EDELWEISS LIFE INSURANCE COMPANY LIMITED

(formerly known as Edelweiss Tokio Life Insurance Company Limited)

"IN CASE OF UNIT LINKED INSURANCE POLICIES THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER"

PROPOSAL FORM FOR LIFE INSURANCE

IRDAI Regn. No.: 147 | CIN: U66010MH2009PLC197336
Registered & Corporate Office: 6th Floor, Tower 3, Wing 'B', Kohinoor City, Kirol Road, Kurla (W), Mumbai 400070
Toll Free: 1800 212 1212 | Email: care@edelweisslife.in | Visit us at www.edelweisslife.in

Proposal No. ☐☐☐☐☐☐☐☐☐☐

For official use only

☐ AGENCY ☐ CORPORATE AGENCY ☐ BROKER ☐ DIRECT ☐ ONLINE

☐ WEB AGGREGATOR ☐ INSURANCE MARKETING FIRM

Whether sourced through distance marketing? ☐Y ☐N WORKSITE ☐Y ☐N

PFA/SP/RM/ Broker Code ☐☐☐☐☐☐

Branch Code ☐☐☐☐☐☐

Sub Code ☐☐☐☐☐☐

DM/CA Code ☐☐☐☐☐☐

Branch Name ☐

Corporate/Broker Branch Code ☐

(PFA-Personal Financial Advisor, SP-Specified Person, RM-Relationship Manager, DM-Development Manager, CA-Corporate Agent)

☐URBAN ☐RURAL If case should be consider as "STAFF", mention Employee Code ☐☐☐☐☐☐☐

Please affix the Photograph of Proposer

Please affix the Photograph of LA / Primary Annuitant / Primary Life to be insured

Please affix the Photograph of Spouse / Secondary Annuitant/Life

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

Proposal No. ☐☐☐☐☐☐☐☐☐☐

1. PERSONAL DETAILS

Life / Primary Life to be Insured / Primary Annuitant	**Proposer** (To be filled only if life to be Insured/Primary Annuitant and Proposer are different)
Title	
☐ Dr. ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Master ☐ Mx.	☐ Dr. ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Master ☐ Mx.
1. Name (The Policy Bond will show the name in this manner)	
FIRST NAME	FIRST NAME
MIDDLE NAME	MIDDLE NAME
SURNAME	SURNAME
2. Date of Birth	
DD MM YYYY	DD MM YYYY
3. Gender	
☐ Male ☐ Female ☐ Transgender	☐ Male ☐ Female ☐ Transgender ☐ Company
4. Marital Status^^	
☐ Single ☐ Married ☐ Widow(er) ☐ Divorcee	☐ Single ☐ Married ☐ Widow(er) ☐ Divorcee
5. PAN Card Number	
☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐
(Please fill-up Form No. 60 if PAN Card is not available)	*(Please fill-up Form No. 60 if PAN Card is not available)*
6. Name of the Father	
7. Name of the Mother	
8. Name of the Spouse	
9. Nationality	
☐ Indian ☐ NRI ☐ FNIO/PIO	☐ Indian ☐ NRI ☐ FNIO/PIO
☐ Others (Specify)	☐ Others (Specify)
10. Age Proof Submitted	
☐ Passport ☐ Driving License ☐ PAN Card	☐ Passport ☐ Driving License ☐ PAN Card
☐ School/College leaving certificate	☐ School/College leaving certificate
☐ Others (Specify)	☐ Others (Specify)

^^ *Not applicable for Edelweiss Life – Active Pension Plus Advantage*

Proposal No.

MOST IMPORTANT INFORMATION FOR FUTURE COMMUNICATION

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

11. Current Address

City	City
Pin code	Pin code
State	State

12. Permanent Address

City	City
Pin code	Pin code
State	State

13. Which of the above address is your correspondence address?

☐ Current Address ☐ Permanent Address

14. Contact Details

Phone (M)	Phone (M)
Phone (O) STD	Phone (O) STD
Phone (R) STD	Phone (R) STD
Email ID	Email ID

15. Education/Professional qualification^^

☐ Student ☐ Below 10th ☐ 10th passed	☐ Student ☐ Below 10th ☐ 10th passed
☐ 12th passed ☐ Graduate ☐ Post Graduate	☐ 12th passed ☐ Graduate ☐ Post Graduate
☐ Professional ☐ Others	☐ Professional ☐ Others
Specify highest Educational/ Professional Qualification	Specify highest Educational/ Professional Qualification

16. If Student, mention*

1. The course being pursued
2. Duration of course
3. Year / Semester/Standard
4. Name of College/Institution

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 ☐ Yes ☐ No

**Not applicable for Edelweiss Life – Active Pension Plus Advantage and Edelweiss Life - Saral Pension*

^^ Not applicable for Edelweiss Life – Active Pension Plus Advantage

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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 ☐ Dr. ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Master ☐ Mx.

1. Name (The Policy Bond will show the name in this manner)

FIRST NAME	MIDDLE NAME	SURNAME

2. Date of Birth D D M M Y Y Y Y 3. Gender ☐ Male ☐ Female ☐ Transgender

4. Marital Status^^ ☐ Single ☐ Married ☐ Widow(er) ☐ Divorcee

5. PAN Card Number | | | | | | | | | | | *(Please fill-up Form No. 60 if PAN Card is not available)*

6. Name of the Father

7. Name of the Mother

8. Name of the Spouse

9. Nationality ☐ Indian ☐ NRI ☐ FNIO/PIO ☐ Others (Specify)

10. Age Proof Submitted

☐ Passport ☐ Driving License ☐ School/College leaving certificate ☐ PAN Card

☐ Others (Specify)

MOST IMPORTANT INFORMATION FOR FUTURE COMMUNICATION

11. Current Address	12. Permanent Address
City	City
Pin code	Pin code
State	State

13. Which of the above address is your correspondence address?

☐ Current Address ☐ Permanent Address

14. Contact Details

Phone (M)	Phone (O) S T D
Phone (R) S T D	Email ID

15. Education /Professional qualification^^

☐ Student ☐ Below 10th ☐ 10th passed ☐ 12th passed ☐ Graduate ☐ Post Graduate

☐ Professional ☐ Others

Specify highest Educational/Professional Qualification

16. If Student, mention*

1. The course being pursued 2. Duration of course

3. Year / Semester/Standard 4. Name of College/Institution

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 ☐ Yes ☐ No

**Not applicable for Edelweiss Life – Active Pension Plus Advantage and Edelweiss Life - Saral Pension*

^^ Not applicable for Edelweiss Life – Active Pension Plus Advantage

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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.

[$] Q. No 2,3,4,5,6,7&8 are not applicable for Edelweiss Life Active Pension Plus Advantage

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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 no, specify details

**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 no, specify details

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.*

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4. NOMINEE DETAILS

	Nominee 1	Nominee 2	Nominee 3
Name of Nominee			
Date of Birth of Nominee	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
Gender	☐ Male ☐ Female ☐ Transgender ☐ Company	☐ Male ☐ Female ☐ Transgender ☐ Company	☐ Male ☐ Female ☐ Transgender ☐ Company
Nomination Percentage			
Relationship of Nominee with the Life to be Insured			
Current Address			
Permanent Address			
Mobile Number			
Email ID			
Bank Account Number			
IFSC Code			
Bank Name			
Branch Location			
Name of Appointee (in case Nominee is a minor)			
Date of Birth of Appointee			
Gender of Appointee	☐ Male ☐ Female ☐ Transgender	☐ Male ☐ Female ☐ Transgender	☐ Male ☐ Female ☐ Transgender
Relationship of Appointee to Nominee			
Mobile Number of Appointee			
Email ID of Appointee			
Signature of Appointee			

5. PRODUCT DETAILS

a) Product Name	Sum Assured (Rs.)	Choice of riders* (Sum Assured in Rs.)				
		CI	ADB	ATPD	IB	WOP
						☐ Yes

** Rider : CI-Critical Illness, ADB-Accidental Death Benefit, ATPD-Accidental Total and Permanent Disability, 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 _____

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For **Edelweiss Life - Saral Pension** & **Edelweiss Life - Active Pension Plus Advantage**
Are you an Existing Policyholder under a Deferred Pension Product: ☐ Yes ☐ No

If yes, Name of Insurance Company / Entity from where you wish to transfer funds to purchase Annuity ☐

Policy Number (In case of Edelweiss Life Deferred Pension Product) ☐

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

1. Plan Options ☐ Life Cover option ☐ Return of Premium option
2. Additional Benefits (multiple can be selected, *applicable only for Life Cover option)*
   ☐ 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 - 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 - 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 Flexi STAR**

1) Plan options ☐ Lumpsum Option ☐ Lumpsum plus income Option
2) Income Duration* ☐ Years 3) Preponement of Survival Benefit ☐ Yes ☐ No
4) Sum Assured Multiple ☐ 5 ☐ 7 ☐ 10
5) Income Start Year ☐
   *(*Income Duration post Premium Paying Term)*

Proposal No. ☐☐☐☐☐☐☐☐☐☐

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

1) Plan options ☐ Lump Sum Option ☐ Lump Sum plus income Option

2) Death Benefit multiple	Death Benefit Option 1	Death Benefit Option 2	Death Benefit Option 3
Age <50	☐ 7	☐ 10	☐ 20
Age >=50	☐ 5	☐ 10	☐ 20

3) Income Start Year ☐ PPT ☐ PPT+1 ☐ PPT+2 ☐ PPT+3 ☐ PPT+5 ☐ PPT+10

4) Income Duration ☐ 15 ☐ 20 ☐ 25 ☐ 30

5) Income Benefit Pay-out Frequency ☐ Annual ☐ Semi- annual ☐ Quarterly ☐ Monthly

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 - Flexi Goal Secure**

1) Plan Options ☐ Flexi Value Option ☐ Two-gether Option

2) Accumulation of Survival Benefits (at Inception) ☐ Yes ☐ No

3) Death Benefit multiple* ☐ Death Benefit Option 1 ☐ Death Benefit Option 2

*(*applicable for Flexi Value Option only)*

For **Edelweiss Life - Flexi Dream Plan**

1) Plan Options ☐ Milestone Option ☐ LiveLong Option 2) Two-gether benefit ☐ Yes ☐ No

3) Accrual of Survival Benefits (at Inception) ☐ Yes ☐ No

4) Death Benefit multiple ☐ Death Benefit Option 1 ☐ Death Benefit Option 2

5) Income frequency mode ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly

6) Income Payout ☐ Arrears (End of Year) ☐ Advance (Start of Year)

For **Edelweiss Life - Assured Income STAR**, please choose the option:

1) Plan options ☐ Regular Income ☐ Regular Income Advantage

2) Income Payout Frequency ☐ Yearly ☐ Half-yearly ☐ Quarterly ☐ Monthly

3) Death Benefit multiple	Death Benefit Option 1	Death Benefit Option 2
Age <50	☐ 7	☐ 10
Age >=50	☐ 5	☐ 10

4) Income Benefit Payout ☐ Arrears ☐ Advance

5) Advantage % ☐ 40% ☐ 50% ☐ NA

6) Accrual of survival benefits (at inception) ☐ Yes ☐ No

7) Sum Assured on Maturity (SAM) Multiple ☐☐☐☐☐☐☐☐☐☐

Proposal No. ☐☐☐☐☐☐☐☐☐☐

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

For **Edelweiss Life - Active Pension Plus Advantage**

☐ Immediate Life Annuity with Return of Purchase Price on Death (Single Life)

☐ Immediate Life Annuity (Single Life) ☐ Immediate Life Annuity (Joint life, Last Survivor)

☐ Immediate Life Annuity with Return of Purchase Price on Death (Joint life, Last Survivor)

☐ Deferred Life Annuity (Single Life)
— Deferment Period ☐☐ years

☐ Deferred Life Annuity (Joint life, Last Survivor)
— Deferment Period ☐☐ years

☐ Deferred Life Annuity with Return of Purchase Price on Death (Single Life)
— Deferment Period ☐☐ years

☐ Deferred Life Annuity with Return of Purchase Price on Death (Joint Life, Last Survivor)
— Deferment Period ☐☐ years [5 to 30 years]

For **Edelweiss Life - Saral Pension**

☐ Life Annuity with Return of 100% of Purchase Price (ROP)

☐ Joint Life Last Survivor Annuity with Return of 100 of Purchase Price (ROP) on the Death of Last Survivor

Additional Options:

Annuity amount to be paid: Rs. ☐☐☐☐☐☐☐☐☐☐

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

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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 99 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,** 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 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

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Equity Large Cap Fund [ ] %
SFIN: ULIF00118/08/11EQLARGECAP147

Equity Top 250 Fund [ ] %
SFIN: ULIF0027/07/11EQTOP250147

Bond Fund [ ] %
SFIN: ULIF00317/08/11BONDFUND147

Long Term Bond Fund [ ] %
SFIN: ULIF01426/06/20ETLLNGTERM147

PE Based Fund [ ] %
SFIN: ULIF00526/08/11PEBASED147

Managed Fund [ ] %
SFIN: ULIF00618/08/11MANAGED147

Equity Mid Cap Fund [ ] %
SFIN: ULIF01107/10/16ETLIMIDCAP147

Money Market Fund [ ] %
SFIN: ULIF00425/08/11MONEYMARKET147

Equity Bluechip Fund [ ] %
SFIN: ULIF01226/11/18ETLBLUCHIP147

GILT Fund [ ] %
SFIN: ULIF01326/11/18ETLGILTFND147

Equity Small-Cap Fund [ ] %
SFIN: ULIF01523/12/24SMALLCAP147

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** D D M M Y Y Y Y

Bank Name [ ]

Payable at Branch [ ]

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

Bank Account number [ ]

IFSC Code [ ]

Bank Name [ ]

Branch Location [ ]

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)]

Proposal No. | | | | | | | | | | |

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

	Life / Primary Life to be Insured	Proposer	Spouse/ Secondary Life
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?	Y N	Y N	Y N
If Yes, Name of the insurer			
Reason	When (Date) D D M M Y Y Y Y		
2. Have you ever received or do you now receive any disability or critical illness benefits from any insurance company?	Y N	Y N	Y N
If Yes, Name of the insurer			
Reason	When (Date) D D M M Y Y Y Y		
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).	Y N	Y N	Y N

Proposal No. | | | | | | | | | | |

	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.

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 - Saral Pension)

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

Proposal No. | | | | | | | | | | |

10. HEIGHT AND WEIGHT DETAILS**

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

*** Not applicable for Edelweiss Life - Saral Pension*

11. LIFE STYLE AND PERSONAL DETAILS**

	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##	Y N	Y N	Y 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?##	Y N	Y N	Y 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.##	Y N	Y N	Y 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 ____	Y N	Y N	Y N
5. Do you consume alcohol? If Yes, please specify consumption per week Beer (pints per week) ____ Hard liquor (30 ml pegs per week) ____ Wine (glasses per week) ____	Y N	Y N	Y 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 ____ Bidi sticks ____ Gutka pouch ____ Paan ____ Tobacco pouch ____ Others ____	Y N	Y N	Y N
7. Have you ever stopped smoking/tobacco consumption in any form ? If Yes, please specify Duration since stopped ____ Reason for discontinuation ____	Y N	Y N	Y N

##Not applicable for Edelweiss Life – Active Pension Plus Advantage
*** Not applicable for Edelweiss Life - Saral Pension*

Proposal No. | | | | | | | | | | |

12. MEDICAL AND HEALTH RECORDS**

	Life / Primary Life to be Insured		Proposer		Spouse/ Secondary Life	
Is any Person, proposed to be insured, receiving any treatment/medication and/or have in the past received treatment and/or undergone surgeries for any medical condition/disability and/or on regular medication? (Applicable only for Edelweiss Life - Active Pension Plus Advantage)	Y	N	Y	N	Y	N
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?	Y	N	Y	N	Y	N
b. Had ECG, X-rays, blood test or any other tests done? If Yes, please specify (except pre-employment)	Y	N	Y	N	Y	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?	Y	N	Y	N	Y	N
2. Are you taking any medication at present or following a diet prescribed by a doctor?	Y	N	Y	N	Y	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.	Y	N	Y	N	Y	N
b. History of high blood pressure, raised cholesterol, triglycerides? If Yes, please fill Hypertension Questionnaire.	Y	N	Y	N	Y	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.	Y	N	Y	N	Y	N
d. Diabetes or sugar in the urine? If Yes, please fill Diabetes Questionnaire.	Y	N	Y	N	Y	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?	Y	N	Y	N	Y	N
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.	Y	N	Y	N	Y	N
g. Cancer, enlarged gland, growth or tumour, chemotherapy or radiotherapy of any kind?	Y	N	Y	N	Y	N
h. Any tropical diseases like malaria, dengue, filariasis, kala- azar etc.?	Y	N	Y	N	Y	N
i. Thyroid disorder including goitre, hyperthyroidism or thyroiditis? If Yes, please fill Thyroid Disorder Questionnaire.	Y	N	Y	N	Y	N
j. Anaemia, bleeding or any other disorder of the blood ?	Y	N	Y	N	Y	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.	Y	N	Y	N	Y	N

*** Not applicable for Edelweiss Life - Saral Pension*

Proposal No. | | | | | | | | | | |

12. MEDICAL AND HEALTH RECORDS**

	Life / Primary Life to be Insured	Proposer	Spouse/ Secondary Life
l. Ear, eye, nose or throat disorder, e.g. ear discharge, defective vision, recurrent tonsillitis, double vision etc.? If Yes, please fill ENT Questionnaire.	Y N	Y N	Y 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.	Y N	Y N	Y N
n. A test indicating the presence of HIV/ AIDS, Hepatitis B or Hepatitis C ?	Y N	Y N	Y N
o. Excessive Alcohol consumption or to stop drinking or received alcohol abstinence treatment. If Yes, please fill Alcohol Habit Questionnaire.	Y N	Y N	Y N
p. Any other Illness, disorder, operation, not stated above ?	Y N	Y N	Y N
4. Do you have any disability? If Yes. please provide the details below	Y N	Y N	Y N
a. Type of disability			
b. Percentage of disability			
5. Do you have deformity or physical abnormality? If Yes, please fill Deformity Questionnaire.	Y N	Y N	Y N
6. 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?	Y N	Y N	Y N
7. For Female lives:			
a. Are you pregnant? If Yes, specify number of weeks	Y N	Y N	Y 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	Y N	Y N	Y N

*** Not applicable for Edelweiss Life - Saral Pension*

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 N Date of hospitalization D D M M Y Y Y Y

Are you now fully recovered and off all medications? Y N

If No, give details

Proposal No. | | | | | | | | | | |

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

1. Do you have an eIA account number? Y N
   If yes, please provide _____ (Mandatory if Answer is "Yes")
2. Would You Like to Apply for eIA? Y N
3. Specify the Insurance Repository Name for eIA creation. List of Insurance Repository:
   - ☐ NSDL Data Management Limited
   - ☐ CDSL Insurance Repository Limited
   - ☐ Karvy Insurance repository Limited
   - ☐ 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? Y N	1. Do you have an ABHA number? Y N	1. Do you have an ABHA number? Y N
2. If no, would you like to apply? Y N	2. If no, would you like to apply? Y N	2. If no, would you like to apply? Y N
If yes, please provide the 14 digit ABHA Number:	If yes, please provide the 14 digit ABHA Number:	If yes, please provide the 14 digit ABHA Number:
| | | | | | | | | | | | | |	| | | | | | | | | | | | | |	| | | | | | | | | | | | | |

16. Do you want to receive

Physical Copy of Policy Document Y N

Customer Information Sheet in regional language Y N If yes,

☐ Hindi ☐ Marathi ☐ Gujarati ☐ Bengali ☐ Tamil ☐ Telugu ☐ Malayalam ☐ Kannada ☐ Punjabi ☐ Assamese

17. 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/disclose 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.

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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

Proposal No. | | | | | | | | | | |

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
D D M M Y Y Y Y Place				

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

Declaration on Bima - ASBA

☐ As per the IRDAI's directions, I hereby provide my express consent and authorise Edelweiss Life Insurance Company Limited to block an amount as quoted in this proposal form (including applicable taxes), for the purpose of premium payment towards insurance. I agree and understand that this mandate shall be valid for a period of 14 days from the date of premium block mandate or date of acceptance of this proposal, whichever is earlier and that the blocked amount will be utilised towards premium payment upon proposal acceptance. I further authorise Edelweiss Life Insurance Company Limited to share information with the relevant entities for the purpose of blocking/releasing the premium amount.

DECLARATION

☐ **Declaration in vernacular or for uneducated person:** 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)

☐ **Declaration where the proposer is suffering from disability:** Declaration by the person filling the proposal form where the same is filled up on behalf of the proposer who is suffering from a disability :

"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

Relationship of declarant with the Proposer

Declarant's Signature in English

Place: Date: D D M M Y Y Y Y

Declarant Address :

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

Relationship of Witness with the Proposer

Witness Signature in English

Place: Date: D D M M Y Y Y Y

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.

Proposal No. | | | | | | | | | | |

CONFIDENTIAL REPORT BY PFA/SP/RM/BROKER

Name of the Proposer

Name of the Life to be Insured

A. Personal Details of the Life to be Insured/Proposer

1. Have you personally met the life to be insured for his application? Y N
2. Does life to be insured appears to be in good health? Y N
   If "No", give details
3. Are you aware of anything about the life to be insured / or proposed owner's lifestyle, participation in hazardous sport, habits, medical history or any risk factor that would have an adverse effect on insurability? Y N
4. Has any application or revival of life insurance on the life proposed ever been Declined, Deferred, Postponed or Accepted at Special terms? Y N
   If "Yes", give details
5. Are you personally satisfied about the financial standing of the proposed owner / life to be insured and insurability of the life to be insured? Y N
6. Are there any "Specified Suspicious Activity Observed/Reported?" Y N
   If yes, give details
7. Please state how the amount of insurance was calculated?

B. Source of Sale

☐ Reference/Cold Call ☐ Relative ☐ Financial Advisor ☐ Direct Mail
☐ Applicant's request ☐ Existing client ☐ Friend/ Acquaintance ☐ Others

I Mr./Ms. P F A N A M E
(PFA's relation with life to be insured / proposer)
of the Life to be Insured/Proposer, know him/her since_____(yrs/months/days) and hereby declare that all statements mentioned above are true and correct to the best of my knowledge and belief. I have complied with the Code of Conduct as stated in the regulations framed by the Insurance Regulatory & Development Authority and the provisions of my contract with the company applicable to the policy to be issued. I hereby confirm verifying the copies of all the documents submitted herewith against the originals. I hereby confirm that the applicable KYC /AML guidelines have been adhered to the best of my/our knowledge and the current/permanent address has been verified by me/us.

Signature of the PFA / SP / RM / Broker		PFA / SP / RM / Broker's Reporting Manager's Signature	
Name of the PFA / SP / RM / Broker		PFA / SP / RM / Broker's Reporting Manager's Name	
PFA /SP / RM / Broker Code		D D M M Y Y Y Y	Place

Instruction for Medicals

1. For Proposals which require a medical examination, we request you to undergo the required medical tests at the earliest to ensure speedy processing of the proposal
2. Please carry a photo ID as Proof of your Identification when going for a medical and/or laboratory examination
3. Prior to any blood test, please ensure fasting of 10-12 hrs (only water is allowed)
4. Please do not pass urine for atleast 1 hour before appointment, as a Urine Test would be required with Full Medical Report
5. For Females only - Please avoid going for a Full Medical Report during your menstruation cycle. Please get your appointment fixed accordingly.

Checklist

- ☐ Completely filled and signed Proposal Form
- ☐ Photo Identity
- ☐ Age Proof
- ☐ Benefit Illustration
- ☐ Proof of Residence
- ☐ Relevant Questionnaire if any
- ☐ Copies of medical report/doctor's consultation papers pertaining to health question declared in the Proposal Form
- ☐ Other (Specify) _____

Proposal no. ☐☐☐☐☐☐☐☐☐☐

Name of PFA / SP / Broker _____

Signature of PFA / SP / Broker

Date D D M M Y Y Y Y

DISCLAIMER : This is an acknowledgement and should not be considered as acceptance of risk under the proposal.

Instruction for filling up the Proposal Form

1. Before you sign this Proposal Form and addendum (if any), the personal financial advisor is obliged to have provided you with the sales brochure and Benefit Illustration containing a summary of the important information in relationship to the product you are applying for. This information will help you to understand the product and to decide whether it is appropriate to your needs.
2. Insurance is a contract of utmost good faith, which requires the Insurer, proposer and life to be insured to disclose all material facts. In case of any doubt, as to whether a fact is material or not, the fact should be disclosed. As the statements in this proposal constitute warranties, complete and accurate information must be given.
3. Please answer all questions and/or tick a box (ü) where appropriate.
4. Please strike out parts which are not applicable and write 'N.A'.
5. Strokes of Pen, dots and dashes are not accepted as replies.
6. This form is to be legibly filled by the Proposer/Life to be Insured in black or blue ink. You may dictate the answers to the questions in the proposal form to a scribe other than Personal financial advisor/corporate agent/broker/Relationship manager.
7. The proposer must sign any cancellation or alteration.
8. Please use an additional sheet where space is not sufficient.
9. Any evidence submitted should not be dated more than six months prior to the date of proposal.
10. Amount paid under the policy is acceptable only by Cheque/DD.
11. Please provide your Email ID and Mobile number as these details will be required by you to view your Policies online in the Customer Portal.
12. Only one product can be applied under one Proposal Form.
13. Please avoid submitting original documents.