



**Details of the Life to be Assured** (Please fill section 2 only if Life to be Assured is different from Proposer)

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

Mr.  Mrs.  Ms.  Dr.  Mx

F I R S T L A S T

DOB :         Gender:  Male  Female  Transgender Nationality :  Indian  Non Indian

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

Education :  Post Grad.  Graduate  Diploma  12<sup>th</sup> pass  10<sup>th</sup> pass  Below10<sup>th</sup>

Occupation :  Salaried  Professional  Self Employed  Student  Housewife  Retired

Others (Please Specify)

Name of the Org./Business :  Income (Annual)

Age Proof (Life Assured)  Identity Proof (Life Assured)

**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)

**Plan Details**

9.	Plan Term	Installment Premium	Sum Assured	*Premium Term <input type="checkbox"/> <input type="checkbox"/> (Applicable for IndiaFirst Smart Save Plan, IndiaFirst Money Balance Plan, IndiaFirst Life Cash Back Plan, IndiaFirst Life Wealth Maximizer Plan, IndiaFirst Life Little Champ Plan, IndiaFirst Life Guaranteed Monthly Income Plan with limited premium option)
IndiaFirst _____ Plan				Option1 <input type="checkbox"/> Option2 <input type="checkbox"/> (Please select the appropriate option for IndiaFirst Happy India Plan)
IndiaFirst Term Rider				Systematic Partial Withdrawal Option <input type="checkbox"/> Yes <input type="checkbox"/> No
IndiaFirst Life Waiver Of Premium Rider <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2* <input type="checkbox"/> Option 3				If yes1) Percentage of withdrawal _____ (Between 0% - 25%) 2) Frequency <input type="checkbox"/> Yearly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly 3) From Policy Year _____ to Policy Year _____

\*Option 2 can be chosen only if the life assured and the policyholder are same  
**Note:** IndiaFirst Term Rider/IndiaFirst Life Waiver Of Premium Rider is applicable for IndiaFirst Maha Jeevan Plan.

Note: Please write down the sum assured and the plan details as selected by you. This forms a key basis of your insurance plan with us. ATBIS is applicable for IndiaFirst Money Balance Plan & IndiaFirst Life Wealth Maximizer Plan. For IndiaFirst Life Wealth Maximizer Plan please select either an investment strategy or the fund options in which you want to invest your premiums. Systematic Partial Withdrawal option is applicable only for IndiaFirst Life Wealth Maximizer Plan after completion of first 5 policy years.

I. Automatic Trigger Based Investment Strategy (ATBIS)  Yes  No II. Fund Transfer Strategy  Yes  No III. Age Based Investment Strategy  Yes  No

Select only one option from I to III for IndiaFirst Life Wealth Maximizer Plan

(Please select the appropriate option for IndiaFirst Life Little Champ Plan and IndiaFirst Life Guaranteed Monthly Income Plan)

**Death Benefit Option**  Lump Sum  Income (  5 Years  10 Years  15 Years)

For IndiaFirst Life Guaranteed Monthly Income Plan please choose appropriate Gap Year:  0 Year  3 Years  5 Years

(Please select the appropriate option for IndiaFirst Life Little Champ Plan)

**Risk Cover Option**  Death Cover  Accidental Death Cover  Accidental Disability Cover  Comprehensive Cover

**Total Payout Option** 1) 101%  2) 102%  3) 105%  4) 107%  5) 110%  6) 115%  7) 120%  8) 125%

10.	Funds (Funds total to be 100%)		
Equity1** (ULIF009010910EQUTY1FUND143)	Value (ULIF013010910VALUEFUND0143)	Liquid1 (ULIF014010910LIQUID1FND143)	
Debt1** (ULIF010010910DEBT01FUND143)	Balanced1 (ULIF011010910BALAN1FUND143)	Index Tracker (ULIF012010910INDTRAFUND143)	
Equity Elite Opportunities (ULIF020280716EQUELITEOP143)	Dynamic Asset Allocation (ULIF015080811DYAALLFUND143)		

\*\*Equity1 and Debt1 are the only available fund options under IndiaFirst Money Balance Plan. Liquid 1 fund is not available at inception.  
 Fund options are not applicable for IndiaFirst Life Plan, IndiaFirst Simple Benefit Plan, IndiaFirst Maha Jeevan Plan, IndiaFirst Life Cash Back Plan, IndiaFirst Life Little Champ Plan and IndiaFirst Life Guaranteed Monthly Income Plan

For Fund Transfer Strategy, please select one Equity Oriented Fund and one Debt Oriented Fund.

