



Member Form - IndiaFirst Life Group Loan Protect Plan

Client Id:	SMS/RLE Branch Code:	SMS/RLE LG Code:
DSA Code:	Branch Code:	Branch LG Code:
MPH Name	Transaction No.	Date of Transaction

Account/ Ref. No.:

Joint Life option: Primary Life (Life 1) Secondary Life (Life 2)

Loan- Home/ Education/Vehicle/Personal/others, please specify: _____ (Select "✓" for applicable loan type)

New Loan: Old Loan: Old Loan Account Number:

Details of the Members

Primary Life Name: Mr / Ms / Mx FIRST MIDDLE LAST Gender: DOB:

Sec. Life Name: Mr / Ms / Mx FIRST MIDDLE LAST Gender: DOB:

Spouse/ Third Life Name: Mr / Ms / Mx FIRST MIDDLE LAST Gender: DOB:

Fourth Life Name: Mr / Ms / Mx FIRST MIDDLE LAST Gender: DOB:

Communication Address of the Member (Address to which COI will be dispatched)

L I N E 1

L I N E 2

C I T Y S T A T E Pin Code

Mobile* Life 1 Mobile* Life 2 Mobile* Life 3

Mobile* Life 4 Email ID

Primary Life Occupation _____ Nature of duties _____

Sec. Life Occupation _____ Nature of duties _____

Third Life Occupation _____ Nature of duties _____

Fourth Life Occupation _____ Nature of duties _____

Insurance Details

Base Sum Assured ₹ _____ Pay Mode _____ Pay Frequency _____

Cover Term _____ Premium Paying Term Single Limited 5 Limited 7 Limited 10 Regular

Instalment Premium Amount _____ Death Benefit LumpSum Income (years) _____ Annual Income _____

Life Cover Life Cover + Accidental Total Permanent Disability Life Cover + Accidental Death Life Cover + Critical Illness Life Cover + Family Income

* For New Loan, Sum Assured and Plan Term will be as per sanctioned limit. * For Existing Loan, Sum Assured and Plan Term will be as per outstanding balance as on date of premium debit

Premium paid from loan (Yes/ No) Premium paid account number:

PAN/Form 60- Life 1 _____ PAN/Form 60- Life 2 _____

PAN/Form 60- Life 3 _____ PAN/Form 60- Life 4 _____

Cover Type: Level Decreasing [Fixed Rate Floating Rate] Rate of Interest _____ Moratorium Period _____

In case of Joint Life sum assured (%) Life 1 _____ Life 2 _____ Life 3 _____ Life 4 _____ Or 100% for both life (Policy terminates in case of death of any one life)

Nominee/ Appointee Details*

Nominee Name	Percentage Share	DOB of Nominee	Relationship with Life Assured	Appointee Name (if applicable)	Appointee DOB	Relationship with Nominee

Health Declaration for Member (Non disclosures or misrepresentation of facts will highly impact claim settlement)*

Primary Life: Feet inches: Weight in kg: Secondary Life: Feet inches: Weight in kg:

Sr No	Questions	Primary Life		Sec. Life	
		Yes	No	Yes	No
1	I am to the best of my knowledge and belief, in good health and free from all symptoms of illness and disease?				
2	None of my family members have been diagnosed with diabetes, heart disease, high blood pressure, elevated blood fats, cancer, mental illness, HIV, stroke or had any hereditary disorder?				
3	Do not intend to participate or participate in any hazardous sports or activities?				
4	I currently do not live or intend to live or travel outside India for more than six months in a financial year? If no, I will provide full details of countries to be visited along with purpose of visit and duration				
5	I am currently not taking any medications/drugs, other than minor condition (eg cold and flu), either prescribed or not prescribed by a doctor, or have not suffered from any illness, disorder, disability, injury during past 5 years which has required any form of medical or specialised examination (including chest x-rays, gynaecological investigations, pap smear, or blood tests), consultation, hospitalisation, surgery or have any condition for which hospitalization/ surgery has been advised or is contemplated?				
6.a	I have no congenital / birth defects, pain or problems in back, spine, muscles or joint, arthritis, gout, severe injury or other physical disability and have not been incapable of working/ attending the office during the last two years for more than three consecutive days or I am not currently incapable of working/ attending office?				
6.b	For females only - I have not ever suffered from or suffering or is currently suffering any diseases of breast/ uterus/ cervix, or not presently pregnant?				
7	I do not suffer from or ever had any medical ailments such as diabetes, high blood pressure, cancer, respiratory disease (including asthma), kidney or liver disease, stroke, paralysis, auto immune disorder, any blood disorder, heart problems, Hepatitis B or C, or tuberculosis, psychiatric disorder, depression, colitis, or any other stomach problems, have not undergone any transplants, thyroid disorders, reproductive organs, HIV AIDS or a related infection?				
8	I have never ever taken drugs, or been advised to reduce alcohol consumption or received or have been counselled to receive treatment for drug addiction or alcoholism?				
9	I have never been refused life insurance or offered insurance modified in any way?				
10	I am not suffering from any disorder/ disease not mentioned above?				

(If No, to any of the above questions please provide us complete details (including dates, duration and treatment, names and addresses of physicians) on back side of the form

Health Declaration for Other Members (Non disclosures or misrepresentation of facts will highly impact claim settlement)*

Third Life: Feet inches: Weight in kg: Fourth Life: Feet inches: Weight in kg:

Sr No	Questions	3rd Life		4th Life	
		Yes	No	Yes	No
1	I hereby agree that: - I am to the best of my knowledge and belief, in good health and free from all symptoms of illness and disease?				
2	None of my family members have been diagnosed with diabetes, heart disease, high blood pressure, elevated blood fats, cancer, mental illness, HIV, stroke or had any hereditary disorder?				
3	Do not intend to participate or participate in any hazardous sports or activities?				
4	I currently do not live or intend to live or travel outside India for more than six months in a financial year? If no, I will provide full details of countries to be visited along with purpose of visit and duration				
5	I am currently not taking any medications/drugs, other than minor condition (eg cold and flu), either prescribed or not prescribed by a doctor, or have not suffered from any illness, disorder, disability, injury during past 5 years which has required any form of medical or specialised examination (including chest x-rays, gynaecological investigations, pap smear, or blood tests), consultation, hospitalisation, surgery or have any condition for which hospitalization / surgery has been advised or is contemplated?				
6.a	I have no congenital / birth defects, pain or problems in back, spine, muscles or joint, arthritis, gout, severe injury or other physical disability and have not been incapable of working / attending the office during the last two years for more than three consecutive days or I am not currently incapable of working / attending office?				
6.b	For females only -I have not ever suffered from or suffering or is currently suffering any diseases of breast / uterus / cervix, or not presently pregnant?				
7	I do not suffer from or ever had any medical ailments such as diabetes, high blood pressure, cancer, respiratory disease (including asthma), kidney or liver disease, stroke, paralysis, auto immune disorder, any blood disorder, heart problems, Hepatitis B or C, or tuberculosis, psychiatric disorder, depression, colitis, or any other stomach problems, have not undergone any transplants, thyroid disorders, reproductive organs, HIV AIDS or a related infection?				
8	I have never ever taken drugs, or been advised to reduce alcohol consumption or received or have been counselled to receive treatment for drug addiction or alcoholism?				
9	I have never been refused life insurance or offered insurance modified in any way?				
10	I am not suffering from any disorder/ disease not mentioned above?				

(If No, to any of the above questions please provide us complete details (including dates, duration and treatment, names and addresses of physicians) on back side of the form

Declaration by the Member*

I understand and agree that the answer and statements made on this Health Declaration are full, complete and true and will form the basis of the contract, which may arise. 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. In case of fraud, misrepresentation and suppression of material facts by me/us, the policy contract/COI shall be treated in accordance with Sec 45 of Insurance Act, 1938 as amended from time to time. All material facts, which may influence the assessment of the risk have been disclosed. I also understand that failure to make such disclosure shall give Company the right to cancel the insurance contract subject to Section 45 of the Insurance Act, 1938 as amended from time to time.

I understand and agree that the maximum cover under the insurance scheme shall not exceed as agreed with Master Policyholder, irrespective of any number of loan/Saving accounts held by me/us. I authorize the Company to seek medical information from any doctor/hospital in respect of any matter relating to my physical or mental health and I authorize the doctor/hospital to give such information to the Company and/or to their claims administrator or medical advisors. Further I also confirm that I have never participated nor intend to participate in any hazardous sports or activity. I agree that in case of any medical request on my proposal the risk will commence only on the date of acceptance of my proposal by the Company. I authorize sharing with the Company, my personal/contact information to enable them to carry out their duties as the Insurer. I also declare that all the information given by me is true, correct and complete or else the policy shall stand cancelled.

Primary Life Signature/Thumb impression*: _____ Date: _____ Sec. Life Signature/Thumb impression* _____ Date: _____

Third Life Signature/Thumb impression*: _____ Date: _____ Fourth Life Signature/Thumb impression* _____ Date: _____

OTP Verified Life 1 Life 2 Life 3 Life 4

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.

Authorisation for Settlement of Claim amount in favour of Master Policy Holder who is a Regulated Entity

I authorise the Company to make the payment towards my Outstanding Loan Balance amount to Master Policyholder by deducting from claim proceeds payable on the happening of the contingent event covered by the Policy, in case the policy is availed through a Regulated Entity as prescribed by the authority from time to time.

Primary Life Signature/Thumb impression*: _____ Date: _____ Sec. Life Signature/Thumb impression* _____ Date: _____

Third Life Signature/Thumb impression*: _____ Date: _____ Fourth Life Signature/Thumb impression* _____ Date: _____

Declaration to be made by a 3rd Person where: a) The insured member has affixed his/her thumb impression; Or b) The insured member has signed in vernacular; Or c) The insured member 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 Member in _____ language, and that the Member has affixed the thumb impression above after fully understanding the contents thereof. in my presence"

Name of the Declarant : _____ Signature: _____ Relation with Member _____

Address of the Declarant : _____

Section 41 of Insurance Act 1938, as amended from time to time: 1) 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 prospectuses or tables of the insurer. 2) 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.

COVID -19 QUESTIONNAIRE

Name of Life Assured		Application No:							
S.No	Question	Primary Life		Sec. Life		3rd Life		4th Life	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Are you, or have you been (If yes to any of below please provide details) a) in close contact with anyone who has been quarantined or who has been diagnosed with novel coronavirus (SARS-CoV-2/COVID-19)? b) quarantined due to a possible exposure to novel coronavirus (SARSCoV2/COVID-19)? c) tested positive for the novel coronavirus or await the result of such test? d) advised to be tested to rule in, or rule out, a diagnosis of novel coronavirus?								
2	Have you experienced any of the following symptoms within the last 14 days? ▪ Any fever //Cough//Shortness of breath //Malaise (flu-like tiredness) ▪ Rhinorrhea (mucus discharge from the nose) //Sore throat ▪ Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhea								
3	Please provide your travel patterns over the past 14 days/ next 30 days (provide details if Yes)								
4	Are you currently in good Health?								
5	Does your occupation fall within any of the below mentioned? (If yes please provide details) ▪ Doctor/ medical professional ▪ Nursing personnel ▪ Pharmacist ▪ Transport work force personnel ▪ Police/Military staff ▪ Pilots/ Cabin Crew personnel Any other occupation which has higher exposure to a large population. If yes, please specify _____								
6	Do you have any history of conviction under any criminal proceedings, in India or abroad?								
7	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.?)								
8	Has your weight altered (Gain/Loss) by more than 5 kg in the last 1 year? If yes details required								
9	Have you ever or are you currently suffering from any other illness, impairment or disability or any surgery not mentioned in the application form?								
Signature		Date:							
Name of Life to be Assured		Place:							

Mandate Form - Direct Debit / NACH (To be filled only for Regular / Limited premium)

 IndiaFirst LIFE INSURANCE Tick (✓) <input type="checkbox"/> CREATE <input type="checkbox"/> MODIFY <input type="checkbox"/> CANCEL	NACH Mandate	UMRN <input style="width: 100%;" type="text"/>	Date <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
	D	D	M	M	Y	Y	Y	Y			
Sponsor Bank Code <input style="width: 100%;" type="text"/>	Utility Code <input style="width: 100%;" type="text"/>										
<input checked="" type="checkbox"/> I/We hereby authorize IndiaFirst Life Insurance Company Ltd to debit (tick✓)		<input type="checkbox"/> SB /CA /CC /SB-NRE /SB-NRO /Other									
Bank a/c number <input style="width: 100%;" type="text"/>											
with Bank <input style="width: 100%;" type="text"/>		IFSC <input style="width: 100%;" type="text"/>	MICR <input style="width: 100%;" type="text"/>								
an amount of Rupees <input style="width: 100%;" type="text"/>			<input type="checkbox"/> ₹								
FREQUENCY <input type="checkbox"/> Mthly <input type="checkbox"/> Qtlly <input type="checkbox"/> H-Yrly <input type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented		Debit type <input type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount									
Application No. / Loan Account No. <input style="width: 100%;" type="text"/>		Mobile No. <input style="width: 100%;" type="text"/>									
Policy No. <input style="width: 100%;" type="text"/>		Email ID <input style="width: 100%;" type="text"/>									
I agree for the debit of mandate processing charges by the Bank whom I am authorizing to debit my account as per the latest schedule of charges of the bank.											
PERIOD From <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> </tr> </table>				D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				
To <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> </tr> </table>				D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				
Or <input checked="" type="checkbox"/> Until Cancelled											
Signature Primary Account holder _____		Signature of Account holder _____									
1. Name as in bank records		2. Name as in bank records									
3. Name as in bank records											
• This is to confirm that the declaration has been carefully read, understood & made by me / us. I am authorizing the user entity / corporate to debit my account. • I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorized the debit.											

Declaration for Auto Debit

- If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I / we shall not hold the company responsible for such delay or non credit to my policy.
- In addition, I/We understand and agree that the premium amount to be debited from my/ our account may vary due to taxes and other statutory levies as may be applicable from time to time. I/ We also accept that the transaction will be effected to the policy on the due date (provided it is a working day).
- In case of an ECS / direct debit dishonor, I/ We authorize IndiaFirst Life Insurance to re-debit my/our bank account with the mentioned bank to recover the premium payable.
- I hereby authorize IndiaFirst Life Insurance Co. Ltd. and their authorize service providers to debit my Bank Account directly or by NACH for collection of premium payments.
- I/We hereby agree to maintain adequate balance in the account stated herein for availing Direct Debit facility.
- **I/We hereby authorize the Bank to debit my account to wards charges for DD mandate verification if any applicable.**

Yes, I / we have attached a blank cancelled cheque Certificate of the Bank Named in the Mandate

It is certified that as per our records, the bank account particulars of the mandate above are correct and the signature of the bank account holder is true.

Bank Stamp

Signature of Authorized Bank official

DD mandate should be verified by bank branch and should have "Signature verified stamp" along with "fixed specimen signature number".

NACH / DD is automated facility which debits your premium from the bank account specified by you on your premium due date, except in case of a holiday.

Policyholder's Signature

Primary Account holder's Signature
(If Primary Account holder differs from Policyholder)

Joint Account holder's 1 Signature

Joint Account holder's 2 Signature

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