



**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.

**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:

**Mandate Form - Direct Debit / NACH (To be filled only for Regular / Limited premium)**

 IndiaFirst LIFE INSURANCE Tick (✓)	NACH Mandate	UMRN	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Sponsor Bank Code	<input type="text"/>	Utility Code	<input type="text"/>								
<input type="checkbox"/> CREATE <input type="checkbox"/> MODIFY <input type="checkbox"/> CANCEL	I/We hereby authorize		<b>IndiaFirst Life Insurance Company Ltd</b>	to debit (tick✓)	SB /CA /CC /SB-NRE /SB-NRO /Other							
Bank a/c number		<input type="text"/>										
with Bank	Name of customers bank			IFSC	<input type="text"/>			MICR	<input type="text"/>			
an amount of Rupees		<input type="text"/>							₹	<input type="text"/>		
FREQUENCY	<input type="checkbox"/> Mthly	<input type="checkbox"/> Qtly	<input type="checkbox"/> H-Yrly	<input type="checkbox"/> Yrly	<input checked="" type="checkbox"/> As & when presented	Debit type	<input type="checkbox"/> Fixed Amount	<input checked="" type="checkbox"/> Maximum Amount				
Application No. / Loan Account No.	<input type="text"/>				Mobile No.	<input type="text"/>						
Policy No.	<input type="text"/>				Email ID	<input type="text"/>						
I agree for the debit of mandate processing charges by the Bank whom I am authorizing to debit my account as per the latest schedule of charges of the bank.												
PERIOD												
From	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
To	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Or	<input checked="" type="checkbox"/> Until Cancelled											
		Signature Primary Account holder		Signature of Account holder		Signature of Account holder						
		1. Name as in bank records		2. Name as in bank records		3. Name as in bank records						
• This is to confirm that the declaration has been carefully read, understood & made by me / us. I am authorizing the user entity / corporate to debit my account. • I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorized the debit.												

**Declaration for Auto Debit**

- If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/ we shall not hold the company responsible for such delay or non credit to my policy.
- In addition, I/We understand and agree that the premium amount to be debited from my/ our account may vary due to taxes and other statutory levies as may be applicable from time to time. I/ We also accept that the transaction will be effected to the policy on the due date (provided it is a working day).
- In case of an ECS/ direct debit dishonor, I/ We authorize IndiaFirst Life Insurance to re-debit my/our bank account with the mentioned bank to recover the premium payable.
- I hereby authorize IndiaFirst Life Insurance Co. Ltd. and their authorize service providers to debit my Bank Account directly or by NACH for collection of premium payments.
- I/We hereby agree to maintain adequate balance in the account stated herein for availing Direct Debit facility.
- **I/We hereby authorize the Bank to debit my account to wards charges for DD mandate verification if anyapplicable.**

**Yes, I/ we have attached a blank cancelled cheque Certificate of the Bank Named in the Mandate**

It is certified that as per our records, the bank account particulars of the mandate above are correct and the signature of the bank account holder is true.

Bank Stamp

Signature of Authorized Bank official

**DD mandate should be verified by bank branch and should have "Signature verified stamp" along with "fixed specimen signature number"**

NACH / DD is automated facility which debits your premium from the bank account specified by you on your premium due date, except in case of a holiday.

_____ Policyholder's Signature	_____ Primary Account holder's Signature (If Primary Account holder differs from Policyholder)	_____ Joint Account holder's 1 Signature	_____ Joint Account holder's 2 Signature
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