



Proposal Form - IndiaFirst Life Guaranteed Annuity Plan

Latest Photograph First Annuitant
Latest Photograph Second Annuitant

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 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.

Is the customer an employee of Bank of Baroda, 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 Policyholder Name Employee Number

Are you a NPS Subscriber? Yes No If Yes, please provide: PRAN Number

If Yes, please provide NPS Subscriber Category: Govt Sector Corporate Sector NPS Lite Swavalamban Others, (pl specify)

Is this Policy sourced under QROPS? Yes No If Yes, please provide details:

1. Details of First Annuitant/Life Assured

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

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

Communication Address of the Life Assured (Address to which policy document will be dispatched)
LINE 1, LINE 2, LAND MARK, CITY, STATE, Pin Code

Mobile* + (Country Code) Landline + (STD/ISD)

Email ID* *Receive communication via e-mail

DOB Gender Male Female Trans-gender Nationality Indian Non Indian
Marital Status Unmarried Married Widower Divorced Residential Status Resident NRI Others
Identity Proof (Life Assured) Address Proof* (Life Assured) Age Proof (Life Assured) Annual Income (Life Assured)
Source of Income (Life Assured) PAN (Life Assured) PAN (photocopy Enclosed) Yes No



Are you a Politically Exposed Person (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 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. Plan Details

Plan Name _____

Annuity Option (please tick annuity of your choice)

Annuity Option													
<input type="checkbox"/>	Life Annuity	<input type="checkbox"/>	Life Annuity with return of 100% of purchase price	<input type="checkbox"/>	Joint Life Last Survivor Annuity for Life								
<input type="checkbox"/>	Joint Life Last Survivor Annuity for Life with return of 100% of purchase price												
<input type="checkbox"/>	Annuitiy Certain for a period of	<input type="checkbox"/>	5 years	<input type="checkbox"/>	10 years	<input type="checkbox"/>	15 years	and Life thereafter					
<input type="checkbox"/>	Deferred Life Annuity where deferment period is 5 to 10 years	<input type="checkbox"/>	Deferred Life Annuity with Return of Purchase Price where deferment period is 5 to 10 years										
	Deferment period	<input type="checkbox"/>	5 years	<input type="checkbox"/>	6 years	<input type="checkbox"/>	7 years	<input type="checkbox"/>	8 years	<input type="checkbox"/>	9 years	<input type="checkbox"/>	10 years
<input type="checkbox"/>	Life Annuity with Return of Purchase Price on diagnosis of Critical Illness												
<input type="checkbox"/>	Life Annuity with Return of Purchase Price in parts	<input type="checkbox"/>	Escalating Life Annuity	<input type="checkbox"/>	Escalating Life Annuity with Return of Purchase price	<input type="checkbox"/>	NPS - Family Income*						
<small>*If you have opted for NPS - Family Income Option, please fill the below details</small>													
	Name*	DOB*	Address			Contact number							
	Father												
	Mother												
	Spouse												
	Child 1												
	Child 2												

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

Purchase Price or Annuity Amount

Annuity Value: Up to 60% as cash lumpsum and rest as Annuity 100% of Vesting Amount as Annuity

Source of Premium: NPS Proceeds IndiaFirst Life Pension Plan Other Company Pension Plan Self-Funded Others, (pl specify)

Annuity Frequency: Yearly Half Yearly Quarterly Monthly

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

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

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

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

Line 1 _____

Line 2 _____

Landmark _____ City _____

State _____ Pin Code _____

Mobile* + (Country Code) _____ Landline + (STD/ISD) _____

Email ID* _____

*Receive communication via e-mail

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

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

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

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

4. Nominee/ Appointee Details (Appointee details required only if nominee is a minor)

Nominee Name	Percentage Share	Age of Nominee	Relationship with Annuitant	Appointee Name (if applicable)

5. Payment Mode (Choose 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) 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) 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.

6. 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

7. Declaration by First Annuitant/ 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 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 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 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. 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 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 in English

Address of Witness _____

Annuitant Signature or Thumb Impression

Name _____ Place _____ Date _____

Name _____ Place _____ Date _____

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: 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.

Section 45 of Insurance Act 1938, as amended from time to time:

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 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.

Name of the Declarant : _____ Signature: _____

Relation with the Annuitant _____

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 Annuitant _____

2. In case the Annuitant 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 Annuitant has affixed the thumb impression above after fully understanding the contents thereof."

Name of the Declarant: _____ Signature: _____

Relation with the Annuitant _____

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 _____

10. 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.

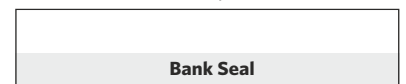
Signature of Authorized Signatory from Bank: _____

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 :143N027V01. IndiaFirst Immediate Annuity Plan
- UIN :143N050V02. IndiaFirst Life Guaranteed Annuity Plan



Bank Seal

IndiaFirst Life Insurance Company Ltd.,
12th and 13th Floor, North [C] Wing, Tower 4, Nesco IT Park, Nesco Center,
Western Express Highway, Goregaon (East), Mumbai - 400063,
IRDAI Regn No.143 | CIN: U66010MH2008PLC183679.

Tel: +91 22 6165 8700 **Fax:** +91 22 6857 0600 **Toll Free:** 1800-209-8700

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

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: _____

Advisor Code: