

Consent for Age Extra

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| Application No. | |
| Name of the Life Assured / Proposer | |
| Plan opted for | |
| Age proof submitted | |

I hereby give my consent to pay extra premium of Rs. 1.50 per Rs. thousand Sum Assured toward non standard age proof extra premium as per the underwriting norms of the company.

Note: Also I agree that the Extra premium would be adjusted by way of cancellation of units allocated to me on every month anniversary.
(Only applicable for ULIP plan)

Date:

Place:

Name of the Life to be Assured / Proposer