



### Declaration by the Member

I understand and agree that the information given on this form are full, complete and true and will form the basis of the contract, which may arise. 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 case of fraud, misrepresentation and suppression of material facts by me / us, the policy contract/COI shall be treated in accordance with the Sec 45 of Insurance Act, 1938 as amended from time to time. All material facts, which may influence the assessment of the risk have been disclosed. I also understand that failure to make such disclosure shall give Company the right to cancel the insurance contract subject to Section 45 of the Insurance Act, 1938 as amended from time to time.

I confirm that I have never participated nor intend to participate in any hazardous sports or activity. I authorize sharing with Company, my personal/contact information to enable them to carry out their duties as the Insurer.

I also declare that all the information given by me is true, correct and complete or else the coverage shall stand cancelled.

First Annuitant Signature/Thumb impression: \_\_\_\_\_ Date: \_\_\_\_\_

Second Annuitant Signature:/Thumb impression \_\_\_\_\_ Date: \_\_\_\_\_

**Prohibition of Rebate:** As per provisions of Section 41 of the Insurance Act, 1938 as amended from time to time. For more details please refer to our website [www.indiafirstlife.com](http://www.indiafirstlife.com)

**Fraud and Misrepresentation:** As per provisions of Section 45 of the Insurance Act, 1938 as amended from time to time. For more details please refer to our website [www.indiafirstlife.com](http://www.indiafirstlife.com)

### Declaration for signing in Vernacular or for Uneducated Persons

I/We certify that the product applied for by me/us and the contents of the proposal form have been clearly explained to me/us and I/we have fully understood them. I/we further certify that the replies in the proposal form have been recorded as per the information provided by me/us.

Signature/Thumb impression of Primary Life \_\_\_\_\_ Signature/Thumb impression of Joint Life (if any) \_\_\_\_\_

Date & Place \_\_\_\_\_ Date & Place \_\_\_\_\_

Name & Address \_\_\_\_\_

I do hereby state that I have read out and explained the contents of the proposal form and all other documents incidental to availing the Insurance Policy from IndiaFirst Life Insurance Co. Ltd to the annuitant and he/she have understood the same. I declare that whatever I have stated herein above is true and correct to the best of my knowledge and belief. Further on the form Member has signed/affixed his/her thumb impression in my presence.

Signature/Thumb impression of Witness \_\_\_\_\_ Relation with the Annuitant \_\_\_\_\_

Name & Address \_\_\_\_\_

Date & Place \_\_\_\_\_

**IndiaFirst Life Insurance Company Ltd.,**

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