EDELWEISS 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
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For official use only

Proposal No. ☐☐☐☐☐☐☐☐☐☐

☐ AGENCY ☐ CORPORATE AGENCY ☐ BROKER ☐ DIRECT ☐ ONLINE

☐ WEB AGGREGATOR ☐ INSURANCE MARKETING FIRM

☐ NATIONAL PENSION SYSTEM

Whether sourced through distance marketing? Y N WORKSITE Y N

PFA/SP/RM/ Broker Code ☐☐☐☐☐☐

Branch Code ☐☐☐☐☐☐

Sub Code ☐☐☐☐☐☐

DM/CA 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

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 ☐☐☐☐☐☐☐

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

1. PERSONAL DETAILS

Life to be Insured/Primary Annuitant	**Proposer** (to be filled if different from Life to be Insured/Primary Annuitant)
Title	
☐ Dr. ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Master	☐ Dr. ☐ Mr. ☐ Ms. ☐ Mrs. ☐ M/s.
1. Name (The Policy Bond will show the name in this manner)	
F I R S T N A M E	F I R S T N A M E
M I D D L E N A M E	M I D D L E N A M E
S U R N A M E	S U R N A M E
2. Date of Birth	
D D M M Y Y Y Y	D D M M Y Y Y Y
3. Gender	
☐ Male ☐ Female ☐ Transgender	☐ Male ☐ Female ☐ Transgender ☐ Company
4. Marital Status	
☐ Single ☐ Married ☐ Widow(er) ☐ Divorcee	☐ Single ☐ Married ☐ Widow(er) ☐ Divorcee
5. Nationality	
☐ Indian ☐ NRI ☐ FNIO / PIO / OCI ☐ Foreign National	☐ Indian ☐ NRI ☐ FNIO / PIO / OCI ☐ Foreign National
6. 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)*
7. Name of the Father	
8. Name of the Mother	
9. Name of the Spouse	
10. Education /Professional qualification	
☐ Student ☐ Below 10th ☐ 10th passed ☐ 12th passed ☐ Graduate ☐ Post Graduate ☐ Professional ☐ Others (Specify)	☐ Student ☐ Below 10th ☐ 10th passed ☐ 12th passed ☐ Graduate ☐ Post Graduate ☐ Professional ☐ Others (Specify)

11. Is Life to be insured a student: ☐ Yes ☐ No

1. If Yes, Class in which studying
2. Parents' insurance cover (INR)
3. Parents' Annual Income (INR)
4. Siblings' insurance cover (INR)

12. Relationship of the proposer with the Life to be Insured

☐ Father ☐ Mother ☐ Grandfather ☐ Grandmother ☐ HUF ☐ Employer
☐ Spouse ☐ Others (Specify)

MOST IMPORTANT INFORMATION FOR FUTURE COMMUNICATION

Life to be Insured/Primary Annuitant	**Proposer** (to be filled if different from Life to be Insured/Primary Annuitant)

13. Contact Details

Mobile +☐☐☐ ☐☐☐☐☐☐☐☐☐☐ (Country code)

Email ID

Mobile +☐☐☐ ☐☐☐☐☐☐☐☐☐☐ (Country code)

Email ID

14. Current Address

City

Pin code ☐☐☐☐☐☐

State

City

Pin code ☐☐☐☐☐☐

State

15. Permanent Address

City

Pin code ☐☐☐☐☐☐

State

City

Pin code ☐☐☐☐☐☐

State

16. Which of the above address is the Proposer's correspondence address?

☐ Current Address ☐ Permanent Address

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

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

F I R S T N A M E | M I D D L E N A M E | S U R N A M E

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

4. Name of the Father / Spouse

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

6. Marital Status ☐ Single ☐ Married ☐ Widow(er) ☐ Divorcee

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

8. Education /Professional qualification

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

☐ Post Graduate ☐ Professional ☐ Others

MOST IMPORTANT INFORMATION FOR FUTURE COMMUNICATION

9. Current Address

City

Pin code

State

10. Permanent Address

City

Pin code

State

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

☐ Current Address ☐ Permanent Address

12. Contact Details

Phone (M) Email ID

13. Is Secondary Life to be insured a student: ☐ Yes ☐ No

1. If Yes, Class in which studying
2. Parents' insurance cover (INR)
3. Parents' Annual Income (INR)
4. Siblings' insurance cover (INR)

14. Relationship of the proposer with the Secondary Life to be Insured

☐ Father ☐ Mother ☐ Grandfather ☐ Grandmother ☐ HUF ☐ Employer ☐ Spouse

☐ Others (Specify)

2. EMPLOYMENT DETAILS

Life to be Insured/Primary Annuitant

1. Occupation Type

☐ Salaried ☐ Self Employed / Professional ☐ Homemaker** ☐ Retired

☐ Agriculturist ☐ Labourer/Worker

2. **If Homemaker, provide -

Spouse's insurance cover (INR)

Spouse's Annual Income (INR)

3. Nature of Business/Profession

4. Organisation Name

5. Nature of Duty/Job

6. Designation/Position held

7. Annual Income (INR)

8. Are existing ELI deferred pension policy(ies) being used to purchase this policy

If Yes, Please Specify the Policy Number

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

1. Occupation Type

☐ Salaried ☐ Self Employed / Professional ☐ Homemaker** ☐ Retired

☐ Agriculturist ☐ Labourer/Worker

2. **If Homemaker, provide -

Spouse's insurance cover (INR) _____

Spouse's Annual Income (INR) _____

3. Nature of Business/Profession _____

4. Organisation Name _____

5. Nature of Duty/Job _____

6. Designation/Position held _____

7. Annual Income (INR) _____

8. Are existing ELI deferred pension policy(ies) being used to purchase this policy

If Yes, Please Specify the Policy Number _____

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. Occupation Type

☐ Salaried ☐ Self Employed / Professional ☐ Homemaker** ☐ Retired

☐ Agriculturist ☐ Labourer/Worker ☐ Student

2. **If Homemaker, provide -

Spouse's insurance cover (INR) _____

Spouse's Annual Income (INR) _____

3. Nature of Business/Profession _____

4. Organisation Name _____

5. Nature of Duty/Job _____

6. Designation/Position held _____

7. Annual Income (INR) _____

8. Are existing ELI deferred pension policy(ies) being used to purchase this policy

If Yes, Please Specify the Policy Number _____

3. OTHER DETAILS

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. Policy Categorisation

☐ Individual ☐ HUF ☐ MWP Act ☐ Employer- Employee(Scheme A)

☐ Employer-Employee (Scheme B) ☐ Others (Specify) _____

3. Tax Residence Declaration

☐ 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*

4. PRODUCT DETAILS

Product Name ☐

Product / death benefit option ☐

Sum Assured (INR) ☐ Policy Term ☐ years

Premium Paying Frequency ☐ Single ☐ Yearly ☐ Half-Yearly

Premium Paying Term ☐ Single ☐ Regular ☐ Limited ☐ years ☐ Quarterly ☐ Monthly

Payout Option (choose any one of the following depending on the Plan opted)

For **Wealth Ultima** ☐ Option 1 (To age 99 years or less) ☐ Option 2 (To age 100 years)

Systematic Withdrawal Plan ☐ Yes ☐ No If yes, mention % p.a. ☐ . ☐ % of Fund Value

Frequency ☐ Yearly ☐ Half-Yearly ☐ Quarterly ☐ Monthly Policy year from SWB payable ☐

For **Guaranteed Income STAR**

1) Income Start Point* years ☐ 2) Income Duration* ☐ years

*(*applicable for Flexible Income Plan option only)*

3) Income Benefit Pay-out Type# ☐ Level Income ☐ Increasing Income

(#applicable for Large Income Plan option only)

4) Income Benefit Pay-out Frequency** ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly

*(**applicable for Flexible Income Plan option only)*

5) Family Income Benefits: ☐ On CI and Death ☐ On Death ☐ No 6) Lump Sum benefit ☐ Yes ☐ No

For **Premier Guaranteed STAR**

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

2) Lumpsum benefit ☐ Yes ☐ No

For **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 - 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 **Flexi-Savings Plan**

1) Income Start Year* ☐ years 2) Accrual of Survival Benefits* ☐ Yes ☐ No

3) Life Cover Continuation Benefit ☐ Yes ☐ No

*(*applicable for Flexi-Income Option and Flexi-Income PRO Option only)*

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)*

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 ☐

For **Wealth Rise+**, complete the following section:

1. Little Star Benefit ☐ Yes ☐ No (Little Star Benefit is available only under Base Cover)

2. 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

Rider Options

Rider Names	CI	ADB	ATPD	IB	WOP
Sum Assured (INR)					☐ Yes

Payor Waiver Benefit Rider Option ☐ On Death ☐ On CI & ATPD ☐ On Death or CI or ATPD

Investment Options (applicable to Unit Linked Plans only)

Wealth Ultima ☐ Systematic Transfer Plan, if yes choose ☐ Life Stage & duration based STP ☐ Profit target based STP OR ☐ Self Managed Option

please fill the fund allocation section

1. Choose the Investment Strategy

Easy Pension ☐ Aggressive ☐ Conservative

Wealth Plus ☐ Lifestage & Duration Based Strategy ☐ Self managed Strategy

Wealth Rise+ ☐ Lifestage & Duration Based Strategy ☐ Self managed Strategy

2. Fund Allocation - Total should be 100%

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

Strategic Allocation Fund ☐ % — SFIN: ULIF01614/10/26STRATEGIC147

5. PREMIUM DETAILS

Base Plan Premium/Purchase Price INR

Rider Premium INR

Total Premium/Purchase Price incl. Applicable taxes INR

Cheque/DD INR

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

6. 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			

7. INSURANCE HISTORY

[Details to be filled for Spouse if opted for Life Partner / Child (Joint Life)]

