

Application No.

Proposal Form - To be filled Electronically

Latest Photograph

Important Guidelines: 1. If the 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) 2. Before filling up the form please read the sales literature to understand the features, benefits, advantages and terms and conditions of the product. 3. All details should be filled completely including email ID, mobile number, etc. 4. 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. 5. 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). 6. 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.

1. Details of the Life to be Assured - To be auto populated through Aadhar

Name: Mr. Mrs. Mx. _____

Date of Birth: Gender: Male Female Transgender

Address: _____

State: _____ Pin: _____

Tel (Res): _____

Mobile: _____

Aadhaar Number: _____

Email: _____

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

| Nominee Name | Percentage Share | DOB of Nominee | Relationship of Nominee | Appointee Name (if applicable) |
|--------------|------------------|----------------|-------------------------|--------------------------------|
| | | | | |
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| | | | | |

3. Plan details for IndiaFirst Life "INSURANCE KHATA" Plan

| | Policy Term | Premium Paying Term | Sum Assured | Single Premium |
|--|-------------|---------------------|-------------|----------------|
| IndiaFirst Life "INSURANCE KHATA" Plan | | Single | | |

IndiaFirst Life "INSURANCE KHATA" Plan Product UIN : 143N031V01

4. 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.

5. General Declaration - To be confirmed via OTP

I / We, hereby declare that the contents of this proposal form have been fully explained to me / us. 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 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.

I/we, hereby agree that the policy contract which shall be given to me by the company can be either in a physical form or a digital form.

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

Signature or Thumb Impression of the Life to be Insured

Name: _____ Place: _____ Date:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

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. _____

6. 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 |
|---|---|---|---|---|---|---|---|

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 |
|---|---|---|---|---|---|---|---|

Address of the Declarant: _____

7. 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 _____