

PROMOTED BY



Application No.

Proposal Form

UNDER UNIT LINKED INSURANCE PLANS, INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER. THE UNIT LINKED INSURANCE PRODUCTS DO NOT OFFER ANY LIQUIDITY DURING THE FIRST FIVE YEARS OF THE CONTRACT. THE POLICYHOLDER WILL NOT BE ABLE TO SURRENDER OR WITHDRAW THE MONIES INVESTED IN UNIT LINKED INSURANCE PRODUCTS COMPLETELY OR PARTIALLY TILL THE END OF THE FIFTH YEAR.

For Branch Sales Use Only



LG / Agent Code, Branch Code, Branch Manager Code, 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 or to be filled electronically 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 annual premium is equal to Rs. 50000 or more per customer by any mode of payment, a copy of PAN card and if annual premium is equal to or more than Rs. 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 & Union Bank of India 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. 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, Union Bank of India, eDena, eVijaya, IndiaFirst Life Insurance Co. Ltd. Or an Individual agent or their family member? Yes No Employee code/ Ref. no.

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

1. Full Name (Leave a blank space between First and Last Name) Mr. Mrs. Ms. 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* + (Country Code) Landline + (STD/ISD)

Email ID*

*Receive communication via e-mail

DOB: DD MM YY YY Age: __ Years Gender: Male Female Transgender Nationality: Indian Non Indian

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

Education: Post Grad. Graduate Diploma 12th pass 10th pass Below10th Illiterate

Occupation: Salaried Professional Self Employed Student Housewife Retired Agriculturist Others (Please Specify)

Nature of work/duties:

Industry Type: Jewellery Import/ Export Mining Shipping Scrap Dealing Real Estate Agriculture Stock Broking Others (Please Specify)

Organisation Type: Govt. Pvt. Ltd. Public Ltd. Partner/ Proprietor Trust HUF Society

Name of the Org./Business: Total Years in Service/ Business

Income: (annual) Source of Income: Identity Proof (Proposer) Age Proof (Proposer)

PAN: (Proposer) (Please provide Form 60, if PAN is not available) PAN (photocopy Enclosed) Yes No Address Proof (Proposer) Age Proof (Proposer)

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

Are you a Politically Exposed Person? 1) Proposer Yes No 2) 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.

Additional Details - Indicator for Residence / Tax status

(a) Place of birth and Country of birth

(b) Are you a citizen of any other country also (Dual/ Multiple) Yes No

(c) Are you a resident (For tax purposes) of any other country other than India Yes No

(d) Do you hold a green card of US or any similar card for any other country Yes No

If answer to any/all of the above is yes, please do fill all the details in the Insurance FATCA Declaration

2. Details of the Life to be Assured (Please fill section 2 only if Life to be Assured is different from Proposer)

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

DOB : Age : ___ Years Gender: Male Female Transgender Nationality : Indian Non Indian

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

Education : Post Grad. Graduate Diploma 12th pass 10th pass Below 10th Illiterate

Occupation : Salaried Professional Self Employed Student Housewife Retired Agriculturist

Others (Please Specify) _____

Nature of work/duties _____ PAN (photocopy Enclosed) Yes No

PAN : _____ Source of Income : _____ Age Proof (Life Assured) _____

(Please provide Form 60, if PAN is not available)

Name of the Org./Business : _____ Total Years in Service/ Business _____ Income (Annual) _____

Additional Details - Indicator for Residence / Tax status

(a) Place of birth _____ and Country of birth _____

(b) Are you a citizen of any other country also (Dual / Multiple) Yes No

(c) Are you a resident (For tax purposes) of any other country other than India Yes No

(d) Do you hold a green card of US or any similar card for any other country Yes No

If answer to any/all of the above is yes, please do fill all the details in the Insurance FATCA Declaration

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	Age of Nominee	Relationship of Nominee

Appointee's Name	DOB	Age	Gender	Relationship with Nominee	Appointee's Address

4. Plan Details

Plan	Policy Term	Premium Paying Term	Installment Premium	Sum Assured
IndiaFirst _____ Plan				
IndiaFirst Term Rider				
IndiaFirst Life Waiver Of Premium Rider <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3				