For IndiaFirst Happy India Plan: If opted your nominee/ you can receive the Additional Benefit equal to the sum of all future premium(s) payable on death or disability due to accident as either of the following options:  
**Option 1:** Lump Sum amount payable immediately on Death/Disability of Life Assured **Option 2:** Lump Sum amount payable into the fund to create units on Death/Disability of Life Assured. The fund value will be payable at Maturity.

11. Premium Frequency:  Single  Yearly  Half Yearly  Quarterly  \*Monthly (Only ECS/ Direct debit).

Quarterly mode is only applicable for IndiaFirst Life Cash Back Plan, IndiaFirst Life Wealth Maximizer Plan, IndiaFirst Life Little Champ Plan and IndiaFirst Life Guaranteed Monthly Income Plan \*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: 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.

**12. 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:

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.

**Life to be Assured's Family History (Please tick Yes or No)**

13. 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	Age	If Alive, illness, if any	Age	If Deceased, exact cause of Death
Father				
Mother				
Brother/ Sister				

**Proposer's Insurance Details (Applicable to minor lives and housewives)**

14. Parents'/ Husband's insurance details - total sum insured (₹.)

**Details of life insurance policies held/ proposals applied with life insurance companies (including existing policies with IndiaFirst Life Insurance Co. Ltd.)**

15. 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/ Proposer	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

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

**Lifestyle questions and personal medical history of the Life to be Assured (If 'Yes', please encircle the activity/ ailment/ disease)****Non disclosures or misrepresentation of facts will highly impact claim settlement**

16. Height in cm: <input type="text"/> / Feet <input type="text"/> inches: <input type="text"/> Weight in kg: <input type="text"/>	
17. Have you taken part, or do you have plans to take part, in any hazardous/ dangerous activity such as 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
18. 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
19. Have you smoked or used any form of tobacco 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="checkbox"/> Yes <input type="checkbox"/> No
20. 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 <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. 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
22. 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
23. 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
24. 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
25. 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
26. 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
27. 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
28. In the last 3 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 checkups)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**29 If you have answered Yes, to any of the questions between 21 and 28 please provide details here**

Question no.	For question No. 21 to 28 provide complete details including health condition, date of diagnosis, treatment prescribed, name/ address of doctor, if applicable

**30 For Female Life to be Assured only**

- a. Are you pregnant at present?  Yes  No If yes duration in weeks
- b. Date of last delivery
- c. Please state any complications during pregnancy?

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

E IA Number	<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"/>

Do you need a physical copy of Policy Document? Yes  No **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, misrepresentation 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/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-KYC 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.

**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.

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

Name of the Declarant: \_\_\_\_\_ Signature: \_\_\_\_\_

Address of the Declarant: \_\_\_\_\_

"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 the person whose life is proposed to be assured:

2. 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."

Name of the Declarant: \_\_\_\_\_ Signature: \_\_\_\_\_

Address of the Declarant: \_\_\_\_\_

### 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		

### 32. 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 \_\_\_\_\_

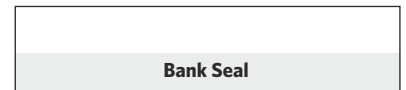
### Know Your Customer Certificate Issued by Bank

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.

- UIN for IndiaFirst Money Balance Plan 143L017V04
- UIN for IndiaFirst Term Rider 143B001V02
- UIN for IndiaFirst Anytime Plan 143N009V02
- UIN for IndiaFirst Life Cash Back Plan 143N024V03
- UIN for IndiaFirst Life Wavier of Premium Rider 143B017V01
- UIN for IndiaFirst Smart Save Plan 143L010V03
- UIN for IndiaFirst Simple Benefit Plan 143N019V03
- UIN for IndiaFirst Happy India Plan 143L011V03
- UIN for IndiaFirst Life Little Champ Plan 143N035V01
- UIN for IndiaFirst Maha Jeevan Plan 143N018V05
- UIN for IndiaFirst Life Plan 143N007V02
- UIN for IndiaFirst Life Wealth Maximizer Plan 143L029V02
- UIN for IndiaFirst Life Guaranteed Monthly Income Plan 143N047V01

**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

**Confidential Report** (To be completed by the sales personnel after receiving the completed 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 Assured?  
What is the estimated annual income of the Life to be Assured?  Yes  No
4. Does the life assured appear to be in good health without any mental disorder (or) physical disability?  Yes  No
5. Does the appearance of the proposed Life to be Assured correspond with the age stated in application?  Yes  No
6. Is the Proposer a:  Judge  Member of Parliament  Member of state legislature  National/State level office bearer of political party (\*Tick if applicable, default value No)

Other Remarks:

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: