

PROPOSAL FORM FOR LIFE INSURANCE

IRDAI Regn. No.: 147 | CIN: U66010MH2009PLC197336

Registered & Corporate Office: 6th Floor, Tower 3, Wing 'B', Kohinoor City, Kiro Road, Kurla (W), Mumbai 400070

Toll Free: 1800 212 1212 | Email: care@edelweisslife.in | Visit us at www.edelweisslife.in

For official use only	<input type="checkbox"/> AGENCY <input type="checkbox"/> CORPORATE AGENCY <input type="checkbox"/> BROKER	<input type="checkbox"/> DIRECT <input type="checkbox"/> ONLINE	Proposal No. 	
	<input type="checkbox"/> WEB AGGREGATOR <input type="checkbox"/> INSURANCE MARKETING FIRM	<input type="checkbox"/> NATIONAL PENSION SYSTEM (only for Edelweiss Life – Forever Pension)		
	Whether sourced through distance marketing? <input type="checkbox"/> Y <input type="checkbox"/> N	WORKSITE <input type="checkbox"/> Y <input type="checkbox"/> N		
	PFA/SP/RM/ Broker Code <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	<div style="border: 1px solid black; width: 150px; height: 150px; margin: 0 auto;"></div> <p>Please affix the Photograph of Proposer</p>		
	Branch Code <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>			
Sub Code <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	<div style="border: 1px solid black; width: 150px; height: 150px; margin: 0 auto;"></div> <p>Please affix the Photograph of LA / Primary Annuitant / Primary Life to be insured</p>			
DM/CA Code <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>				
Branch Name <div style="border: 1px solid black; width: 250px; height: 25px; margin-top: 5px;"></div>	<div style="border: 1px solid black; width: 150px; height: 150px; margin: 0 auto;"></div> <p>Please affix the Photograph of Spouse / Secondary Annuitant/Life</p>			
Corporate/Broker Branch Code <div style="border: 1px solid black; width: 250px; height: 25px; margin-top: 5px;"></div>				
(PFA-Personal Financial Advisor, SP-Specified Person, RM-Relationship Manager, DM-Development Manager, CA-Corporate Agent)				
<input type="checkbox"/> URBAN <input type="checkbox"/> RURAL	If case should be consider as "STAFF", mention Employee Code 			

Form fill up in **BLACK INK** and **UPPERCASE** character.

1. PERSONAL DETAILS

[illegible]

Proposal No.

12. Permanent Address	<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"/>		
	<input type="text"/>		<input type="text"/>		
	<input type="text"/>		<input type="text"/>		
	<input type="text"/>		<input type="text"/>		
	<input type="text"/>		<input type="text"/>		
13. Which of the above address is your correspondence address?		<input type="checkbox"/> Current Address <input type="checkbox"/> Permanent Address			
14. Contact Details	Phone (M)	<input type="text"/>		<input type="text"/>	
	Phone (O)	<input type="text"/>		<input type="text"/>	
	Phone (R)	<input type="text"/>		<input type="text"/>	
	Email ID	<input type="text"/>		<input type="text"/>	
15. Education /Professional qualification	<input type="checkbox"/> Student <input type="checkbox"/> Below 10th <input type="checkbox"/> 10th passed <input type="checkbox"/> 12th passed <input type="checkbox"/> Graduate		<input type="checkbox"/> Below 10th <input type="checkbox"/> 10th passed <input type="checkbox"/> 12th passed <input type="checkbox"/> Graduate		
	<input type="checkbox"/> Post Graduate <input type="checkbox"/> Professional <input type="checkbox"/> Others _____		<input type="checkbox"/> Post Graduate <input type="checkbox"/> Professional <input type="checkbox"/> Others _____		
Specify highest Educational/Professional Qualification		<input type="text"/>		Specify highest Educational/Professional Qualification <input type="text"/>	
16. If Student, mention*		1. The course being pursued <input type="text"/>		2. Duration of course <input type="text"/>	
		3. Year / Semester/Standard <input type="text"/>			
		4. Name of College/Institution <input type="text"/>			
17. For Minor Lives* :		1) In which standard life insured is studying _____			
		2) Only if life insured is less than 5 years:			
		(a)What is the weight of life insured at the time of birth _____			
		(b)Are all vaccinations done for the life insured <input type="checkbox"/> Yes <input type="checkbox"/> No			

*Not applicable for Edelweiss Life – Forever Pension and Edelweiss Life - Saral Pension

Spouse (To be filled only if Better Half Benefit / Life Partner / Child [Joint Life] is chosen) / **Secondary Annuitant/Life** (To be filled if Joint Life / Family Secure Option is chosen)

Title <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Master <input type="checkbox"/> Mx.	
1. Name <input type="text"/>	
(The Policy Bond will show the name in this manner)	
2. Date of Birth <input type="text"/>	
3. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	
4. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow(er) <input type="checkbox"/> Divorcee	
5. PAN Card Number <input type="text"/> (Please fill-up Form No. 60 if PAN Card is not available)	
6. Name of the Father <input type="text"/>	
7. Name of the Mother <input type="text"/>	
8. Name of the Spouse <input type="text"/>	
9. Nationality <input type="checkbox"/> Indian <input type="checkbox"/> NRI <input type="checkbox"/> FNIO/PIO <input type="checkbox"/> Others (Specify) <input type="text"/>	
10. Age Proof Submitted <input type="checkbox"/> Passport <input type="checkbox"/> Driving License <input type="checkbox"/> School/College leaving certificate <input type="checkbox"/> PAN Card <input type="checkbox"/> Others (Specify) <input type="text"/>	

MOST IMPORTANT INFORMATION FOR FUTURE COMMUNICATION	11. Current Address	<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"/>	
		<input type="text"/>		<input type="text"/>	
		<input type="text"/>		<input type="text"/>	
		<input type="text"/>		<input type="text"/>	
		<input type="text"/>		<input type="text"/>	
13. Which of the above address is your correspondence address?		<input type="checkbox"/> Current Address <input type="checkbox"/> Permanent Address			
14. Contact Details	Phone (M)	<input type="text"/>		Phone (O) <input type="text"/>	
	Phone (R)	<input type="text"/>		Email ID <input type="text"/>	
	15. Education /Professional qualification <input type="checkbox"/> Student <input type="checkbox"/> Below 10th <input type="checkbox"/> 10th passed <input type="checkbox"/> 12th passed <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate				
	<input type="checkbox"/> Professional <input type="checkbox"/> Others _____				
Specify highest Educational/Professional Qualification		<input type="text"/>			
16. If Student, mention*		1. The course being pursued <input type="text"/>		2. Duration of course <input type="text"/>	
		3. Year / Semester/Standard <input type="text"/>			
		4. Name of College/Institution <input type="text"/>			
17. For Minor Lives* :		1) In which standard life insured is studying _____			
		2) Only if life insured is less than 5 years:			
		(a)What is the weight of life insured at the time of birth _____			
		(b)Are all vaccinations done for the life insured <input type="checkbox"/> Yes <input type="checkbox"/> No			

*Not applicable for Edelweiss Life – Forever Pension and Edelweiss Life - Saral Pension

2. EMPLOYMENT DETAILS

Life / Primary Life to be Insured / Primary Annuitant

1. Type of Employment ☐ Salaried ☐ Self employed (Business) ☐ Self employed (Professional) ☐ Agriculture ☐ Housewife ☐ Labourer/worker ☐ Retired

2. Is your source of income from any one of the employment type selected above ☐ Yes ☐ No If no, specify details

3. Name of Employer/Business (If Self Employed)

4. Address of Employer/Business (If Self Employed)

5. Nature of Business/Profession (If Self Employed)

6. Designation/Position Held

7. Nature of Duty

8. Duration of Working Year(s) Month(s)

9. Annual Income Rs.

Proposer (To be filled only if life to be Insured/Primary Annuitant and Proposer are different)

1. Type of Employment ☐ Salaried ☐ Self employed (Business) ☐ Self employed (Professional) ☐ Agriculture ☐ Housewife ☐ Labourer/worker ☐ Retired

2. Is your source of income from any one of the employment type selected above ☐ Yes ☐ No If no, specify details

3. Name of Employer/Business (If Self Employed)

4. Address of Employer/Business (If Self Employed)

5. Nature of Business/Profession (If Self Employed)

6. Designation/Position Held

7. Nature of Duty

8. Duration of Working Year(s) Month(s)

9. Annual Income Rs.

Spouse (To be filled only if Better Half Benefit / Life Partner / Child [Joint Life] is chosen) / Secondary Annuitant/Life (To be filled if Joint Life / Family Secure Option is chosen)

1. Type of Employment ☐ Salaried ☐ Self employed (Business) ☐ Self employed (Professional) ☐ Agriculture ☐ Housewife ☐ Labourer/worker ☐ Retired ☐ Student

2. Is your source of income from any one of the employment type selected above ☐ Yes ☐ No If no, specify details

3. Name of Employer/Business (If Self Employed)

4. Address of Employer/Business (If Self Employed)

5. Nature of Business/Profession (If Self Employed)

6. Designation/Position Held

7. Nature of Duty

8. Duration of Working Year(s) Month(s)

9. Annual Income Rs.

3. OTHER DETAILS (IN CASE THE LIFE TO BE INSURED / PRIMARY ANNUITANT AND PROPOSER ARE DIFFERENT, THEN TO BE FILLED BY PROPOSER)

1. Are you Politically Exposed Person (PEP)? ☐ Yes ☐ No If Yes, please specify

**PEPs are individuals who are or have been entrusted with prominent public functions, e.g., Heads of States or of Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials and also immediate family members of the aforesaid persons which would include spouse, children, parents, siblings, spouse's parents or siblings and close associates*

2. Are there any Conviction/Criminal proceedings against you? ☐ Yes ☐ No If Yes, please specify

3. Photo Identity Submitted ☐ Aadhar Card ☐ Passport ☐ Driving License ☐ Voter's ID ☐ Others (Specify)

4. Address Proof Submitted ☐ Aadhar Card ☐ Passport ☐ Driving License ☐ Voter's ID ☐ Others (Specify)

5. Income Proof Submitted ☐ Form No.16 ☐ Income Tax Returns ☐ Salary Slips (other than proprietorship) ☐ Appointment Letter ☐ Audited Accounts and Statements ☐ Others (Specify)

"Please submit the relevant documents for income proof, in case the total premium is Rs. 1 lacs or above"

