

3. 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)

4. Plan Details

	Plan Term	Installment Premium	Sum Assured
IndiaFirst Life Micro Bachat Plan <input type="checkbox"/> Life Option <input type="checkbox"/> Extra Life Option			
IndiaFirst Life Waiver Of Premium Rider <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3			—

(Please select the appropriate option)

Death Benefit Option Lump Sum IncomePremium Frequency: Yearly Half Yearly Quarterly *Monthly (Only ECS/ Direct debit).

*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 cash/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 cash/ cheque/ DD will be as specified by the Company from time to time. Direct Debit/ECS declaration: I hereby give my consent to debit my bank account towards the initial premium deposit for my insurance proposal.

Third Party payment: I hereby declare that the payment mode as availed by me under my policy belongs to me and I take sole responsibility for the same in respect of any incorrectness of any statement in this regard.

5. Benefit 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. If none of the below electronic payout option is chosen, the Company reserves the right to use any alternative payout option.

ECS Direct Credit (Bank of Baroda & Andhra Bank) NEFT Bank Name:

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

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

Customer's Name as per the Bank Account:

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

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. Health Declaration for Member (Non disclosures or misrepresentation of facts will highly impact claim settlement) *

Primary Life: Feet inches: Weight in kg: Secondary Life: Feet inches: Weight in kg:

I hereby declare that I am in good health and I am not suffering or have not suffered from any illness / symptoms/ medical condition requiring medical treatment, medical investigation, surgery or hospitalization in past 3 years. I also hereby declare that age mentioned in the proposal form is correct.

7. Declaration by Proposer/ Life to be Assured

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 understand that in case of withdrawal of this application by me post undergoing medicals or part thereof, the Company shall return the premium deposit after deducting the expenses incurred on the medical test/examination, if any.

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 treated 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 and also to share the data with government agencies/ statutory authorities/ entities as authorized by the regulator – IRDAI/ Life counsel for necessary verification purposes.

Life to be Assured's Signature or Thumb Impression

(Not applicable in case of minor lives)

Name: _____ Place: _____ Date: _____

Witness's Signature or Thumb Impression

Name: _____

Proposer's Signature or Thumb Impression

Name: _____ Place: _____ Date: _____

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 Terms and Conditions of the policy in its entirety and the same would create a legally binding agreement between the Company and You.

Section 41 of Insurance Act 1938, as amended from time to time:

1) 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 prospectuses or tables of the insurer.

2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

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.

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 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 proposer/life assured 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.

Name of the Declarant : _____ Signature: _____ Relation with the Life Assured/Proposer _____

Address of the Declarant : _____

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

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

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

Name of the Declarant: _____ Signature: _____ Relation with the Life Assured/Proposer _____

Address of the Declarant: _____

9. 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 _____

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 Proposer/ Life to be Assured? Yes No

2. Are you related to the proposed Life to be Assured? If yes, please state your relationship with applicant Yes No

3. Are you satisfied with the financial standing of the proposed 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

6. Is the Proposer a: Judge Member of Parliament Member of state legislature National/State level office bearer of political party _____ (*Tick if applicable, default value No)

Other Remarks: _____

Licensed Advisor's Signature

Name of the Intermediary _____
(Applicable for all channels except Individual Agents)

Name of the Agent / Specified Agents _____

Intermediary License No. _____

License Code _____

Place: _____ Date: _____

Advisor Code:

