

Proposal Form - IndiaFirst Immediate Annuity Plan

Latest Photograph

For Branch Sales Use Only

LG / Agent Code Branch Code Branch Manager Code
 (LG code to be written for Banca, Agent Code to be written for Agency.)
 BDM/ RM Code Channel Code BDM Mobile No.

Bancassurance/ Agency/ Broker/ Corporate Agency/ Direct Sales/ Marketing Associate, Any Others (pls specify) _____

Important Guidelines: 1. This form is to be filled by the proposer in BLOCK LETTERS in black/ blue ink and leave a space blank between each part of the name. 2. If the Proposer/ 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) 3. Before filling up the form please read the sales literature to understand the features, benefits, advantages and terms and conditions of the product. 4. If the space provided in the form is not sufficient for providing details, please attach separate sheets signed by the Proposer/ Life to be Assured. 5. All details should be filled completely including email ID, mobile number, etc. 6. If premium is equal to ₹ 50000 or more per customer by any mode of payment, a copy of PAN card and if premium is equal to or more than ₹ 100000 per customer by any mode of payment, income proof document needs to be submitted. 7. 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. 8. 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). 9. 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. If a full and frank disclosure is not made of all material facts, or in case of fraud or misrepresentation at the time of answering questions in the proposal form or any stage thereafter, IndiaFirst shall cancel the insurance contract immediately in accordance with Section 45 of Insurance Act 1938, as amended by Insurance Laws (Amendment) Act 2015. 10. In case the Proposer and Life to be Assured are two separate individuals, the proposal form will be signed by both. The life to be assured can sign only if he/she is 18 years or above.

Is the customer an employee of Bank of Baroda, Andhra Bank, IndiaFirst Life Insurance Co. Ltd.?

Yes No

Do you have an existing Pension Plan from IndiaFirst Life? Yes No
 If Yes, please provide: Policy Number

Client ID

If this Annuity Plan is through Group Scheme, please provide
 Group Master Policy Number

Employee Number

1. Proposer/ Policy Owner Details (Please fill in details of Life to be Assured if same as Proposer/ Member Details (in case of Group Scheme))

Full Name (Leave a blank space between First and Last Name) Mr. Mrs. Ms. Dr. Mx.
 F I R S T L A S T

Existing IndiaFirst Policy Owner, Kindly enter policy number / client id Policy No Client ID

Communication Address of the Proposer (Address to which policy document will be dispatched)
 L I N E 1
 L I N E 2
 L A N D M A R K C I T Y
 S T A T E Pin Code

Mobile* + () Receive alerts through SMS Landline + () STD/ISD

Email ID*
 *Receive communication via e-mail

DOB Gender Male Female Trans-gender Nationality Indian Non Indian

Marital Status Unmarried Married Widow(er) Divorced Residential Status Resident NRI PIO

Identity Proof (Proposer) Address Proof* (Proposer) Age Proof (Proposer) Income (Annual) (Proposer)

Source of Income (Proposer) PAN (Proposer) PAN (photocopy Enclosed) Yes No Aadhaar No (Proposer)

Is this policy self proposed? Yes No Relationship with Life to be Assured

Are you a Politically Exposed Person (Proposer/Life to be Assured)? Yes No
 Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, example, Heads of State or of Governments, senior politicians, senior government/judicial/military officials, senior executives of state owned corporations, important political party officials, etc., including their family members and close relatives.

2. Plan Details

Annuity Option (please tick annuity of your choice)

Life Annuity Life Annuity with return of the purchase price Life Annuity with Guarantee Period 5 years 10 years 15 years Joint Life, Annuity Last Survivor

Purchase Price / Annuity Amount (Please tick any one option)

Purchase Price Please specify or Annuity Amount Please specify

Annuity Frequency: Yearly Six Monthly Quarterly Monthly

3. Details of First Annuitant/Life Assured (if different from proposer)

Full Name (Leave a blank space between First and Last Name) Mr. Mrs. Ms. Dr. Mx.

Existing IndiaFirst Policy Owner, Kindly enter policy number / client id Policy No Client ID

Communication Address of the Proposer (Address to which policy document will be dispatched) Same as Proposer

Mobile* + (Country Code) (Receive alerts through SMS) Landline + (STD/ISD)

Email ID* (Receive communication via e-mail)

DOB Gender Male Female Trans-gender Nationality Indian Non Indian

Marital Status Unmarried Married Widow(er) Divorced Residential Status Resident NRI PIO

Identity Proof (First annuitant) Address Proof*(First annuitant) Age Proof (First annuitant)

PAN (First annuitant) PAN (photocopy Enclosed) Yes No Aadhaar No (First annuitant)

4. Details of Second Annuitant (if Joint Life is chosen)

Full Name (Leave a blank space between First and Last Name) Mr. Mrs. Ms. Dr. Mx.