Premium Frequency: Single 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: **IndiaFirst Term Rider** is applicable for **IndiaFirst Maha Jeevan Plan, IndiaFirst Life Long Guaranteed Income Plan & IndiaFirst Life Mahajeevan Plus Plan.**
IndiaFirst Life Waiver Of Premium Rider is applicable for **IndiaFirst Maha Jeevan Plan, IndiaFirst Life Smart Pay Plan, IndiaFirst Life Long Guaranteed Income Plan, IndiaFirst Life Guaranteed Benefit Plan, IndiaFirst Life Mahajeevan Plus Plan & IndiaFirst Life Fortune Plus Plan.**

I would like to fund my future premium with the survival benefit - Yes No (Applicable for IndiaFirst Life Smart Pay Plan & IndiaFirst Life Mahajeevan Plus Plan)

(Please select the appropriate option for **IndiaFirst Life Little Champ Plan, IndiaFirst Life Guaranteed Monthly Income Plan, IndiaFirst Life Smart Pay Plan, IndiaFirst Life Long Guaranteed Income Plan, IndiaFirst Life Guaranteed Benefit Plan & IndiaFirst Life Mahajeevan Plus Plan**)

Death Benefit Option Lump Sum Income (5 Years 10 Years 15 Years)

For **IndiaFirst Life Guaranteed Monthly Income Plan** please choose appropriate Gap Year: 0 Year 3 Years 5 Years

(Please select the appropriate option for **IndiaFirst Life Little Champ Plan**)

Risk Cover Option Death Cover Accidental Death Cover Accidental Disability Cover Comprehensive Cover

Total Payout Option 1) 101% 2) 102% 3) 105% 4) 107% 5) 110% 6) 115% 7) 120% 8) 125%

For **IndiaFirst Life Long Guaranteed Income Plan** please choose appropriate Income Benefit Frequency Yearly Half Yearly Quarterly Monthly

(Please select the appropriate option for **IndiaFirst Life Guaranteed Benefit Plan**)

Benefit Option Lumpsum Benefit Income Benefit

If **Income Benefit Option** is chosen, please mention below details:-
 Monthly Income ₹ _____ GAP Period (Years) _____ Income Period (Years) _____

Please Select Appropriate Options for **IndiaFirst Life Guaranteed Protection Plan**

Plan options (Select any one of the below Options)

Life Option COVID Cover Life Plus Option Incidence Coverage-Disability Cover (Accelerated)

Incidence Coverage - Accidental Death Cover (Additional),
 Select Additional Sum Assured - _____% (Upto 100% of Base Sum Assured)

Incidence Coverage - Critical Illness Cover (Accelerated),
 Select CI Sum Assured - _____% (Choose from 10/20/30/40/50 % of Base Sum Assured)

Long Term Care Option
 Select Period for Monthly Income - _____ Years (Choose from 5/10/15 Years)

Return of Premium Option
 Select Percentage of Premiums paid back at end of Policy Term - _____% (Choose from 50/100%)

Dual Protect Option
 Select Age at which Survival Benefit will start - _____ Years (Choose from 55/60/65/70 Years)

7. Life to be Assured's Family History (Please tick Yes or No)

Have either of your parents or any brothers or sisters suffered from or died due to any of the following conditions: Heart problems, diabetes, stroke, hypertension, raised cholesterol, cancer, or any hereditary disease? If yes, please give full details below: Yes No

Family Members	Age	If Alive, Illness, if any	Age	If Deceased, exact cause of Death
Father				
Mother				
Brother/ Sister				

8. Proposer's Insurance Details (Applicable to minor lives and housewives)

Parents'/ Husband's insurance details - Total Sum Assured (₹.)

9a. Details of life insurance policies held/ proposals applied with life insurance companies (including existing policies with IndiaFirst Life Insurance Co. Ltd.)

Have you ever applied for life insurance policies with IndiaFirst Life Insurance Co. Ltd and with other insurers? Yes No

If yes, please give full details below, with present status and terms of acceptance for all proposals/ policies applied

Name of Life to be Assured/ Proposer	Name of the Company	Policy/ Proposal No.	Annual Premium	Sum Assured including riders	Year of Commencement	Present Status and Terms of Acceptance
						<input type="checkbox"/> Standard <input type="checkbox"/> Rated up <input type="checkbox"/> Declined <input type="checkbox"/> Postponed <input type="checkbox"/> Lapsed <input type="checkbox"/> Rejected
						<input type="checkbox"/> Standard <input type="checkbox"/> Rated up <input type="checkbox"/> Declined <input type="checkbox"/> Postponed <input type="checkbox"/> Lapsed <input type="checkbox"/> Rejected

Additional sheets with relevant details signed by the life to be assured may be added if space is insufficient.

9b. Details of life insurance policies held/ proposals applied with life insurance companies (including existing policies with IndiaFirst Life Insurance Co. Ltd.) (Details of Secondary Life Assured (If Joint Life option or Better Half Benefit is chosen). Only applicable for IndiaFirst Life Guaranteed Protection Plan)

Have you ever applied for life insurance policies with IndiaFirst Life Insurance Co. Ltd and with other insurers? Yes No

If yes, please give full details below, with present status and terms of acceptance for all proposals/ policies applied

Name of Life to be Assured/ Proposer	Name of the Company	Policy/ Proposal No.	Annual Premium	Sum Assured including riders	Year of Commencement	Present Status and Terms of Acceptance
						<input type="checkbox"/> Standard <input type="checkbox"/> Rated up <input type="checkbox"/> Declined <input type="checkbox"/> Postponed <input type="checkbox"/> Lapsed <input type="checkbox"/> Rejected
						<input type="checkbox"/> Standard <input type="checkbox"/> Rated up <input type="checkbox"/> Declined <input type="checkbox"/> Postponed <input type="checkbox"/> Lapsed <input type="checkbox"/> Rejected

Additional sheets with relevant details signed by the life to be assured may be added if space is insufficient.

10a. Lifestyle questions and personal medical history of the Life to be Assured (If 'Yes', please encircle the activity/ ailment/ disease)**Non disclosures of facts will highly impact claim settlement**

a. Height in cm: / Feet inches: Weight in kg:

b. Have you taken part, or do you have plans to take part, in any hazardous/ dangerous activity such as ballooning, mountain cycling, motorbike racing, boxing, gliding, diving, horse riding, martial arts, motor racing, mountain climbing, parachuting, sailing, skiing, weight lifting, white water rafting, wrestling and/ or flying other than as a fare paying passenger on a licensed service or any other hazardous/ dangerous activity which is not listed. If yes, please provide details in the special questionnaire which your advisor will provide. Yes No

c. Are you currently or do you intend to live or travel outside India for more than six months in a financial year? If yes, please provide full details of countries to be visited the purpose of visit and duration Yes No

d. Have you smoked or used any form of tobacco in the past 12 months? If yes, please indicate in which form:
 Cigarettes Beedi Chew Gutka Quantity per day Yes No

e. Do you consume any form of alcohol? If yes, what type? Beer Wine Hard liquor Quantity per week Yes No

f. Are you currently taking any medication or drugs, other than for minor conditions, (e.g. cold and flu), either prescribed or not prescribed by a doctor, or have you suffered from any illness, disorder, disability or injury during the past 5 years which has required any form of medical or specialised examination (including chest x-rays, gynecological investigations, pap smear, or blood tests), consultation, hospitalisation or surgery? Yes No

g. Do you have any congenital/birth defects, pain or problems in the back, spine, muscles or joint, arthritis, gout, severe injury or other physical disability and have you been incapable of working/attending the school during the last two years for more than three consecutive days or are you currently incapable of working/ attending school? Please ignore normal pregnancy. Yes No

h. Do you suffer from or ever had any medical ailments such as diabetes, high blood pressure, cancer, respiratory disease (including asthma), kidney or liver disease, stroke, any blood disorder, heart problems? Yes No

i. Do you suffer from or ever had any medical ailments such as Hepatitis B or C, or tuberculosis, psychiatric disorder, depression, colitis, or any other stomach problems, thyroid disorders, reproductive organs, HIV AIDS or a related infection? Yes No

j. Do you suffer from or ever had any medical ailments such as tumor growth, prostate disorder, disorder of skin or lymph glands, multiple sclerosis, epilepsy, tremor, numbness, double vision or giddiness, speech defect, paralysis? Yes No

k. Have you ever been advised/ had a surgery or any medical investigations such as X-ray, CT scan, mammogram, pap smear etc? Yes No

l. Have you ever suffered from drug/ narcotics or alcohol addiction or been advised by a doctor to reduce your alcohol/ tobacco consumption? Yes No

m. In the last 3 years, have you been treated, are currently undergoing or have been advised for treatment from a doctor or specialist or undergone any cardiological, radiology or pathological tests (excluding routine check ups)? Yes No

n. Is your occupation associated with any specific hazards which would render you susceptible to any injury or illness, e.g. chemical factory, mines, explosives, corrosive chemicals, etc.? Yes No

o. Has your weight altered (Gain/Loss) by more than 5 kgs. in the last 1 years?
 If yes, please mention weight gain (in Kgs) or Loss (in Kgs)
 Reason for Gain / Loss Yes No

p. Have you ever been convicted for any Criminal convictions/activities/offences? Yes No

q. Have you ever been suffered/suffering Any other disease/disorder not mentioned above? Yes No

10b. Lifestyle questions and personal medical history of the Secondary Life to be Assured (If 'Yes', please encircle the activity/ ailment/ disease) If Joint Life option or Better Half Benefit is chosen. Only applicable for IndiaFirst Life Guaranteed Protection Plan**Non disclosures of facts will highly impact claim settlement**

a. Height in cm: / Feet inches: Weight in kg:

b. Have you taken part, or do you have plans to take part, in any hazardous/ dangerous activity such as ballooning, mountain cycling, motorbike racing, boxing, gliding, diving, horse riding, martial arts, motor racing, mountain climbing, parachuting, sailing, skiing, weight lifting, white water rafting, wrestling and/ or flying other than as a fare paying passenger on a licensed service or any other hazardous/ dangerous activity which is not listed. If yes, please provide details in the special questionnaire which your advisor will provide. Yes No

c. Are you currently or do you intend to live or travel outside India for more than six months in a financial year? If yes, please provide full details of countries to be visited the purpose of visit and duration Yes No

d. Have you smoked or used any form of tobacco in the past 12 months? If yes, please indicate in which form:
 Cigarettes Beedi Chew Gutka Quantity per day Yes No

e. Do you consume any form of alcohol? If yes, what type? <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Hard liquor Quantity per week <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Are you currently taking any medication or drugs, other than for minor conditions, (e.g. cold and flu), either prescribed or not prescribed by a doctor, or have you suffered from any illness, disorder, disability or injury during the past 5 years which has required any form of medical or specialised examination (including chest x-rays, gynecological investigations, pap smear, or blood tests), consultation, hospitalisation or surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Do you have any congenital/birth defects, pain or problems in the back, spine, muscles or joint, arthritis, gout, severe injury or other physical disability and have you been incapable of working/attending the school during the last two years for more than three consecutive days or are you currently incapable of working / attending school? Please ignore normal pregnancy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Do you suffer from or ever had any medical ailments such as diabetes, high blood pressure, cancer, respiratory disease (including asthma), kidney or liver disease, stroke, any blood disorder, heart problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Do you suffer from or ever had any medical ailments such as Hepatitis B or C, or tuberculosis, psychiatric disorder, depression, colitis, or any other stomach problems, thyroid disorders, reproductive organs, HIV AIDS or a related infection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. Do you suffer from or ever had any medical ailments such as tumor growth, prostate disorder, disorder of skin or lymph glands, multiple sclerosis, epilepsy, tremor, numbness, double vision or giddiness, speech defect, paralysis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
k. Have you ever been advised/ had a surgery or any medical investigations such as X-ray, CT scan, mammogram, pap smear etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
l. Have you ever suffered from drug/ narcotics or alcohol addiction or been advised by a doctor to reduce your alcohol/ tobacco consumption?	<input type="checkbox"/> Yes <input type="checkbox"/> No
m. In the last 3 years, have you been treated, are currently undergoing or have been advised for treatment from a doctor or specialist or undergone any cardiologist, radiology or pathological tests (excluding routine check ups)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
n. Is your occupation associated with any specific hazards which would render you susceptible to any injury or illness, e.g. chemical factory, mines, explosives, corrosive chemicals, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
o. Has your weight altered (Gain/Loss) by more than 5 kgs. in the last 1 years? If yes, please mention weight gain (in Kgs) <input type="text"/> or Loss <input type="text"/> (in Kgs) Reason for Gain/ Loss <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
p. Have you ever been convicted for any Criminal convictions/activities/offences ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
q. Have you ever been suffered/suffering Any other disease/disorder not mentioned above ?	<input type="checkbox"/> Yes <input type="checkbox"/> No

10c. If you have answered Yes, to any of the questions between 10a(f) to 10a(q) please provide details here

Question no.	For question No. 10a(f) to 10a(q) provide complete details including health condition, date of diagnosis, treatment prescribed, name/ address of doctor, if applicable

10d. If you have answered Yes, to any of the questions between 10b(f) to 10b(q) please provide details here

Question no.	For question No. 10b(f) to 10b(q) provide complete details including health condition, date of diagnosis, treatment prescribed, name/ address of doctor, if applicable

10e. For Female Life to be Assured only

a. Are you pregnant at present? Yes No If yes duration in weeks b. Date of last delivery

c. Please state any complications during pregnancy? >>

<< 10. Health Declaration of Life to be Assured - Limited Underwriting**Non disclosures of facts will highly impact claim settlement**

Height in cm: / Feet inches: Weight in kg:

S.No	Question	Life Assured	
		Yes	No
	I hereby agree that: -		
1	Are you currently taking any medication or drugs, other than for minor conditions, (e.g. cold and flu), either prescribed or not prescribed by a doctor, or have you suffered from any illness, disorder, disability or injury during the past 5 years which has required any form of medical or specialised examination (including chest x-rays, gynecological investigations, pap smear, or blood tests), consultation, hospitalisation or surgery?		
2	Do you have any congenital/birth defects, pain or problems in the back, spine, muscles or joint, arthritis, gout, severe injury or other physical disability and have you been incapable of working/attending the school during the last two years for more than three consecutive days or are you currently incapable of working / attending school? Please ignore normal pregnancy.		
3	Do you suffer from or ever had any medical ailments such as diabetes, high blood pressure, cancer, respiratory disease (including asthma), kidney or liver disease, stroke, any blood disorder, heart problems, Hepatitis B or C, or tuberculosis, psychiatric disorder, depression, colitis, or any other stomach problems, thyroid disorders, reproductive organs, HIV AIDS or a related infection, tumor growth, prostate disorder, disorder of skin or lymph glands, multiple sclerosis, epilepsy, tremor, numbness, double vision or giddiness, speech defect, paralysis?		
4	Are you currently or do you intend to live or travel outside India for more than six months in a financial year? If yes, please provide full details of countries to be visited the purpose of visit and duration _____		
5	For females only- Have you ever suffered from or suffering or is currently suffering from any diseases of breast/ uterus/ cervix, or presently pregnant?		
6	Have you ever been suffered/suffering from Any other disease/disorder not mentioned above ?		
7	Have you ever suffered from drug/ narcotics or alcohol addiction or been advised by a doctor to reduce your alcohol/ tobacco consumption?		

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<< 10. Health Declaration of Life to be Assured - Simplified Underwriting**Non disclosures of facts will highly impact claim settlement**

Height in cm: / Feet inches: Weight in kg:

I declare that I am in a sound state of health. I hereby declare that, as of the date of this declaration, I do not have any history of, have never suffered from or currently suffering from medical conditions such as, but not limited to, high blood pressure, chest pain, heart attack or any other heart condition; stroke, transient ischemic attack or any other cerebrovascular disease; diabetes or any other endocrinal disease; kidney disease; HIV / AIDS or AIDS related complex; any cancer or tumor; asthma or any other respiratory disease; any mental or nervous disease; hepatitis or any other liver disease; blood disorders; digestive and bowel disorders; paraplegia, physical disability or any other disorder of the bones, spine or muscle; any other disease, disorder or disability, not mentioned above and excluding minor impairment such as common cough or cold. I have never undergone any surgical procedure for any illness, ailment, disease or disability. In the last 5 years, I have not received any form of medication for more than 7 consecutive days or been absent from work for more than 7 days.

For Female Lives: I further declare that presently I am not pregnant or I do not have a history in the past of an abortion, miscarriage or caesarian section due to complications during pregnancy or due to any other cause, I have not given birth to a child with any congenital disorder such as Down Syndrome, congenital heart disease, etc and I have not ever had any disease of breast, uterus, cervix, ovaries or any other part of the reproductive system. >>

11. Insurance Repository

Existing e - Insurance Account (e-IA) holder, please provide the e IA and IR name

E IA Number	<input type="text"/>
IR Name	<input type="text"/>

Open New e - Insurance Account - Please choose the repository from the below

IR Code	IR Name	
01.	NSDL Database Management Limited	<input type="checkbox"/>
02.	Central Insurance Repository Limited	<input type="checkbox"/>
04.	Karvy Insurance Repository Limited	<input type="checkbox"/>
05.	CAMS Repository Service Limited	<input type="checkbox"/>

Do you need a physical copy of Policy Document? Yes No **12. Declaration by Proposer/ Life to be Assured/ Secondary Life 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 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 / We 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 give my consent to the Company to carry out due diligence in respect of information, as provided by me in the proposal form, including AML-eKYC verification, and also to store/share the data/information with government agencies/ statutory authorities/ entities as authorized by the regulator - IRDAI for necessary verification purposes and/or policy servicing purpose.

