

Proposal Form - IndiaFirst Guaranteed Retirement Plan

Latest Photograph	For Branch Sales Use Only			
	LG / Agent Code <input type="text"/>	Branch Code <input type="text"/>	Branch Manager Code <input type="text"/>	
	(LG code to be written for Banca, Agent Code to be written for Agency.)			
	BDM/ RM Code <input type="text"/>	Channel Code <input type="text"/>	BDM Mobile No. <input type="text"/>	
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. (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. If annual premium is equal to Rs. 50000 or more per customer by any mode of payment, a copy of PAN card and if annual premium is equal to or more than Rs.100000 per customer by any mode of payment, income proof document needs to be submitted. 7. 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 & Andhra Bank insurance branch to deposit the premium directly. Premium payment made to IndiaFirst Life insurance advisors is at the customer's own risk. 8. 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). 9. 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. If a full and frank disclosure is not made of all material facts, or in case of fraud or misrepresentation at the time of answering questions in the proposal form or any stage thereafter, IndiaFirst shall cancel the insurance contract immediately in accordance with Section 45 of Insurance Act 1938 as amended from time to time. 10. 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 can sign only if he/she is 18 years or above.

Is the customer an employee of Bank of Baroda, Andhra Bank, IndiaFirst Life Insurance Co. Ltd.? Yes No

1. Proposer/ Policy Owner 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) Mr. Mrs. Ms. Dr. Mx.

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

Communication Address of the Proposer (Address to which policy document will be dispatched)

LINE 1 LINE 2

LANDMARK CITY

STATE Pin Code

Mobile* + () Landline + ()

Country Code *Receive alerts through SMS for this proposal / policy STD/ISD

Email ID*

*Receive communication via e-mail

DOB:

Gender: Male Female Trans-gender Non Indian

Nationality: Indian NRI PIO

Marital Status: Unmarried Married Widow(er) Divorced Residential Status: Resident NRI PIO

Education: Post Grad. Graduate Diploma 12th pass 10th pass Below 10th

Occupation: Salaried Professional Self Employed Student Housewife Retired

Age Proof (Proposer)

Income: (annual) (Proposer) Source of Income: Identity Proof (Proposer) Address Proof (Proposer)

PAN: (Proposer) PAN (photocopy Enclosed) Yes No Aadhaar No.: (Proposer)

Is this policy self proposed? Yes No Relationship with Life to be Assured

Are you a Politically Exposed Person? - 1) Proposer Yes No 2) 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. Details of the Life to be Assured (Please fill section 2 only if Life to be Assured is different from Proposer)

Full Name (Leave a blank space between First and Last Name) Mr. Mrs. Ms. Dr. Mx. Gender: Male Female Trans-gender Nationality: Indian Non Indian

DOB:

Income (Annual) Source of Income: Relationship with the Proposer Please specify

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

Nominee/ Appointee Details (To be filled in case life to be assured and proposer are same. Appointee details required only if nominee is a minor)

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

4. Plan Details

4.a.	Product Name	Plan Term (in years)	Premium Payment Term (in years)	Premium Mode	Sum Assured in(₹)	Installment Premium in (₹)
	IndiaFirst Guaranteed Retirement Plan					

Annuity Option*: (please tick annuity of your choice) Life Annuity Life Annuity with return of the purchase price Life Annuity with Guarantee Join Life, Last Survivor

Annuity Frequency: Yearly Six Monthly Quarterly Monthly

5 years 10 years 15 years

*The Policyholder will have to select the proportion of vesting amount to be received as a lump sum and the balance in the form of an Annuity Option as described above. In case you fail to select the annuity proportion at time of vesting, 100% of vesting amount will be annuitized.

4.b.Premium Frequency: Single Yearly Six Monthly Quarterly *Monthly (Only ECS/ Direct debit).

Renewal Premium Payment Options : 1. *Standing Instructions 2. Cheque *ECS/DD with cancel cheque copy and DD mandate should be verified by bank branch.

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.