6. Policy Categorisation ☐ Individual ☐ Keyman ☐ Partnership ☐ HUF ☐ Employer - Employee ☐ MWP Act ☐ Others (Specify)

7. Relationship of the Proposer to the Life Insured/Primary Annuitant ☐ Father ☐ Mother ☐ Spouse ☐ Employer ☐ HUF ☐ Grandparents* ☐ Others (Specify)

** In case of Grandparents, provide declaration from parents duly signed.*

4. NOMINEE DETAILS

	Nominee 1	Nominee 2	Nominee 3
Name of Nominee			
Date of Birth of Nominee	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Company	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Company	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Company
Nomination Percentage			
Relationship of Nominee with the Life to be Insured			
Name of Appointee (in case Nominee is a minor)			
Date of Birth of Appointee			
Gender of Appointee	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
Relationship of Appointee to Nominee			
Signature of Appointee			

5. PRODUCT DETAILS

a) Product Name	Sum Assured (Rs.)	Choice of riders* (Sum Assured in Rs.)					
		CI	ADB	ATPD	HCB	IB	WOP
							<input type="checkbox"/> Yes

* Rider : CI-Critical Illness, ADB-Accidental Death Benefit, ATPD-Accidental Total and Permanent Disability, HCB-Hospital Cash Benefit, IB-Income Benefit, WOP-Waiver of Premium.

Other Riders: Payor Waiver Benefit Rider (Please select one of three options) –

☐ 1 On Death ☐ 2 On CI or ATPD ☐ 3 On Death or CI or ATPD (Applicable only when life to be insured and Proposer are different)

b) Frequency of Premium Payment ☐ Single ☐ Annual ☐ Half Yearly ☐ Quarterly ☐ Monthly

c) Policy Term d) Premium Payment Term

For **Edelweiss Life - Forever Pension and Edelweiss Life - Saral Pension** : Are you an Existing Policyholder under a Deferred Pension Product: If yes, ☐ Yes ☐ No

Name of Insurance Company / Entity from where you wish to transfer funds to purchase Annuity

For **Edelweiss Life - CritiCare+**, please select one of following options: For ☐ Single claim option ☐ Multi claim option

Edelweiss Life - Zindagi Protect, please select one of following:

1. Plan Options ☐ Life Cover option ☐ Return of Premium option
2. Additional Benefits (multiple can be selected) ☐ Better Half Benefit ☐ Child's Future Protect Benefit ☐ Premium Break Benefit
3. For Child's Future Protect Benefit Age of the Child Child's Future Protect Benefit sum assured Child's Future Protect Benefit Coverage Term
4. Death Benefit Payout options a) Payout option ☐ Lumpsum ☐ Monthly Income ☐ Lumpsum + Monthly Income
b) Lumpsum Proportion % (Lumpsum + Monthly Income)
c) No of months of Monthly Income ☐ 36 ☐ 60

For **Edelweiss Life - Single Pay Endowment Assurance Plan**, please choose the Death Benefit option: ☐ Option A ☐ Option B

For **Edelweiss Life - Smart Lifestyle**, please choose the option: ☐ Base Option ☐ Family Protection Option

For **Edelweiss Life - Income Builder**, please complete the following section:

- 1) Plan Option ☐ Base ☐ Secured Income ☐ Maturity Benefit Option ☐ Regular Income ☐ Regular Income Plus Lumpsum
- 3) Payout period years 4) Payout frequency ☐ Annually ☐ Semi-Annually ☐ Quarterly ☐ Monthly

For **Edelweiss Life - Active Income Plan**, please choose the option:

- 1) Income Option ☐ Early Income ☐ Deferred Income 2) Guaranteed Income Type ☐ Level Guaranteed Income ☐ Increasing Guaranteed Income
- 3) Family Income Benefit ☐ Yes ☐ No 4) Paid-up Additions Benefit ☐ Yes ☐ No

For **Edelweiss Life - Premier Guaranteed Income**, please choose the option:

- 1) Plan Option: ☐ Lump Sum ☐ Short Term Income ☐ Long Term Income ☐ Retirement Income
- 2) Income Pay-out Frequency ☐ Annual ☐ Semi-annual ☐ Quarterly ☐ Monthly ☐ NA
- 3) Family Income Benefits ☐ On Critical Illness ☐ On Critical Illness and Death ☐ No
- 4) Income Benefit Pay-out Type ☐ Level Income ☐ Increasing Income ☐ NA
- 5) Lump Sum benefit ☐ Yes ☐ No ☐ NA

For **Edelweiss Life - Guaranteed Income STAR**

- 1) Plan options ☐ Flexible Income ☐ Large Income
- 2) Income Start Point* years 3) Income Duration* years (*applicable for Flexible Income Plan option only)
- 4) Income Benefit Pay-out Type* ☐ Level Income ☐ Increasing Income (*applicable for Large Income Plan option only)
- 5) Income Benefit Pay-out Frequency** ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly (**applicable for Flexible Income Plan option only)
- 6) Family Income Benefits: ☐ On CI and Death ☐ On Death ☐ No 7) Lump Sum benefit ☐ Yes ☐ No

For **Edelweiss Life - Guaranteed Savings STAR**

- 1) Plan options ☐ Base Option ☐ Enhanced Cover Option
- 2) Family Income Benefits: ☐ On CI and Death ☐ On Death ☐ No
- 3) Maturity Benefit Payment Option: ☐ Lumpsum ☐ Equal annual installment over 5 years

For **Edelweiss Life - Premier Guaranteed STAR**, please choose the option:

- 1) Income Benefit Pay-out Frequency ☐ Annual ☐ Semi-annual ☐ Quarterly ☐ Monthly
- 2) Lumpsum benefit ☐ Yes ☐ No

For **Edelweiss Life - Bharat Savings STAR**

Plan option ☐ Immediate Income ☐ Deferred Income Premium Break Benefit ☐ Yes ☐ No

Accrual of Survival Benefits* ☐ Yes ☐ No Sum Assured Multiple ☐ 7 ☐ 10

Income Benefit Pay-out Frequency ☐ Yearly ☐ Half-Yearly ☐ Quarterly ☐ Monthly

For **Edelweiss Life - Guaranteed Growth Plan**

- 1) Family Benefit: ☐ On CI and Death ☐ On Death ☐ No

Proposal No.

For Edelweiss Life - Flexi-Savings Plan

- 1) Plan options ☐ Flexi-Income Option ☐ Flexi-Income PRO Option ☐ Large Sum Option
2) Income Start Year* years 3) Accrual of Survival Benefits* ☐ Yes ☐ No
4) Life Cover Continuation Benefit ☐ Yes ☐ No
(*applicable for Flexi-Income Option and Flexi-Income PRO Option only)

For Edelweiss Life - Legacy Plus

- 1) Plan options ☐ Lifelong Income Option ☐ Family Secure Option
2) Accrual of Survival Benefits* ☐ Yes ☐ No

For Pension/Annuity Policies - Please enter your annuity option preference at vesting

- ☐ Life Annuity with Return of Purchase Price on Death ☐ Life Annuity ☐ Life Annuity (Joint life, Last Survivor)
☐ Life Annuity with Return of Purchase Price on Death (Joint life, Last Survivor) ☐ Life Annuity with Return of Balance Purchase Price on Death
☐ Deferred Annuity with Return of Purchase Price on Death (Single Life) ☐ Life Annuity with Return of Purchase Price on Critical Illness (CI) or
— Deferment Period years [1 to 10 years (Integer Only)] Accidental Total and Permanent Disability (ATPD) or Death
☐ Deferred Annuity with Return of Purchase Price on Death (Joint Life, Last Survivor) ☐ Deferred Annuity with Return of Purchase Price on Critical Illness (CI) or
— Deferment Period years [1 to 10 years (Integer Only)] Accidental Total and Permanent Disability (ATPD) or death (Single Life):
— Deferment Period years [1 to 10 years (Integer Only)]

* Only "Life Annuity with Return of Purchase Price on Death" and "Life Annuity with Return of Purchase Price on Death (Joint Life, Last Survivor)" available under Edelweiss Life - Saral Pension"

Additional Options: ☐ Paid up Additions (Applicable only under Edelweiss Life – Forever Pension)

Annuity amount to be paid: Rs.

Frequency of Annuity Payments: ☐ Yearly ☐ Half Yearly ☐ Quarterly ☐ Monthly

For Edelweiss Life - Easy Pension, please choose the risk strategy opted for: ☐ Aggressive ☐ Conservative

For Edelweiss Life - Wealth Ultima, please complete the following section:

1. Policy Option: ☐ Option 1 (to age 70 years or less) ☐ Option 2 (to age 100 years) (Also available for Edelweiss Life – Wealth Secure+)
2. Little Champ Benefit ☐ Yes ☐ No (Only applicable if Proposer and Life to be Insured are different)
3. Systematic Transfer Plan (STP) ☐ Yes ☐ No (If no, kindly complete the Fund Allocation section)
If yes, kindly select one of these STPs ☐ Life stage & duration based STP ☐ Profit target based STP
4. Systematic Withdrawal Plan (SWP) ☐ Yes ☐ No (Also available for Edelweiss Life – Wealth Secure+)
If yes, kindly mention a) Systematic withdrawal % per annum . % of Fund Value
b) Payout Frequency ☐ Yearly ☐ Half Yearly ☐ Quarterly ☐ Monthly c) Policy year from which SWB is payable Years

For Edelweiss Life - Wealth Plus, Edelweiss Life – Wealth Gain+ and Edelweiss Life – Wealth Secure+, please complete the following section:

1. Investment Strategy: ☐ Life stage & duration based strategy ☐ Self Managed Strategy (Kindly complete the Fund Allocation section)
2. Rising Star Benefit: ☐ Yes ☐ No (Applicable only for **Wealth Plus**. Only applicable if proposer and life to be insured are different)

For Edelweiss Life – Wealth Secure+, please choose the option: ☐ Base ☐ Life Partner ☐ Child (Individual Life) ☐ Child (Joint Life)

For Edelweiss Life – Wealth Premier, please choose the option: ☐ Single Life ☐ Joint Life

For Edelweiss Life – Wealth Rise+, complete the following section:

1. Plan Option ☐ Base Cover ☐ Enhanced Cover
2. Little Star Benefit ☐ Yes ☐ No (Little Star Benefit is available only under Base Cover)
3. Investment Strategy ☐ Life stage & duration based strategy ☐ Self Managed Strategy (Kindly complete the Fund Allocation section)
4. Systematic Withdrawal Plan (SWP) ☐ Yes ☐ No
If yes, kindly mention a) Systematic withdrawal % per annum . % of Fund Value
b) Payout Frequency ☐ Yearly ☐ Half Yearly ☐ Quarterly ☐ Monthly
c) Policy year from which SWB is payable Years

Equity Large Cap Fund % Equity Top 250 Fund % Bond Fund % Long Term Bond Fund %
SFIN: ULIF00118/08/11EQLARGECAP147 SFIN: ULIF0027/07/11EQTOP250147 SFIN: ULIF00317/08/11BONDFUND147 SFIN: ULIF01426/06/20ETLLNGTERM147
PE Based Fund % Managed Fund % Equity Mid Cap Fund %
SFIN: ULIF00526/08/11PEBASED147 SFIN: ULIF00618/08/11MANAGED147 SFIN: ULIF01107/10/16ETLIMIDCAP147
Money Market Fund % Equity Bluechip Fund % GILT Fund %
SFIN: ULIF00425/08/11MONEYMARKET147 SFIN: ULIF01226/11/18ETLBLUECHIP147 SFIN: ULIF01326/11/18ETLGILTFND147

6. PREMIUM DETAILS

Base Plan Premium / Purchase price Rs. Sum of All Rider Premium(s) Rs.

Total Premium/Purchase price Including Applicable Taxes Rs. Cheque/DD Rs.

Cheque/DD details : (Cheque/DD should be made payable to "Edelweiss Life Insurance Company Limited")

Cheque/DD no.	Dated	Bank Name	Payable at Branch
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

BANK ACCOUNT DETAILS : (For credit of future payout if any)

Bank Account number	IFSC Code	Bank Name	Branch Location
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

UNDERWRITING SECTION :

[Details to be filled for Proposer if opted for PWB rider/Little Champ Benefit/Rising Star OR Spouse (if opted for Better Half Benefit/Life Partner/Child {Joint Life})/Secondary Life (if opted for Joint Life)]

7. FAMILY HISTORY (Not applicable for Edelweiss Life – Forever Pension and Edelweiss Life - Saral Pension)

1. FAMILY DETAILS		Life / Primary Life to be Insured				Proposer			Spouse / Secondary Life			
Family Member	Age	Health Status (if Alive)	Age on Death	Cause of Death	Age	Health Status (if Alive)	Age on Death	Cause of Death	Age	Health Status (if Alive)	Age on Death	Cause of Death
1. Father												
2. Mother												
3. Spouse												
4. Sibling(s)												
5. Children												

2. Does anybody in your family (father/mother/ brothers/sisters) have/had high blood pressure, cancer, diabetes prior to age 60 or any hereditary or chronic disorder?

☐ Y ☐ N
2. Does anybody in your family (father/mother/ brothers/sisters) have/had high blood pressure, cancer, diabetes prior to age 60 or any hereditary or chronic disorder?

☐ Y ☐ N
2. Does anybody in your family (father/mother/ brothers/sisters) have/had high blood pressure, cancer, diabetes prior to age 60 or any hereditary or chronic disorder?

☐ Y ☐ N

If yes Please Provide details

3. Have any of the above family members applied for a policy with Edelweiss Life Insurance Company Limited in the past? ☐ Yes ☐ No

8. INSURANCE HISTORY
(Not applicable for Edelweiss Life – Forever Pension and Edelweiss Life - Saral Pension)

1. Has any proposal/application for revival on your life or health insurance with Edelweiss Life Insurance Co. or any other Life Insurer, ever been declined/postponed/offered/accepted at changed/special terms?

If Yes, Name of the insurer Reason

When (Date)
2. Have you ever received or do you now receive any disability or critical illness benefits from any insurance company?

If Yes, Name of the insurer Reason

When (Date)
3. Details of any existing/proposed insurance with Edelweiss Life Insurance Co. and/or with any other Life Insurance company in India and Overseas (in INR).

	Policy/Proposal number	Insurance company's name	Year of issue of policy or Date of Proposal	Sum Assured	Annualized Premium	Status of the Policy	Acceptance Terms: Standard/Sub Standard
Life / Primary Life to be Insured							
Proposer							
Spouse / Secondary Life							

You may provide details of additional proposals/policies by attaching a separate sheet to this Proposal Form.

Proposal No.

4. Details of Family Income and Insurance if Proposed Life to be Insured is unemployed, housewife, self employed female or minor life.

For unemployed: If single provide details of family insurance, If married provide details of spouse's insurance and for Minor provide parent's and sibling's insurance details.

Relationship	Spouse	Father	Mother	Brother(s)	Sister(s)
Occupation					
Annual Income					
Total Sum Assured					

9. FAMILY PHYSICIAN DETAILS (Not applicable for Edelweiss Life – Forever Pension and Edelweiss Life - Saral Pension)

Life / Primary Life to be Insured	Proposer	Spouse / Secondary Life
Name		
Address		
Contact details		

10. HEIGHT AND WEIGHT DETAILS (Not applicable for Edelweiss Life – Forever Pension and Edelweiss Life - Saral Pension)

	Height	Weight	Has there been any variation in weight during the past six months?
Life / Primary Life to be Insured	<input type="text"/> Cms or <input type="text"/> Ft. <input type="text"/> Inches	<input type="text"/> Kgs	<input type="text"/> Y <input type="text"/> N If Yes, please mention <input type="text"/> Gained <input type="text"/> Kgs <input type="text"/> Lost <input type="text"/> Kgs Reason <input type="text"/>
Proposer	<input type="text"/> Cms or <input type="text"/> Ft. <input type="text"/> Inches	<input type="text"/> Kgs	<input type="text"/> Y <input type="text"/> N If Yes, please mention <input type="text"/> Gained <input type="text"/> Kgs <input type="text"/> Lost <input type="text"/> Kgs Reason <input type="text"/>
Spouse / Secondary Life	<input type="text"/> Cms or <input type="text"/> Ft. <input type="text"/> Inches	<input type="text"/> Kgs	<input type="text"/> Y <input type="text"/> N If Yes, please mention <input type="text"/> Gained <input type="text"/> Kgs <input type="text"/> Lost <input type="text"/> Kgs Reason <input type="text"/>

11. LIFE STYLE AND PERSONAL DETAILS

(Not applicable for Edelweiss Life – Forever Pension and Edelweiss Life - Saral Pension)

	Life / Primary Life to be Insured	Proposer	Spouse/ Secondary Life
1. Do you plan to live or travel outside India for more than 30 days? If Yes, please fill foreign travel questionnaire	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N
2. Have you in the past five years flown as a pilot, co-pilot, pilot instructor, student pilot or do you have any intent to fly?	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N
3. Do you take part or used to take part in any adventurous hobbies/activities such as diving, gliding, mountaineering, rock climbing or any form of racing or any other hazardous activity/hobby? If Yes, please filled appropriate questionnaire.	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N
4. Have you in the past used or do you use any habit forming drugs or narcotics or received any drug abstinence treatment? If Yes, give details <input type="text"/>	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N
5. Do you consume alcohol? If Yes, please specify consumption per week Beer (pints per week) <input type="text"/> Hard liquor (30 ml pegs per week) <input type="text"/> Wine (glasses per week) <input type="text"/>	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N
6. Do you smoke or consume tobacco in any form e.g. (paan, tobacco, gutka, etc.) ? If Yes, please specify per day consumption of Cigarettes/Cigar sticks <input type="text"/> Bidi sticks <input type="text"/> Gutka pouch <input type="text"/> Paan <input type="text"/> Tobacco pouch <input type="text"/> Others <input type="text"/>	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N
7. Have you ever stopped smoking/tobacco consumption in any form ? If Yes, please specify Duration since stopped <input type="text"/> Reason for discontinuation <input type="text"/>	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N

12. MEDICAL AND HEALTH RECORDS

(Not applicable for Edelweiss Life – Forever Pension, non CI/ATPD annuity options and Edelweiss Life - Saral Pension)

	Life / Primary Life to be Insured	Proposer	Spouse/ Secondary Life
1. Within the past five years, have you:			
a. Consulted any doctor or other health practitioner, except for common cold/influenza lasting less than four days?	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N
b. Had ECG, X-rays, blood test or any other tests done? If Yes, please specify (except pre-employment)	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N
c. Been attended by or admitted/advised to be admitted to any hospital or other medical facility or have you availed leave on medical ground?	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N
2. Are you taking any medication at present or following a diet prescribed by a doctor?	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N
3. Have you ever sought any advice or suffered from or received investigation or treatment or are you currently receiving treatment for or awaiting medical or surgical treatment for the following :			
a. Any disorder of the heart e.g. heart attack, heart murmur, heart valve disorder, breathlessness, irregular or fast heart rate, chest pain / discomfort or any other disorder of heart or blood vessels? If Yes, please fill Chest Pain Questionnaire.	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N
b. History of high blood pressure, raised cholesterol, triglycerides? If Yes, please fill Hypertension Questionnaire.	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N
c. Any other respiratory or lung trouble e.g. asthma, bronchitis, persistent cough, tuberculosis, pneumonia, coughing with blood, shortness of breath, avian flu etc.? If Yes, please fill Respiratory Questionnaire.	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N
d. Diabetes or sugar in the urine? If Yes, please fill Diabetes Questionnaire.	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N
e. Disease or disorders of kidneys, bladder, prostrate or reproductive organs, e.g. albumin in urine, blood or pus in urine, stones, sexually transmitted diseases or venereal diseases?	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N

12. MEDICAL AND HEALTH RECORDS

(Not applicable for Edelweiss Life – Forever Pension, non CI/ATPD annuity options and Edelweiss Life - Saral Pension)

	Life / Primary Life to be Insured	Proposer	Spouse/ Secondary Life
f. Any disorder of the digestive system, gall bladder or liver e.g. actual or suspected gastric or duodenal ulcer, recurrent indigestion, chronic diarrhoea, blood in stool, vomiting with blood, jaundice, cirrhosis? If Yes, please fill Digestive Disorder Questionnaire.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
g. Cancer, enlarged gland, growth or tumour, chemotherapy or radiotherapy of any kind?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
h. Any tropical diseases like malaria, dengue, filariasis, kala-azar etc.?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
i. Thyroid disorder including goitre, hyperthyroidism or thyroiditis? If Yes, please fill Thyroid Disorder Questionnaire.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
j. Anaemia, bleeding or any other disorder of the blood?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
k. Any nervous or neurological disorder e.g. epilepsy, blackouts, paralysis, anxiety, state or depression, headaches, dizziness, fits, stroke, fainting, stress related problem, brain hemorrhage, etc. If Yes, please fill Nervous disorder/ Epilepsy Questionnaire.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
l. Ear, eye, nose or throat disorder, e.g. ear discharge, defective vision, recurrent tonsillitis, double vision etc.? If Yes, please fill ENT Questionnaire.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
m. Disorder or disease of muscle, bones, joints, limbs, spine e.g. rheumatism, arthritis, gout, slipped disc, bone fracture or disorder, or other back trouble? If Yes, please fill Musculoskeletal Questionnaire.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
n. A test indicating the presence of HIV/ AIDS, Hepatitis B or Hepatitis C?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
o. Excessive Alcohol consumption or to stop drinking or received alcohol abstinence treatment. If Yes, please fill Alcohol Habit Questionnaire.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
p. Any other illness, disorder, operation, disability not stated above?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
4. Do you have deformity or physical abnormality? If Yes, please fill Deformity Questionnaire.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
5. Do you have any health related complaints or symptoms e.g. loss of appetite, persistent fever, pain, swelling etc. for which a physician has not been consulted or treatment received?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
6. For Female lives:			
a. Are you pregnant? If Yes, specify number of weeks <input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
b. Have you or have you ever had, any disorder of the female organs (breasts, ovaries, uterus) or any abnormality of pregnancy or Confinement e.g. caesarian section or miscarriage, high blood pressure, gestational diabetes, etc.? If Yes, please give details <input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

If any of the answers to question 12 are “YES”, provide the below details. (Please provide medical records pertaining to the declaration)

Name of the Life / Primary Life to be Insured / Proposer/ Spouse / Secondary Life	Question No.	Please provide details including exact diagnosis / medical condition, date of diagnosis, treatment prescribed, name of the tablets or medication

Have you ever been hospitalized for this condition? ☐ Y ☐ NDate of hospitalization Are you now fully recovered and off all medications? ☐ Y ☐ N If No, give details **13. TAX RESIDENCE DECLARATION :** (tick any one, as applicable to you)☐ I am a tax resident of India and not of any other country

OR

☐ I am tax resident of country/ies other than India mentioned separately in FATCA / CRS Annexure*

* If you are tax resident of another country then please fill in the FATCA/CRS form annexed

14. DETAILS FOR INSURANCE REPOSITORY

- Do you have an eIA account number? ☐ Y ☐ N If yes, please provide (Mandatory if Answer is “Yes”)
- If no, would you like to apply? ☐ Y ☐ N (Mandatory if Answer to Q1 is “No”, if yes to Qs 2, please submit eIA request form)
- Would you like to have an e policy? ☐ Y ☐ N (Mandatory if answer to either of the Q1 or Q2 is “Yes”)
- Specify the Insurance Repository Name for eIA creation. List of Insurance Repository:

<input type="checkbox"/> NSDL Data Management Limited	<input type="checkbox"/> CDSL Insurance Repository Limited
<input type="checkbox"/> Karvy Insurance repository Limited	<input type="checkbox"/> CAMS Repository Services Limited

15. Details of Ayushman Bharat Health Account (ABHA):

Life/Primary Life to be Insured	Proposer	Spouse / Secondary Life
1. Do you have an ABHA number? <input type="checkbox"/> Y <input type="checkbox"/> N	1. Do you have an ABHA number? <input type="checkbox"/> Y <input type="checkbox"/> N	1. Do you have an ABHA number? <input type="checkbox"/> Y <input type="checkbox"/> N
2. If no, would you like to apply? <input type="checkbox"/> Y <input type="checkbox"/> N	2. If no, would you like to apply? <input type="checkbox"/> Y <input type="checkbox"/> N	2. If no, would you like to apply? <input type="checkbox"/> Y <input type="checkbox"/> N
If yes, please provide the 14 digit ABHA Number: <input type="text"/>	If yes, please provide the 14 digit ABHA Number: <input type="text"/>	If yes, please provide the 14 digit ABHA Number: <input type="text"/>

16. DECLARATIONS

1. I/We declare and warrant on my behalf and on behalf of the person whose life is to be insured that I/We have read/been interpreted this proposal form and that the same has been explained to me/us and I/We have fully understood its content. I/We declare that the answers given in response to the questions above and the statements made by me/us in this proposal form or otherwise in support of this proposal are true, correct and complete in all respects, and there is no other information, material to this proposal, that has been withheld by me/us.
2. I/We declare that the premium amounts paid along with this proposal and payable in future under the policy, have not been generated from the proceeds of any criminal activities/offences. I/We declare that I/we shall abide by and conform to the Prevention of the Money Laundering Act, 2002 as amended from time to time or under any other applicable law/regulations.
3. I/We shall immediately inform the Company in case I/We acquire the status of Politically Exposed Person ('PEP') at any time after submitting the proposal form and during the continuance of the policy.
4. That in order to enable the Company to assess the risk under this proposal and any time thereafter, I/we hereby authorise my/our past and present employers, business associates, banks, accountants, medical practitioners, hospitals, medical source, any other life and non-life insurance company/(ies) and any other person/entity to release/discard to the Company, the records of my/our employment, business, financial position, health and medical records and other details pertaining to me/us or the Life to be Insured, as may be considered relevant for acceptance or otherwise, of this proposal. I/We agree that the insurance protection shall only be provided effective from the date of acceptance of risk by the Company.
5. I/we accord to the Company my/our consent to undergo tests for screening, confirmation, reconfirmation of overall health status of the Life to be Insured. These tests shall include but shall not be limited to medical examinations, laboratory, pathological or biological tests, cardiac, radiological investigations and other medical tests including but not limited to HIV 1 / 2 tests by various methods. I/We am/are aware that these tests are only for screening purposes and not confirmatory for HIV/AIDS. These tests may also include blood tests to detect bacterial, viral, fungal infections, if so required under the underwriting policy of the Company. I/We agree and declare that in the event of the Life to be Insured being medically examined, answers given by the Life to be Insured to the medical examiner acting on behalf of the Company shall be deemed to be part of the statements and answers given in this proposal form and subject to this declaration and warranty.
6. I/We agree that after the date of submission of this proposal form but before the issue of policy, (i) if there is any change in my/our occupation, or (ii) if there are any adverse circumstances connected with my/our financial position or the general health of the Life to be Insured/Proposer (wherever applicable); or (iii) if any proposal for insurance or an application for revival of a policy on the Life to be Insured made to any insurer is

- accepted at standard rate, withdrawn, deferred, declined, or is accepted at an increased premium, or is subject to a lien or on terms other than as proposed, I/We shall forthwith intimate the same to the Company in writing.
7. I/We understand that the statements and declarations made under this proposal for insurance will be the basis of the contract of insurance between me/us and the Company, and that the Company believing the same to be true will rely and act on them. In the case of any non-disclosure/misstatement of material facts by me/us, I/we understand that action shall be initiated by the Company immediately in accordance with the provisions of Section 45 of the Insurance Act, 1938 as amended from time to time, and in the case of fraud by me/us, I/We understand that the Company shall take action against the fraud immediately, in accordance with the provisions of Section 45 of the Insurance Act, 1938 as amended from time to time.
8. I/We understand that the policy shall be issued on the basis of this proposal subject to fulfillment of the underwriting norms and realisation of premium by the Company and the communication of the commencement of the policy to me/us.
9. I/We have disclosed my/our personal information to the Company and I/we hereby provide consent to the Company to share the same with the Company's authorised service providers for carrying out the issuance process for the proposal and servicing of the policy such as underwriting, renewal, revival, claim management, in accordance with the rules and regulations applicable from time to time.
10. I/We hereby accord my/our consent and authorise the Company, to access and obtain my personal identity data and other information maintained by any authority/government authority/other person for KYC / e-KYC for the purpose of this proposal and resulting policy.
11. The permissions, consents, authorisations given by me/us to the Company shall, remain in force in perpetuity and shall be valid for any instance requiring such permissions, consents or authorisations for this proposal and resulting policy.
12. I/We understand that the Company shall make payments to me/us in respect of the proposed insurance policy to the bank account, details of which have been provided by me/us to the Company, unless the bank account particulars are modified by my/our written communication to the Company.
13. I/We hereby declare that all the policy payouts while the life assured is minor will be used for his/her benefit only.
14. Ayushman Bharat Health Account (ABHA) Declaration : I/We provide my/ our consent to access my/ our (all insured) medical and personal records/ details, as are available in my/ our Ayushman Bharat Health Account (ABHA) and share the same with Third Party Administrators, Reinsurer (if applicable), Service Provider/s of Edelweiss Life Insurance Company Limited and/or with any Governmental and/or Regulatory authority for the sole purposes of underwriting my/ our proposal and/ or for checking the authenticity of claims lodged by me/ us and/ or to comply with the applicable Law/ Regulations

I here by give consent to all the declarations mentioned above. ☐ Y ☐ N

I/We hereby authorise the Company to send me intimations/servicing communications related to this proposal or the resulting policy at my address and contact details (email, telephone, mobile numbers) mentioned in this proposal form ☐ Y ☐ N

PLEASE DO NOT SIGN ON BLANK PROPOSAL FORM

Signature*/ Thumb impression	Life / Primary Life to be Insured	Proposer	Spouse / Secondary Life	Witness by PFA / SP / RM /Broker
<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> <div>Place</div>				

* The Proposer / Life Insured can upload a scanned copy of their signature in the above box.

VERNACULAR DECLARATION (If the Proposer/Life to insured/Annuitant(s) signs in vernacular or affixes thumb impression)

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."

OR

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 : ☐ Mr ☐ Miss ☐ Mrs ☐ Mx _____

Place: Date:

Declarant's Signature in English

Declarant Address : _____

Name of the Witness : ☐ Mr ☐ Miss ☐ Mrs ☐ Mx _____

Place: Date:

Witness Signature in English

Witness Address : _____

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

Life to be assured's Signature or Thumb Impression

Proposer's Signature or Thumb Impression

APPLICABLE PROVISIONS OF THE INSURANCE ACT, 1938 AS AMENDED FROM TIME TO TIME

SECTION 41 : No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out 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 or the insurer.

SECTION 45 OF THE INSURANCE ACT, 1938 STATES: No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of policy, i.e. from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later. A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based. 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 adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal. For further details, please refer to the Insurance Act, 1938 as amended from time to time.