NRI/PIO declaration: By providing consent through OTP on the application form I/We hereby confirm that NRI/PIO details provided by me / us in the questionnaire are correct and to the best of my/our knowledge. By feeding in the said number in the system, you hereby acknowledge the above declaration in its entirety and the same would create a legally binding agreement between the Company and You.

Digital Policy Document declaration: I/We hereby give my consent to receive all communications and policy document via email from IndiaFirst Life Insurance Company Limited.

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: _____

Secondary Life to be Assured signature (if Joint Life option or better

Half benefit is chosen. Only applicable for IndiaFirst Life Guaranteed Protection Plan)

(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 acknowledge the above declaration 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: 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. 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.

13. 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 from IndiaFirst Life Insurance Co. Ltd to the proposer/life assured and he/she have understood the same.

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

Address of the Declarant: _____

Note: The Declarant identity should be easily established and he/she should not be connected to insurer in any capacity.

I certify that 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.

(if Joint Life option or Better Half benefit is chosen.
Only applicable for IndiaFirst Life Guaranteed Protection Plan)

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

Signature or thumb impression of the secondary life to be assured _____

2. In case the Life Assured / 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 life assured / proposer in _____ language, and that the life assured / 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: _____

14. Occupation Details of the Life to be Assured

(Please tick one of the occupation types that best describes your current occupation as chosen in S.No 1 or 2)

Code	Occupation Types	Code	Occupation Types
01	Salaried - administrative employees, clerk, executive, accountant	16	Electricity Line Worker
02	Professionals - doctor, chartered accountant / advocate- lawyer / teacher- lecturer, professors	17	Explosives handler - demolition experts

03	Salesman - including counter sales staff	18	Fireman
04	Retail / whole sale shop owner, commission agents	19	Fisherman
05	Retired / pensioner	20	Hotel industry other than 5 star
06	Student	21	Merchant navy others
07	House wife	22	Mining, coal miner, mining engineers
08	Agriculture - labourer, cleaner, maintenance workers, gardener, hawker, mill worker, porter / coolie	23	Oil Rig worker
09	Armed force personnel (military service)	24	Police
10	Aviation - includes all pilots	25	Well sinker / Bore well drillers
11	Blacksmith, boiler worker, furnace workers, welding workers, machine operators	26	Print / media involved in war
12	Weaver, lift operators, domestic servants, mason, mechanic	27	Professional sports person
13	Construction / building worker	28	Security guard
14	Diver - water, deep sea	29	Others (None of the above)
15	Driver - ambulance, armoured vehicle, lorry etc		

15. 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 _____

16. 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.

- UIN for IndiaFirst Money Balance Plan 143L017V05
- UIN for IndiaFirst Term Rider 143B001V02
- UIN for IndiaFirst Anytime Plan 143N009V02
- UIN for IndiaFirst Life Little Champ Plan 143N035V01
- UIN for IndiaFirst Life Waiver of Premium Rider 143B017V01
- UIN for IndiaFirst Life Guaranteed Benefit Plan 143N056V04
- UIN for IndiaFirst Life Mahajeevan Plus Plan 143N059V01
- UIN for IndiaFirst Smart Save Plan 143L010V04
- UIN for IndiaFirst Simple Benefit Plan 143N019V03
- UIN for IndiaFirst Life Wealth Maximizer Plan 143L029V03
- UIN for IndiaFirst Life Guaranteed Monthly Income Plan 143N047V01
- UIN for IndiaFirst Life Guaranteed Protection Plan 143N058V02
- UIN for IndiaFirst Life Guaranteed Single Premium Plan 143N068V01
- UIN for IndiaFirst Maha Jeevan Plan 143N018V05
- UIN for IndiaFirst Life Plan 143N007V02
- UIN for IndiaFirst Life Cash Back Plan 143N024V03
- UIN for IndiaFirst Life Smart Pay Plan 143N051V02
- UIN for IndiaFirst Life Long Guaranteed Income Plan 143N054V02
- UIN for IndiaFirst Life Fortune Plus Plan 143N065V01

Bank Seal

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E-mail: customer.first@indiafirstlife.com **Website:** www.indiafirstlife.com