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 & Andhra Bank) NEFT

Bank Name:

Bank Account No.:

IFSC Code: (Mandatory for NEFT mode)

MICR: (Mandatory for ECS 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. Declaration by Proposer/ Life to be Assured

I/we hereby declare that the contents of this proposal form have been fully explained to me/us. Further to this, I/we have fully understood the product features and significance of the proposed contract basis all the information provided. 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. In case of fraud or misrepresentation at the time of answering questions in the proposal form or at any stage thereafter, the contract shall be cancelled immediately, subject to the fraud and misrepresentation being established by us in accordance with 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 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 the 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 to a lien or on terms other than as proposed, I/We shall forthwith intimate the same to the company in writing and failure to do so shall lead to a decision as per the applicable terms and conditions of the policy. 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 understand that IndiaFirst Life Insurance Company Limited has tie-ups with certain Banks and financial institutions mentioned in its official website. In case, I/We have an account with any of such Banks or financial institutions, I/We hereby authorise the Bank or financial institution to provide copy of my/our KYC documents available with them to IndiaFirst Life Insurance Company Limited.

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

Proposer's Signature or Thumb Impression

(Not applicable in case of minor lives)

Name: _____ Place: _____ Date: _____

Name: _____ Place: _____ Date: _____

Witness's Signature or Thumb Impression

Name: _____ Address: _____

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:

The provisions of Sec. 45 of the Insurance act, 1938, as amended from time to time are applicable for the above contract. For more details please refer our website www.indiafirstlife.com

7. Declaration for Signing in Vernacular or for Uneducated Persons

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 hereby declare that I have fully explained the above questions to the proposer and I have truthfully recorded the answers given by the proposer."

Declarant's Signature in English

Name: _____ Place: _____ Date: _____

Address of the Declarant: _____

Witness's Signature in English

Name: _____ Place: _____ Date: _____

Address of Witness: _____

"I certify that the contents of the form and documents have been fully explained to me by (Name, Designation, and occupation) Mr. / Mrs.: _____ and I have understood the significance of the proposed contract.

Signature or thumb impression of Life assured: _____ Signature or thumb impression of Proposer: _____

In case the 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 proposer in _____ language, and that the proposer has affixed the thumb impression above after fully understanding the contents thereof."

Declarant's Signature in English _____ Name: _____ Place: _____ Date: _____

Address of the Declarant: _____

Witness's Signature in English _____ Name: _____ Place: _____ Date: _____

Address of Witness: _____

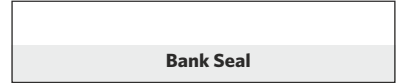
8. Know Your Customer Certificate Issued by Bank

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.

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 _____

Occupation Details of the Life to be Assured

(Please tick one of the occupation types that best describes your current occupation and enter the code in the space provided on the first page Q. No 1 & 2).

Code	Occupation Types	Code	Occupation Types
01	Salaried - administrative employees, clerk, executive, accountant	16	Electricity Line Worker
02	Professionals - doctor, chartered accountant / advocate- lawyer / teacher- lecturer, professors	17	Explosives handler - demolition experts
03	Salesman - including counter sales staff	18	Fireman
04	Retail / whole sale shop owner, commission agents	19	Fisherman
05	Retired / pensioner	20	Hotel industry other than 5 star
06	Student	21	Merchant navy others
07	House wife	22	Mining, coal miner, mining engineers
08	Agriculture - labourer, cleaner, maintenance workers, gardener, hawker, mill worker, porter / coolie	23	Oil Rig worker
09	Armed force personnel (military service)	24	Police
10	Aviation - includes all pilots	25	Well sinker / Bore well drillers
11	Blacksmith, boiler worker, furnace workers, welding workers, machine operators	26	Print / media involved in war
12	Weaver, lift operators, domestic servants, mason, mechanic	27	Professional sports person
13	Construction / building worker	28	Security guard
14	Diver - water, deep sea	29	Others (None of the above)
15	Driver - ambulance, armoured vehicle, lorry etc		

IndiaFirst Life Insurance Company Ltd.,
301, 'B' Wing, The Qube, Infinity Park, Dindoshi - Film City Road,
Malad (East), Mumbai - 400 097, CIN: U66010MH2008PLC183679.

Tel: +91 22 6165 8700 **Fax:** +91 22 6270 0600 **Toll Free:** 1800-209-8700

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