pap smear results, etc?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
(18) Are you or any of the proposed members currently pregnant? If yes, please mention the name of member and expected date of delivery	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
(19) Are you or any of the proposed members currently taking any medication or drugs, either prescribed or not prescribed by a doctor, or have you ever suffered from or are aware of any illness, disorder, disability or injury which has required or may require any form of medical examination (including X-ray, mammography, ultrasound, echocardiogram, angiogram gynaecological investigations, pap smear, or blood tests), consultation of a doctor, hospitalization or surgery?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

j. If the answer to any of the above questions is "yes" please give details (such as units consumed, diagnosis and further information as cured, still under treatment, treatment from / to, copies of hospital / diagnostic reports, reasons etc) hereunder:

Question No	Name of the Member	Full details, including medical conditions, date of diagnosis, treatment prescribed, Name, address and phone no. of the treating doctor	Status of Health at Present	
			Recovered	Under treatment
			Recovered	Under treatment
			Recovered	Under treatment
	Details of the dangerous sport or hobby (if answered "yes"to Question No. 15)			

31 IRD Details

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	☐
03.	SHCIL Projects Limited	☐
04.	Karvy Insurance Repository Limited	☐
05.	CAMS Repository Service Limited	☐

Not Interested ☐

10. Declaration by Principal Life to be Assured

I / We, hereby declare that the Benet Illustration 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 / IVR (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 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 shall render this assurance invalid and all the monies which shall have been paid 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.

Principal Life to be Assured's signature or thumb impression
(Not applicable in case of minor lives)

Name : _____

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 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 bonade insurance agent employed by the insurer. Any person making default in complying with the provisions of this section shall be punishable with ne 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 ocer, 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.

Freelook period: You have a period of 15 days if the plan is sold through any distributor other than Distance Marketing, or within 30 days if you take the plan through distance marketing from the date of receipt of the Plan document to review the terms and conditions of the plan and if your disagree to any of those terms or conditions, you have the option to return the plan stating the reasons for your objection. In this case you shall be entitled to a refund of the premium paid, subject only to a deduction of a proportionate risk premium for the period you were covered and the expenses incurred by us on medical examination and stamp duty charges.

Declaration For Signing In Vernacular Or For Uneducated Persons

IndiaFirst Life Insurance Company Limited requires that this proposal is completed by the proposer (If the policyholder does not read, write, or speak english, then this proposal may be completed by another person as per item 1 in guidelines of page 1 of this proposal as such person need to complete this declaration).

I have explained the contents of this proposal to the proposer and endeavored to ensure that the contents have been fully understood. I have accurately recorded the responses to the information sought by the proposal form and I have read the responses back to the proposer and confirmed that they are correct.

Declarant's signature in english

Name _____ Place _____ Date _____

11. 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 authorised signatory from bank : _____

Name of authorised 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 .

Please Paste the Photographs in sequence (Spouse, Child 1, Child 2, Parent 1, Parent 2) as below details.

Spouse	Child 1	Child 2	Parent 1	Parent 2

Premium Deposit Voucher **IndiaFirst Life Insurance Company Limited**

Application no. H00027351 Date Plan Name

Bank name Branch

We acknowledge receipt of the following, subject to realisation of cheque.

Received from Mr. / Ms. the proposal for life insurance along with ₹ by

way of cheque / DD no. dated drawn on bank branch

Or by way of cash

Authorised signatory's stamp & sign

A Joint Venture of

Bank of Baroda

Pay - in - slip

Branch Date:

Please credit the account of "IndiaFirst Life Insurance Co. Ltd." (Institutional code IFLIC using menu option SCHFEE)

Application no H00027351 Policyholder's name

Bank	Branch	Cheque no	Cheque date	Cash deposit	₹
				1000 X	
				500 X	
				100 X	
Rupees in words:				50 X	
				20 X	
				10 X	
				5 X	
Only cheques of Bank of Baroda & cheques/DDs drawn on local banks will be accepted. Cash will not be accepted above ₹49999/-.				2 X	
				1 X	
				Amount of cheque	
				Total	

For bank use only	Date of transaction	Transaction ID (System generated)	Teller's initial	
				Depositor's signature

Andhra Bank

Pay - in - slip

Branch: Date:

Please credit the account of "IndiaFirst Life Insurance Co. Ltd." (Using menu option IFLIC)

Application no H00027351 Policyholder's name

Bank	Branch	Cheque no	Cheque date	Cash deposit	₹
				1000 X	
				500 X	
				100 X	
Rupees in words:				50 X	
				20 X	
				10 X	
				5 X	
Only cheques of Andhra Bank & cheques/DDs drawn on local banks will be accepted. Cash will not be accepted above ₹49999/-.				2 X	
				1 X	
				Amount of cheque	
				Total	

For bank use only	Date of transaction	Transaction ID (System generated)	Teller's initial	
				Depositor's signature

ACR

Counterfoil

Bank name: Branch: Date:

Name of the A/c holder: IndiaFirst Life Insurance Co. Ltd. Application no.: H00027351

Amount (in figures) : Amount (in words) :

Payment made by: ☐ Cash ☐ Cheque/DD no Cheque date: Drawn on:

Date of transaction: Transaction ID: (System generated)

Bank branch stamp Authorized signatory

12. 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 Principal Life to be Assured?	☐ Yes	☐ No
2. Are you related to the Principal life to be assured? If yes, please state your relationship with applicant	☐ Yes	☐ No
3. Are you satisfied with the financial standing of the Principal 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

Licensed advisor's signature

Company representative's signature

Name _____ Place _____ Date _____

Advisor code

Name _____ Place _____ Date _____

Designation _____ Employee code

H00027351

H00027351

For your reference: • Income Tax Benefits can be availed under the Income Tax Act, 1961 for premiums paid toward life insurance products of IndiaFirst Life Insurance Company Ltd. under section 80C provided the annual premium is limited to the extent of 20% of the sum assured under the policy. Benefits under section 10(10D) of Income Tax Act, 1961 will be available for any sum received under a life insurance policy including any bonus paid on the policy, provided the premium amount payable per year does not exceed 20% of sum receivables. • Premium deposit voucher does not in any way constitute acceptance or commencement of risk. • This is an acknowledgement by the relationship officer of having received the proposal form and premium amount.

For any queries or more information, call
Toll Free 1800 209 8700
or mail us at customer.first@indiafirstlife.com
IndiaFirst Life Insurance Company
www.indiafirstlife.com

13. Occupation Details Of The Life To Be Assured

(Please tick one of the occupation types that best describes your current occupation and enter the code in the space provided on the first page Q. No 1 & 2).

Code	Occupation types	Code	Occupation types
01	Salaried - administrative employees, clerk, executive, accountant	16	Electricity Line Worker
02	Professionals - doctor, chartered accountant / advocate- lawyer / teacher- lecturer, professors	17	Explosives handler - demolition experts
03	Salesman - including counter sales staff	18	Fireman
04	Retail / whole sale shop owner, commission agents	19	Fisherman
05	Retired / pensioner	20	Hotel industry other than 5 star
06	Student	21	Merchant navy others
07	House wife	22	Mining, coal miner, mining engineers
08	Agriculture - labourer, cleaner, maintenance workers, gardener, hawker, mill worker, porter / coolie	23	Oil Rig worker
09	Armed force personnel (military service)	24	Police
10	Aviation - includes all pilots	25	Well sinker / Bore well drillers
11	Blacksmith, boiler worker, furnace workers, welding workers, machine operators	26	Print / media involved in war
12	Weaver, lift operators, domestic servants, mason, mechanic	27	Professional sports person
13	Construction / building worker	28	Security guard
14	Diver - water, deep sea	29	Others (None of the above)
15	Driver - ambulance, armoured vehicle, lorry etc		

Dos
- Perform the test/s only after being satisfied about the identity of the client (photo identification). If not satisfied, please call us.
- Ensure the client signs on the medical report in your presence.
- Mention the ME code on the MER as that will enable quick settlement of bills.
- Keep one copy of medical examination (ME) slip with yourself and attach the other copy to the medical report/s.
- Call the designated courier person after the medical reports are ready for delivery to the Company.

Don'ts
- Do not perform tests which are not mentioned in the ME slip.
- Do not perform tests for which you are not authorized.
- Do not hand over the medical reports to anyone other than the designated courier person.
- Do not accept any payments from the client for the tests done under any circumstances, as all the bills will be settled by the Company only.

