

3. Plan Details

Plan Name	Policy Term	Installment Premium	Sum Assured
IndiaFirst Life e-Term Plus Plan			

(Please select the appropriate option) *Provide Sum Assured for Accidental Death in case you have chosen Accident Shield Benefit option: subject to maximum of Rs. 1 Crore

Risk Cover Option Life Benefit Income Benefit Accident Shield Benefit*
 Disability Shield Benefit Critical Illness Protector Benefit Life Benefit with Voluntary Exit Advantage
 Life Protect Benefit - Increasing Cover Option Life Protect Benefit - Decreasing Cover Option Life Protect Benefit - Life Stage Balance Cover Option

Add-on Benefit Premium Break Option**Death Benefit Option** Lump Sum Income (5 Years)**Disability/Critical Illness Benefit Option¹** Lump Sum Income (5 Years)

(1-Only applicable for Disability Shield Benefit and Critical Illness Protector Benefit)

4. 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: 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 Life Assured 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 & UBI) 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. 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	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

[#]Declined - Non acceptance of cases by Insurer due to medical reasons, [#]Rejected - Non acceptance of cases by Insurer due to any reason other than medical reasons.

Please mention reason incase policy is other than standard:

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

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	Current Age	If Alive, Illness, if any	Age at death
Father			
Mother			
Brother/ Sister			

8. 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: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / Feet <input type="text"/> inches: <input type="text"/> <input type="text"/> Weight in kg: <input type="text"/> <input type="text"/> <input type="text"/>	
b) Have you taken part, or do you have plans to take part, in any hazardous/ dangerous activity / occupations such as working at heights, underground or offshore, using explosives, 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.	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Have you consumed tobacco or tobacco related products in the past 12 months? If yes, please indicate in which form: <input type="checkbox"/> Cigarettes <input type="checkbox"/> Beedi <input type="checkbox"/> Chew <input type="checkbox"/> Gutka Quantity per day <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> 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 (in ML) <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 5 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
n) Have you ever been convicted for any Criminal convictions/activities/offences in India or Abroad?	<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) 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
q) Have you ever or are you currently suffering from any other disease, disorder & illness, impairment or disability or any surgery not mentioned in the application form?	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. If you have answered Yes, to any of the questions between 8(f) and 8(q) please provide details here

Question no.	For question No. 8(f) to 8(q) provide complete details including health condition, date of diagnosis, treatment prescribed, name/ address of doctor, if applicable
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10. For Female Life to be Assured only

a) Are you pregnant at present? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes duration in weeks <input type="text"/> <input type="text"/>	b) Date of last delivery <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c) Please state any complications during pregnancy? _____	

11. Insurance Repository

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

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

12. Declaration by 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. 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 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 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: _____

OTP Verified

Witness's Signature or Thumb Impression

Name: _____

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. 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 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 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 the person whose life is proposed to be assured

OTP Verified

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: _____

OTP Verified

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. 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 _____

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.	Tel: +91 22 6165 8700 Fax: +91 22 6857 0600 Toll Free: 1800-209-8700 <hr/> E-mail: customer.first@indiafirstlife.com Website: www.indiafirstlife.com
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