





Proposal Form - Inc	liaFirst Life Guarant	eed Annuity Plan	_	_	_		_											
Troposarroim inc	nar ir st Eire Guarant]				Т		Т										
		For Branch Sales U	Ise Only						_				_					
Latest Photograph	Latest Photograph	LG / Agent Code (LG code to be written	for Banca, Ager	nt Code to b	e written f	or Agenc		ch Code										
First Annuitant	Second Annuitant	Branch Manager C	ode				BDN	1/ RM (Code									
		Channel Code Bancassurance/ Agen	ucy/ Broker/ Co	ornorate A	gency/ Di	oct Sale		Mobile		Any Oth	ors (r	le ene	cify)					
mportant Guidelines: 1. The Assured is unable to fill the declaration for signing in valud terms and conditions of the theorem and conditions of the theorem and the theorem a	e form due to inability to a ernacular language or for of the product. A If the s, et a completely including e re than ₹ 100000 per cus dvisors to meet the prem ctly. Premium payment m ny reserves the right to ca he insurance, the Policyh all material facts, or in cas iately in accordance with:	read or understand the la uneducated/illiterate pe pace provided in the forr email ID, mobile number, tomer by any mode of pa nium dues (including init nade to IndiaFirst Life ins ill for additional requiren older must make a full a se of fraud or misreprese Section 45 of Insurance A	anguage, the ersons) 3. Be m is not suffi etc. 6. If pre ayment, incoial premium urance advishents subjected frank discentation at the Act 1938, as a	help of a fore filling cient for mium is e me proof). Custon sors is at t to under closure of e time of mended	person of gup the formal to see the custor writing (all mater answering from time from	ther that form ple details 5000 at need request mer's of if any). rial fact	an the a ase reads, pleaso 0 or mo s to be sed to v own risk 9. Whi s with r	dvisor/d the sale attachere per of submitted is the case answere the protection of t	our emples literal separa custome ed. 7. Cunearest cashmer ering quant to the queposal for the posal for the posal for the posal for the queposal for queposal	oloyee/ ature to te shee er by ar ustome IndiaF nt of ch uestion uestio orm or	insu o und ets si ers ar irst l neque ns in t ns av any s	rance lersta gned ode o e adv ife & e/ DI the pr railab stage	interr nd the by the f payn ised no Bank D does oposa le in pu	nedian featu Proponent, a ot to h of Bar not n I form roposa after, li	ry may res, bo oser/ a copy and o oda in nean t and p al forr ndiaF	y be use enefits, Life to of PAN ver the ensurance the poli- providir n. If a fuirst sha	ed. (Re advan be Ass I card premii ce bran cy has ng any ull and Il canc	efer ntage sure and ium nch nch s bee oth I fran
Is the customer an ϵ	employee of Bank of B	aroda, IndiaFirst Life	Insurance	Co. Ltd	.?									Yes		No		
Do you have an existing P f Yes, please provide: Poli		st Life? Yes	No	Client ID) [Τ							
this Annuity Plan is thro	ugh Group Scheme, plea r Name	se provide		_ Employ	ee Numb	er						_ 						
re you a NPS Subscriber		If Yes, please provide: I	PRAN Numb	. ,														
Yes, please provide NPS	Subscriber Category:	Govt Sector	Corporate	Sector	□ NP	5 Lite		Swava	amban		Oth	ners,	(pl sp	ecify)				
s this Policy sourced unde	er QROPS? Yes	No If Yes, please	e provide de	tails:														
1. Details of First Anr	uitant/Life Assured			-														
	space between First and I	Last Namo)					Mr.	Mr		Ms.		Мх.						
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	Owner, Kindly enter policy	v number / client id					Policy	No [ient ID					1			\perp
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	of the Life Assured (Add	ress to which policy doc	ument will b	e dispato	hed)	1 1	1 1	I	1 1	1 1		1	1	1 1	ı	1 1	1	ı
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ource of Income	PAN (Life Assured)			PAN En	otocopy closed)	Yes	No)										
re you a Politically Expos olitically Exposed Persons	ed Person (Life to be Ass (PEPs) are individuals who I/military officials, senior e	o are or have been entrust			olic functi												or politi	iciar
Additional Details - In	dicator for Residence /	′ Tax status																
(a) Place and Country o																		
(b) Are you a citizen of a	ny other country also (D	oual / Multiple)		Yes		0												
				_														

Yes

(d) Do you hold a green card of US or any similar card for any other country

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 ti	ck annuity of	your choice)								• -																	
Annuity Option																												
Life Annuity																												
Joint Life Last Survivor Annuity for Life with return of 100% of purchase price																												
Annuity Certain f	☐ Annuity Certain for a period of ☐ 5 years ☐ 10 years ☐ 15 years and Life thereafter																											
Deferred Life Annuity where deferment period is 5 to 10 years Deferred Life Annuity with Return of Purchase Price where deferment period is 5 to 10 years																												
Deferment period	∏5 vears	s ∏6 ve	ars	□7 ve	ears	□8	_																					
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Life Annuity with F							g Life /			¬ _F	scala	ting	l ife	Ann	uity	with	Ret	urn	of Pu	rcha	ISA r	rice		NP	S – F	amily	/ Inco	nme*
*If you have opted for NPS - Far					LJCa	iatiii,	g Liic /	VIIII	, t, j		Scara		LIIC	7 (1111	uity	vvicii	- NCC	uiii.					· Ш				inco	JIIIC
E II	Name*			DOE	*	-							Α	.ddre	ess										Cor	ntact	num	ber
Father Mother						\vdash																				—		
Spouse																												
Child 1																												
Child 2																										—		
Purchase Price / Annuity Purchase Price	Amount (Ple	ase tick any	one o	ption)	or [\neg	Δnn	uity A	mou	nt [Please	specif	V													
Annuity Value: Up to 6	60% as cash l	lumpsum and	l rest a	s Annuit				e specif						of V		ıg An	 nour	nt as	Annı	uitv								
Source of Premium:		eeds Inc				n [Pensi	— ion Pla		_															
Annuity Frequency:	Yearly	Half Yearl	у 🗌	Quart	erly 🗌	N	lonthly																					
3. Details of Second Ann	nuitant (if Joi	int Life is ch	osen)															7										
Full Name (Leave a blank :	space betwee	en First and I	_ast Na	ame)									N	Иr.	$\overline{}$	Mrs	$\overline{}$	N	1s.	N	1x.							
	S T																	_	Ī	_	Ī		L A	S	Т			
Existing IndiaFirst Policy C	Owner, Kindly	y enter polic	/ numl	per / cli	ent id							Ť	Ť	Polic	y No		7	Clie	nt ID	Ì	Ì	Ì	İ	Ì	İ	Ī		İ
Communication Address	of the Second	d Annuitant	(Addr	ess to w	hich p	olicy	docun	nent v	vill be	disp	atche	d)			Sam	ne as	 First	Anr	nuita	nt —								
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L I N E 2																												
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Email ID*																												
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Marital Status	Unmar	rried	Marri	ed		Wid	ow(er)			Dive	orced	50711		iden	tal St	atus			Res	iden	t			NR	I	Othe	ers	
Identity Proof (Second annuitar	nt)			Addr	ess P	roof*	(Second	annuitar	nt)							Age	e Pro	of (s	econd	annuita	nt)							
PAN						PAI	V tocopy Er			Yes	5	No)															
(Second annuitant) 4. Nominee/ Appoint	too Dotails	(Appointo	dota	ils roa	uirod (min	(ar)			-	-	-			-				-				-	
4. Nominee/ Appoint	tee Details	(Дрроппе	uela	ilis reqi	all eu (Office	11 1101	IIIIIee	: 15 a		101 /																	
Nominee Nan	ne	Pe	rcenta	ige Shar	е			Α	ge of	Nom	ninee				Relat	ionsl	nip w	vith /	Annu	itan	:		Арро	inte	e Na	ne (if	fappl	licable)
5 Payment Made (Chaese any one made only)																												
5. 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 p		spite of opti	on for [Direct cr	edit.																							
Details of First Annuitan Direct Credit (a)		☐ NE	FT		Bank I	Vame					_			_						_			_			
Bank Account No	Daily Or Daily Oc	-,		INL			IFSC C			_		_	\pm			\pm			MI	CR				_		$\perp \perp$	_	
Customer's Name as per th	e Bank Accou	ınt.:							$\overline{}$	T			(Man	datory	for NEF	T mode	<u>=</u>)			_							_	
Details of Second Annuit			en)																									
Direct Credit (I			C11 <i>)</i>	□ NE	FT		Bank N	Name				_				_					_					\top		
Bank Account No.:		· 					IFSC C						İ			İ			MI	CR [Ï			\exists				1
Customer's Name as per the	e Bank Accou	nt				_							(Man	datory	for NEF	T mode	2)											

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.

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R Name					
No. and Nilanda	L		.1		
pen New e -	Insurance Account - Please choose the re	pository from the b	eiow		
IR Code	IR Name				
01.	NSDL Database Management Limited				
02.	Central Insurance Repository Limited				
04.	Karvy Insurance Repository Limited				
05.	CAMS Repository Service Limited				
o you need a	physical copy of Policy Document? Yes	No			
we have under information we proposal for accordance wi ompany any in oposal but befek or (ii) if the ptimate the sam 38 as amende e Company. I/oder any other a we hereby dec case the information we have been same the information we have been same the information we have been same the information we have been same the information we have been same the information we have been same the information we have been same the information with the same that the same same same same same same same sam	are that the Date of Birth, Health related quest mation disclosed found to be incorrect or misre	re have answered them rance Company Limite us and the Company. It led from time to time. I, past health history an anage in my/us occupat thdrawn or dropped, dmy/our part may rend ver applied for under the peen generated from proposand Financial statoresented claim will be	In case of fraud, misrepresentation and the "Company" in case of fraud, misrepresentation and the the properties of the theory authorize and direct and nature of work performed by metion, financial condition, health conferred, declined or accepted at an er this assurance invalid and the points application will commence after proceeds of any criminal activities, was of Life to be Assured mentioned the treated in accordance with the Section 2019.	in underwriting the risk, and the and suppression of material facts ny Doctor, Hospital or employer (pa/Us. I/We further agree that if dition, which will affect the decisin to a lien or on terms other than dicy will be dealt in accordance wire approval of my application and offences listed in the Prevention of the proposal form is correct and the c45 of Insurance Act 1938 as an	information provided by me/us the policy contract shall be treat past and present) to disclose to the fiter the date of submission of the Company in underwriti as proposed, I/We shall forthwith section 45 of the Insurance A receipt of the required premium of Money Laundering Act 2002 true to my knowledge.
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 $\overline{\hbox{Signature or thumb impression of Annuitant}}$

declaration should be made by him. "I hereby declare that I have fully explained the above questions and contents of th impression above after fully understanding the contents thereof."	ne proposal form to the proposer in	language, and that the Annuitant has affixed the thum
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
agnature of the Agenty Specified Agents		Stamp of the intermediary
Name of the Agent / Specified Agents	License Code	
10. Know Your Customer Certificate Issued by Bank		
	halda Cariinaa (Crimaat (Fired Danasit Laan Aa	and David
-	holds Savings/Current/Fixed Deposit Loan Acave obtained the necessary documentary	evidence to establish the identity and address of t
customer as mentioned by him/ her in this proposal form, as per the "Know Your Cus Signature of Authorized Signatory from Bank:	stomer" (KYC) norms for banks.	
Name of Authorized Signatory from Bank:		Bank Seal
Name of the Bank Branch: Aforementioned details can be used by the company to pay the proposer according	ng to the terms of the plan. Payment options	(cheque will be used if none of the below electronic page
option is chosen). Further, the company reserves the right to use any alternative pay	out option including demand draft/payable at p	par cheque in spite of option for Direct Credit.

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 I CIN: U66010MH2008PLC183679.

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

Confidential Report (To be completed by the sales personnel after receiving the com	ipleted 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 Assur	red? 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	er (or) physical disability?								
5. Does the appearance of the proposed Life to be Assured correspond with the age stated in application?									
6. Is the Proposer a: Judge Member of Parliament Member of Other Remarks:	of state legislature National/State level office bearer of political party (*Tick if applicable, default value No)								
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:									