

Unique Reference No:

Key Feature Document Cum Proposal Form

IndiaFirst Life POS INSURANCE KHATA Plan (UIN: 143N033V01)

Key Feature Document (KFD) - Shared in Digital Format

Type of the Plan	Non Linked Non Participating Term Assurance with Return of Premium Plan			
Policy Term	5 / 7 / 10 years			
Premium Payment Term	Single Premium			
Premium	Minimum Single Premium - Rs. 500 Maximum Single Premium - Rs. 15,000			
Sum Assured	Sum Assured on death will be determined by N times the single premium paid excluding applicable taxes. Where N varies depending upon the policy term as per table below.			
	Age at Entry / Policy Term	5 year	7 years	10 years
	25 - 50 years (last birthday)	N = 5	N = 7	N = 10
Maturity Benefit	Single premium paid excluding applicable taxes is payable provided the Life Assured is alive on the Maturity Date.			
Death Benefit	Absolute amount assured on death will be payable in case of the Life Assured's untimely demise.			
Policy Loan	Policy loan is not available			
Exclusions	If the Life Assured, whether sane or insane, commits suicide within 12 (Twelve) months from the date of Inception of the policy, we will pay 80% (Eighty percent) of the total Premiums received by us and Policy will terminate.			
Surrender	Policyholder can surrender the policy any time during the policy term after acquiring surrender value. The benefit payable on surrender is higher of guaranteed surrender value (GSV) or special surrender value (SSV).			
Free Look Period	You can return your policy if you disagree with any of the terms and conditions within the first 15 days for all channels except Distance Marketing or Electronic Mode where it is 30 days from receipt of your policy document, while stating your reasons for the same. We will refund your premium after deducting the pro rata risk premium, stamp duty and medical expenses if any.			

GSV Factors

GSV factor applicable on single premium paid excluding applicable taxes, extra premium and rider premium, if any,

Policy Year of Surrender	Policy Term: 5 Years	Policy Term: 7 Years	Policy Term: 10 Years
1	70%	70%	70%
2	70%	70%	70%
3	70%	70%	70%
4	90%	75%	75%
5	90%	75%	75%
6	NA	90%	80%
7	NA	90%	80%
8	NA	NA	85%
9	NA	NA	90%
10	NA	NA	90%

Disclaimer: Please read your Policy Document to understand benefits and other details of the product.

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.

6. Declaration by the Life to be Assured - To be confirmed via OTP

I hereby declare that I am in good health and I am not suffering and / or have not suffered from any illness / symptoms/ medical condition requiring medical treatment, medical investigation, surgery or hospitalization in past 2 years. I also hereby declare that age mentioned in the proposal form is correct.

Signature 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 Health Declaration as stated above in its entirety and the same would create a legally binding agreement between the Company and You.

7. General Declaration - To be confirmed via OTP

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 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/we hereby declare that the Date of Birth, Health related questions 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 or misrepresented claim will be repudiated in accordance with the Sec 45 of Insurance Act 1938 as amended from time to time.

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

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.

Signature or Thumb Impression of the Life to be Insured

Name: _____ Place: _____ Date:

D	D	M	M	Y	Y	Y	Y
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Witness's Signature or Thumb Impression _____ Name: _____
Address: _____

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 product features in its entirety and the same would create a legally binding agreement between the Company and You.

Agent Code/ Company Representative ID _____ Agent / Company Representative Signature. _____

8. 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 hereby declare that I have fully explained the above questions to the proposer and I have truthfully recorded the answers given by the proposer."

Name of the Declarant : _____ Signature: _____ Date:

D	D	M	M	Y	Y	Y	Y
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Address of the Declarant : _____

"I certify that the contents of the form and documents have been fully explained to me by (Name, Designation, and occupation) Mr. / Mrs.: _____ and I have understood the significance of the proposed contract.

Signature or thumb impression of the person whose life is proposed to be assured :

2. In case the Life Insured 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 Life Insured in _____ language, and that the Life Insured has affixed the thumb impression above after fully understanding the contents thereof."

Name of the Declarant: _____ Signature: _____ Date:

D	D	M	M	Y	Y	Y	Y
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Address of the Declarant: _____

8. 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 _____

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