	Life to be Insured	Proposer	Spouse/ Secondary Life
1. Has any of your propoal for life insurance/health insurance/ accidental or critical illness benefit was either rejected OR declined Or postponed by any Life or Health Insurance Company in India / Overseas either at primary login / renewal / reinstatement stage ?	Y N	Y N	Y N
If Yes for life to be insured, provide Reason for Decline/postpone			
If Yes for Proposer, provide Reason for Decline/postpone			
2. Do you have any pending or lapsed or inforced insurance policy issued at standard rates or at special terms (with extra premium) by any Life insurance company/ies in India and Overseas (in INR).	Y N	Y N	Y N
If yes, provide details below			

Details	Name of the Insurer	Sum Assured	Acceptance Terms (Standard / Extra premium)	Reason for Extra Premium
Life to be Insured				
Proposer				
Spouse / Secondary Life				

8. 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 ☐

9. LIFESTYLE and HEALTH DETAILS

	Life to be Insured	Proposer	Spouse/ Secondary Life
1. Do you consume or have consumed alcohol, tobacco or any other narcotic substance? If Yes, give details	Y N	Y N	Y N

Substance Consumed	Consumed as	Life to be Insured Quantity	Life to be Insured Since No of years	Proposer / Spouse Quantity	Proposer / Spouse Since No of years	Proposer / Spouse Quantity	Proposer / Spouse Since No of years
Tobacco	Cigar | Cigarettes | Beedi | Paan | Gutka | Tobacco | Jarda | etc.	Quantity/ per day		Quantity/ per day		Quantity/ per day	
Alcohol	Beer | Wine | Hard Liquor | etc.	Quantity/ per week		Quantity/ per week		Quantity/ per week	
Any Narcotics	Total Sum Assured	Quantity/ per day		Quantity/ per day		Quantity/ per day	

		Life to be Insured	Proposer	Spouse/ Secondary Life
2	Have you ever stopped smoking / consumption of alcohol / narcotics / tobacco in any form ? If yes for Life to be Insured, duration since stopped _____days/months/years, Tobacco/Alcohol/narcotics _____ _____ & Reason for discontinuation _____ If yes for Proposer/ Spouse, duration since stopped _____ days/ months/years, Tobacco/Alcohol/narcotics _____ _____ & Reason for discontinuation _____ _____	Y N	Y N	Y N
3	Are you currently taking any medication or undergoing medical treatment OR in the past 5 years, have you been advised to undergo any surgery, medical investigation or medical treatment for any medical condition (other than common cold and flu not lasting more than 5 days?)	Y N	Y N	Y N
4	Have you ever been diagnosed or received a treatment for any disease/disorder pertaining to head, brain, eyes, ears, nose, throat, thyroid, heart, lungs, chest, spine, stomach, gall bladder, liver, pancreas, kidneys, intestine, reproductive organ, bones, joints, muscles, skin or blood.	Y N	Y N	Y N
5	Have you ever undergone/ been advised to undergo any tests/investigations/surgery/hospitalisation or been diagnosed with/treated for/currently receiving a treatment for any of the following?			
i	Hypertension, heart attack, diabetes, endocrine disorders, anaemia, asthma, tuberculosis, respiratory disease, cirrhosis of liver, jaundice, pancreatitis.	Y N	Y N	Y N
ii	Paralysis, stroke, motor neuron disease, epilepsy, muscular dystrophy, musculoskeletal disorders, neurological disorders, congenital defect or physical deformity/disability.	Y N	Y N	Y N
iii	Cancer, tumour, anxiety, depression, mental disorder, sexually transmitted disease, HIV, AIDS, hepatitis B or C,	Y N	Y N	Y N
6	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			

	Life to be Insured	Proposer	Spouse/ Secondary Life
7 For female lives above age 18			
i Are you pregnant? If yes, specify number of weeks. Or had any abnormality of pregnancy, e.g: miscarriage, high blood pressure, gestational diabetes.	Y N	Y N	Y N
ii Have you suffered / are suffering from or have undergone investigation or treatment for any gynaecological complications such as disorders of Cervix, uterus, ovaries, breast , breast lump, cyst etc.?	Y N	Y N	Y N
8 In additional to the above information, is there any other health related information/adversity that you would like to share with us?			

(If any of the above question is answered as 'yes', please fill up the below MEDICAL QUESTIONNAIRE)

MEDICAL QUESTIONNAIRE	For Life to be Insured		For Proposer	For Spouse / Secondary Life
	Question No _____	Question No _____	Question No _____	Question No _____
1. Name of disease/ disorder/medical condition diagnosed				
2. Date of diagnosis	☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐
3. Details of the Treatment given /Tests undergone				
4. Details of the medicines & dosage				
5. Name of the treating doctor				
6. Date of any further tests/treatment/ follow-up advised				
7. Any complications as a result of this condition?				
8. Additional Remarks (if any)				

10. 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

11. 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:

12. 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

13. 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.

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/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

I here by give consent to all the declarations mentioned above. 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
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 ☐ Ms ☐ Mrs

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 ☐ Ms ☐ Mrs

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 : 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.

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

edelweiss life insurance

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.