Existing IndiaFirst Policy Owner, Kindly enter policy number / client id Policy No Client ID

Communication Address of the Proposer (Address to which policy document will be dispatched) Same as Proposer Same as First Annuitant

Mobile* + (Country Code) (Receive alerts through SMS) Landline + (STD/ISD)

Email ID* (Receive communication via e-mail)

DOB Gender: Male Female Trans-gender Relationship with First Annuitant Husband Wife Nationality Indian Non Indian

Marital Status Unmarried Married Widow(er) Divorced Residential Status Resident NRI PIO

Identity Proof (Second annuitant) Address Proof*(Second annuitant) Age Proof (Second annuitant)

PAN (Second annuitant) PAN (photocopy Enclosed) Yes No Aadhaar No (Second annuitant)

5. 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)

6. 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. Further, the Company reserves the right to use any alternative payout option including demand draft/ payable at par cheque in spite of option for Direct credit.

Details of First Annuitant

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

Bank Account No. IFSC Code MICR

Customer's Name as per the Bank Account:

Details of Second Annuitant (if Joint Life is chosen)

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

Bank Account No.: IFSC Code MICR

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 not opting for the direct credit option.

7. Declaration by Proposer/ Life to be Assured

I/ we hereby declare that the Benefit Illustrations, in relation to the product being purchased by me/ us have been provided to me/ us and that the contents of this proposal form have been fully explained to me/ us. Further to this, 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. In case of fraud, misrepresentation and suppression of material facts the policy contract shall be treated in accordance with the Section 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 the 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 to a lien or on terms other than as proposed, I/We shall forthwith intimate the same to the company in writing and failure to do so shall lead to a decision as per the applicable terms and conditions of the policy. 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 understand that IndiaFirst Life Insurance Company Limited has tie-ups with certain Banks and financial institutions mentioned in its official website. In case, I/We have an account with any of such Banks or financial institutions, I/We hereby authorise the Bank or financial institution to provide copy of my / our KYC documents available with them to IndiaFirst Life Insurance Company Limited.

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. 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

Life to be Assured's Signature or Thumb Impression (Not applicable in case of minor lives)
Proposer's Signature or Thumb Impression
Name _____ Place _____ Date _____
Name _____ Place _____ Date _____
Witness's Signature in English
Name _____ Place _____ Date _____
Address of Witness _____

Section 41 of Insurance Act 1938, as amended by Insurance Laws (Amendment)Act 2015: 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 prospectus or tables of the insurer. Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bonafide insurance agent employed by the insurer. 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

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."

Declarant's Signature in English
Name _____ Place _____ Date _____
Address of the Declarant _____
Witness's Signature in English
Name _____ Place _____ Date _____
Address of Witness _____

"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 Life assured _____ Signature or thumb impression of Proposer _____

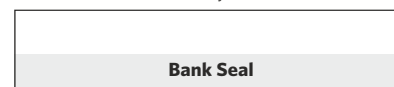
In case the Proposer is illiterate, his/her thumb impression should be attested by a person of standing whose identity can easily be established, but unconnected with the insurer and this declaration should be made by him.
"I hereby declare that I have fully explained the above questions and contents 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."

Declarant's Signature in English
Name _____ Place _____ Date _____
Address of the Declarant _____
Witness's Signature in English
Name _____ Place _____ Date _____
Address of Witness : _____

9. Know Your Customer Certificate Issued by Bank

We hereby confirm that _____ holds Savings/Current/Fixed Deposit Loan Account no. _____ and Bank Customer ID _____ with our bank. We confirm that we have obtained the necessary documentary evidence to establish the identity and address of the customer as mentioned by him/ her in this proposal form, as per the "Know Your Customer" (KYC) norms for banks.

Signature of Authorized Signatory from Bank: _____
Name of Authorized Signatory from Bank: _____
Name of the Bank Branch: _____



Aforementioned details can be used by the company to pay the proposer according to the terms of the plan. Payment options (cheque will be used if none of the below electronic payout option is chosen). Further, the company reserves the right to use any alternative payout option including demand draft/payable at par cheque in spite of option for Direct Credit.

IndiaFirst Life Insurance Company Limited. Reg. No. 143, Registered and Corporate Office : 301, (B) Wing, The Qube, Infinity Park, Dindoshi - Film City Road, Malad (E), Mumbai - 400 097
CIN: U66010MH2008PLC183679, UIN :143N027V01. IndiaFirst Immediate Annuity Plan.

10. 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?
What is the estimated annual income of the Life to be Assured? Yes No
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:

D	D	M	M	Y	Y	Y	Y
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Advisor Code:

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