☐ TIER 1-MER + RUA
☐ TIER 2-MER + RUA + FBS + Lipids
☐ TIER 3-MER + RUA + FBS + Lipids + ECG
☐ TIER 4-MER + RUA + FBS + Lipids + ECG
☐ TIER 5-MER + RUA + SMA 12 + ECG
☐ TIER 6-MER + RUA + SMA 12 + TMT

A Joint Venture of Bank of Baroda, Legal & General, Andhra Bank

IndiaFirst LIFE INSURANCE

Electronic Clearing Service (ECS) / Direct Debit (DD) Application Form

To,
Branch Manager,
Bank Name _____ Bank Branch Name _____
City _____

Ref: Authorization to pay insurance premium through Electronic Clearing Service (ECS) / Direct Debit (DD)

Dear Sir/Madam,

I / We hereby authorize IndiaFirst Life Insurance Company Limited / their authorized service provider to debit my / our bank account through ECS / direct debit towards payment of my / our life insurance premium, as per the details provided below

☐ ECS ☐ Direct Debit (Applicable for Bank of Baroda account holders only) ☐ Direct Debit (Applicable for Andhra Bankaccount holders only)

Application Number	Policy Number	Amount (Rs.) (in figures)	Amount (in words)	Frequency(i.e. yearly/ half yearly/monthly)	Start Date	End Date
H00027351						

Name of Account Holder (As appearing in the Bank records)

Bank Name & Branch Address

Account No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Account Type ☐ Saving ☐ Current ☐ Cash Credit ☐ Others
(Affixing of your proprietary firm / company stamp is mandatory, in case of a current account)

MICR Code (Applicablein case ECSpayment) ☐☐☐☐☐☐☐☐☐
(Is the 9 digit code on the cheque book issued by the bank. You are requested to attach a cancelled cheque for verification of the MICR Code)

IFSC Code: (Applicable in case ECS payment) ☐☐☐☐☐☐☐☐☐☐☐
(If appearing on the Cheque book)

Mobile No: ☐☐☐☐☐☐☐☐☐☐ Email: _____

I / We, wish to avail of the ECS / direct debit facility for payment of my / our insurance premium in accordance with the details provided above, which are correct and complete.

If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I / we shall not hold the company responsible for such delay or non credit to my policy.

In addition, I / we understand and agree that the premium amount to be debited from my / our account may vary due to taxes and other statutory levies as may be applicable from time to time. I / We also accept that the transaction will be effected to the policy on the due date (provided it is a working day).

In case of an ECS / direct debit dishonor, I/ we authorize IndiaFirst Life Insurance to re-debit my/ our bank account for two months premiums on the following premium due date (applicable for policies with monthly premium mode only).

I / we hereby agree to maintain adequate balance in the account stated herein for availing ECS/direct debit facility.

☐ Yes, I / we have attached a blank cancelled cheque.

Certificate of the Bank Named in the Mandate
It is certified that as per our records, the bank account particulars of the mandate above are correct and the signature of the bank account holder is true.

Bank Stamp Signature of Authorized Bank official

Date ☐☐☐☐☐☐

DD mandate should be verified by bank branch and should have "Signature verified stamp "along with "'fixed specimen signature number ".

ECS is an automated facility which debits your premium from the bank account specified by you, on your premium due date, except in case of a holiday or for ECS locations under the non -rolling settlement category. This is applicable for all active (in force) policies.

Policy holder's signature | Primary Account holder's signature (If Primary Account holder differs from policy holder) | Joint Account holder's 1 Signature | Joint Account holder's 2 Signature

Note

- IndiaFirst Life Insurance shall debit your bank account if your policy and the ECS mandate are 'In Force'. It will continue to do so until you provide a written request for cancellation of ECS / direct debit.
- Request for deactivation of ECS/DD mandate should be submitted 25 days prior to the due date pertaining to the same month or it would be considered from the next premium due date.
- Requests for payment mode change to ECS / direct debit has to be submitted 30 days prior to the due date or the same would be effective from the next premium due date.
- Data provided by you in the cancelled cheque and the proposal form may be used by the Company to complete the ECS Mandate in case the required information has not been filled.
- Above mentioned mode selected would be used by the company to make payout(s) to the Proposer. Payment would be in accordance and subject to the terms of the policy.
- Further, the Company reserves the right to use any alternative payout option including demand draft/payable at par cheque in spite of opting for Direct Credit option.

For any queries or more information, call
Toll Free 1800 209 8700
or mail us at **customer.first@indiafirstlife.com**