PROMOTED BY

बैंक ऑफ़ बड़ौदा Bank of Baroda | यूनियन बैंक Union Bank of India

IndiaFirst LIFE INSURANCE

IndiaFirst Life Saral Bachat Bima Plan (UIN: 143N063V01)

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) _____

Photograph

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. 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. 7. 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). 8. 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. 9. 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 / Proposer 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

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

Full Name (Leave a blank space between First and Last Name)

FIRST ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ LAST

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

Communication Address (Address to which policy document will be dispatched)

LINE 1 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Note: The first three months premium is to be paid as first installment for the monthly mode option. Any cash/cheque/DD payment made towards first or renewal premium is deemed to be received by "IndiaFirst Life Insurance Company Ltd." only when the same has been received by any of its offices or its authorised banking partners or collection point and after an official printed receipt is issued by the Company. Cheques must be drawn only in favour of IndiaFirst Life Insurance Company Ltd. (Application no. for first premium/ policy no. for renewal premium should be written behind the cheque). Note: The collections points/ centers for accepting payment in cash/ cheque/ DD will be as specified by the Company from time to time.

Third Party payment: I hereby declare that the payment mode as availed by me under my policy belongs to me and I take sole responsibility for the same in respect of any incorrectness of any statement in this regard.

5. Benefit Payment Mode (Choose any one mode only)

Mode selected will be used by the Company to pay the proposer according to the terms of the plan. If none of the below electronic payout option is chosen, the Company reserves the right to use any alternative payout option.

☐ ECS ☐ Direct Credit (Bank of Baroda & Union Bank of India) ☐ NEFT Bank Name:

Account Type ☐ Current ☐ Savings Branch Name: Bank Account No.:

MICR: (Mandatory for ECS mode) IFSC Code: (Mandatory for NEFT mode)

Customer's Name as per the Bank Account.:

Please provide a cancelled copy of your cheque if any of the above option is selected

Disclaimer: In case of non credit to my bank account with/without assigning any reasons thereof or if the transaction is delayed or not credited at all for reasons of incomplete/incorrect information, I will not hold IndiaFirst Life Insurance Co. Ltd. responsible. Further, the Company reserves the right to use any alternative payout option including demand draft/payable at par cheque in spite of opting for the direct credit option.

6. Health Declaration for Life to be Assured (Non disclosures or misrepresentation of facts will highly impact claim settlement)*

☐ 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.

7. Insurance Repository

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

E IA Number		IR Name	

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

IR Code	IR Name		IR Code	IR Name	
01	NSDL Database Management Limited	☐	02	Central Insurance Repository Limited	☐
04	Karvy Insurance Repository Limited	☐	05	CAMS Repository Service Limited	☐

Do you need a physical copy of Policy Document? Yes ☐ No ☐ | Do you have any existing insurance policy ? If yes, give details

8. Declaration by Proposer/ Life to be Assured

I / we have understood the questions in the proposal form and I / we have answered them truthfully, completely and correctly. I / we further declare that I / we have not withheld any material fact or information which may affect the decision of IndiaFirst Life Insurance Company Limited (Hereafter called the "Company") in underwriting the risk, and the information provided by me / us in the proposal form, the supplementary documents and information provided to the medical examiner in case of being medically examined will form the basis of the contract between me/us and the Company and in case of fraud 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. I / we understand that the cover applied for under this application will commence after approval of my application and receipt of the required premium by the Company. I / we, hereby declare that the premium have not been generated from proceeds of any criminal activities / offences listed in the Prevention of Money Laundering Act 2002 or under any other applicable law. I understand that in case of withdrawal of this application by me post undergoing medicals or part thereof, the Company shall return the premium deposit after deducting the expenses incurred on the medical test/examination, if any.

I 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 hereby confirm that NRI/PIO details provided by me / us in the questionnaire are correct and to the best of my 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 hereby give my consent to receive all communications and policy document via email / in link via SMS from IndiaFirst Life Insurance Company Limited.

Life to be Assured's Signature or Thumb Impression

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.

9. Declaration to be made by a 3rd Person where: a) The Life Assured has affixed his/her thumb impression; Or b) The Life Assured has signed in vernacular; Or c) The Life Assuredr has not filled the application

The declaration should be attested by a person of standing whose identity can easily be established, but unconnected with the insurer in any capacity.

I hereby declare that I have fully explained the above questions and contents of the proposal form to the Life Assured in _____language, and that the Life Assured has affixed the thumb impression above after fully understanding the contents thereof. in my presence"

Name of the Declarant : Signature: Relation with Life Assured

Address of the Declarant :

10. Intermediary details

Name of the Intermediary License Number.

Signature of the Agent / Specified Agents

Stamp of the Intermediary

Name of the Agent / Specified Agents License Code