


|   |   |                          |
|---|---|--------------------------|
|  <p>भारतीय जीवन बीमा निगम<br/>LIFE INSURANCE CORPORATION OF INDIA</p> | <p>FORM NO -506<br/>PROPOSAL FORM FOR LIC's NAVJEEVAN PLAN<br/><b>(For Insurance On Own Life )</b><br/>(This form is not to be used for insurance on the lives of minors)<br/>(Established by the Life Insurance Corporation Act, 1956)</p> | <p>LATEST PHOTOGRAPH</p> |
|---|---|--------------------------|

**INSTRUCTIONS TO FILL UP PROPOSAL FORM**

1. This form is to be completed in **BLOCK LETTERS** by the Proposer or the Life to be Assured.
2. Insurance is a contract of utmost good faith which requires all material facts to be disclosed to the Insurance Company 3. If the Proposer or the Life to be Assured signs this proposal in vernacular or puts his/her thumb impression upon it, then the respective declaration must be completed.
4. Answers should be legible. Questions should be answered in 'Yes' or 'No'. (Strokes / dots / dashes / leaving the questions unanswered will not be accepted). Details need to be provided in case of affirmative answers.
5. The Proposer and the Life to be Assured must countersign any cancellation or alterations made in this form. White ink must not be used.

|   |            |      |
|---|------------|------|
| Are you registered with LIC Portal: Yes /No | Inward no. | Date |
| If yes, give Customer - ID: _____           |            |      |
| If no, give your E-mail ID: _____           |            |      |

**Whether proposal is under (please tick relevant options)**

1. Individual life      2. Employer- Employee Scheme      3. HUF      4. NRI / FNIO      5. MWP

if answer to any questions other than the 1<sup>st</sup> is yes, please submit relevant questionnaire / annexure/supporting documents along with the proposal form.

|   |  |
|---|--|
| <p><b>To be filled by agent:</b><br/>Division:<br/>Branch Office:<br/>D.O./CLIA Code No / Mentor &amp; Mobile number :<br/>Agent's/Specified Person's/DSE's/Sup Agent's Name &amp; Code No &amp; Mobile number:<br/>_____<br/>Licence No:<br/>Date of Expiry:</p> | <p><b>For Office use:</b><br/><br/>Proposal no :<br/>Amt of Deposit :<br/>B.O.C No:<br/>Date :</p> |
|---|--|

|   |   |  |
|---|---|--|
| 1 | Full name and address of the life to be assured to which communications are to be sent<br>Mr./Mrs./Ms.: | Objective of Insurance :   |
|   | Address   | Nationality:   |
|   | Pin   | Place of Birth   |
|   | Tel: (With STD Code):<br>Res:      Off:      \  | Sex:   |
|   | Mobile No:<br>e-mail  | Date of Birth _____<br>Age (nearer birthday) _____ years<br>Nature of age proof submitted: _____ |

|  |  |                     |                         |  |
|--|--|---------------------|-------------------------|--|
| 2<br>(a)   | Residential address, if different from above<br><br>Pin:<br>Father's Full name   |                     |                         |  |
| 2<br>(b)   | Nominee (s) Full name and address  | Percentage of share | Age                     | Relationship with the life to be assured   |
|  |  |                     |                         |  |
|  |  |                     |                         |  |
|  |  |                     |                         |  |
|  |  |                     |                         |  |
|  |  |                     |                         |  |
|  | If nominee is a minor, appointee's full name and address   | Age                 | Relationship to nominee | Signature of appointee as token of consent |
| Note: It is in the interest of the proposer to avail of the facility of nomination |  |                     |                         |  |
| 3  | <p>Note: Under this plan, premium can be paid either as Single premium payment or limited premium payment for a period of 5 years.</p> <p><b>Under Single premium "Sum Assured on death"</b> is 10 times of 'Tabular Single Premium for the chosen Basic Sum Assured'.</p> <p><b>Under Limited premium payment</b>, if you are aged 45 years (nearer birthday) and above, you have two options to choose depending upon your specific needs and planning:</p> <p><b>Option 1: "Sum Assured on death"</b> equal to 10 times of Annualised Premium.</p> <p><b>Option 2: "Sum Assured on death"</b> equal to Higher of 7 times of Annualised premium or Basic Sum Assured</p> <p><b>If you are aged below 45 years (nearer birthday), only Option 1 is available.</b></p> |                     |                         |  |
| 3(a)   | Plan & Term:   |                     |                         |  |
| 3(b)   | Basic Sum Proposed:  |                     |                         |  |
| 3(c)   | Premium Paying term: Single Premium/Limited premium  |                     |                         |  |
| 3(d)   | Under Limited Premium Payment , If you are aged 45 years and above , choose one out of the given options<br>Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/>  |                     |                         |  |
| 3(e)   | Accidental Death and Disability Benefit rider sum proposed(Not to exceed Sum Assured on Death mentioned in 3 above)(if required) :   |                     |                         |  |
| 3(f)   | If policy is to be dated back: Yes /No. If Yes, indicate date :  |                     |                         |  |
| 3(g)   | Amount deposited :   |                     |                         |  |

|       |   |                             |                                  |  |  |
|-------|---|-----------------------------|----------------------------------|--|--|
| 3(h)  | Mode (Yearly, Half-yearly, Quarterly, Monthly (NACH), SSS, Single Premium)  | Paying authority code       | Dept No                          | Badge or SR No                             |  |
|       |   |                             |                                  |  |  |
| 3(i)  | Do you wish to avail "Option to take Maturity Benefit in installments "(Settlement Option ):Yes /No<br>Do you wish to avail "Option To Take Death Benefit In Installments" : Yes/ No<br>If 'Yes', Kindly fill the respective addendum which is part of the proposal form. |                             |                                  |  |  |
| 4 (a) | Present occupation  | Exact nature of duties      |                                  |  |  |
|       |   |                             |                                  |  |  |
| 4 (b) | Name of Present Employer  | Length of service completed |                                  |  |  |
|       |   |                             |                                  |  |  |
| 4 (c) | Have you any prospect or intention of engaging in aviation or entering Naval or Military Service or taking up any other hazardous occupation or pursuit? If so, give details  |                             |                                  |  |  |
| 4 (d) | Is your occupation associated with any specific hazard or do you take part in hazardous activities or have hobbies that could be dangerous in any way? If yes , give details and submit respective questionnaire .  |                             |                                  |  |  |
| 4 (e) | Are you a Politically Exposed Person OR are you a family member or close relative of Politically Exposed Person?[As per RBI guidelines PEPs are the individuals who are or have been entrusted with prominent public functions in a foreign country.]                     |                             |                                  |  |  |
| 4 (f) | Have you ever been or are currently being investigated, charge sheeted, prosecuted or convicted in respect of any criminal/civil offences in any court of law in India or abroad ?If yes, give details.   |                             |                                  |  |  |
| 5     | Educational qualification   | Annual Income Rs            | Sources of Income                | Are you an Income-Tax Assessee?<br>PAN NO: |  |
|       |   |                             |                                  |  |  |
| 5(1)  | Whether Proposer is registered under GST Act: YES/ NO   |                             |                                  |  |  |
|       | If Yes, provide GSTIN   |                             |                                  |  |  |
| 6     | If you are employed in the armed forces, please give details :  |                             |                                  |  |  |
|       | Wing to which you belong  | Rank therein                | Date of last Medical Examination | Medical category after medical examination | Were you ever below A-1 category? If so, when? |
|       |   |                             |                                  |  |  |

|       |  |                      |
|-------|--|----------------------|
| 7     | a. Is your life now being proposed for another assurance or an application for revival of a policy on your life or any other proposal under consideration in any office of the Corporation or to any other insurer? If yes, give details |                      |
|       | b. Whether proposed simultaneously on the life of spouse and children? if yes, give details  |                      |
| 8 (a) | Has a proposal ( or an application for revival of a policy) on your life made to any office of the Corporation or to any other insurer ever been:  | Answer 'YES' or 'NO' |
|       | a) Withdrawn, Deferred, Dropped or Declined?   | If yes, give details |
|       | b) Accepted with extra Premium or Lien?  |                      |
|       | c) Accepted on terms other than those proposed?  |                      |
| 8 (b) | Have you during the past one year returned any policy of the Corporation as the same was not acceptable to you? If so, give details:   |                      |
| 9     | Please give details of your previous insurance taken from LIC as well as from other insurers (including policies surrendered / lapsed during last 3 years)   |                      |

| S No | Policy number | Name of Division or branch/ name of insurer if other than LIC | Plan & Term | Sum Assured | Term assurance rider sum assured | Critical illness rider sum assured | Sum assured of Accidental Benefit Riders ( including Group Policies) | Date of commencement/ Revival | Whether accepted as proposed at ordinary rates, if not give details | Medical Or Non Medical | Whether in force for full sum assured | If not, give due date of last premium paid or date of surrender |
|------|---------------|---|-------------|-------------|----------------------------------|------------------------------------|--|-------------------------------|---|------------------------|---------------------------------------|---|
|      |               |   |             |             |                                  |                                    |  |                               |   |                        |                                       |   |
|      |               |   |             |             |                                  |                                    |  |                               |   |                        |                                       |   |
|      |               |   |             |             |                                  |                                    |  |                               |   |                        |                                       |   |
|      |               |   |             |             |                                  |                                    |  |                               |   |                        |                                       |   |

N.B. : Corporation does not entertain any fresh proposal for insurance where a policy has lapsed or has been converted into paid up policy within the last 3 years.

| 10(a) Family History |  |              |  |                        |   |
|----------------------|--|--------------|--|------------------------|---|
|                      |  | Living       |  | Dead                   |   |
|                      |  | Age          | State of health  | Age at death           | Year/cause of death                                     |
|                      | Father   |              |  |                        |   |
|                      | Mother   |              |  |                        |   |
|                      | Brothers<br>Living .....   |              |  |                        |   |
|                      | Dead .....   |              |  |                        |   |
|                      | Sisters<br>Living.....   |              |  |                        |   |
|                      | Dead.....  |              |  |                        |   |
|                      | Wife / Husband   |              |  |                        |   |
|                      | Children<br>Living.....  |              |  |                        |   |
|                      | Dead.....  |              |  |                        |   |
| 10 (b)               | Have your parents / brothers / sisters / spouse / children ever suffered from or died of heart disease, stroke, high blood pressure, diabetes mellitus, any form of eye disease, cancer, kidney disease or paralysis or any hereditary disorders, tuberculosis, or any contagious diseases such as hepatitis, AIDS / HIV etc.? |              |  | Yes/No                 | If , yes , specify date / Year of death/ Cause of death |
| 11                   | Personal History   |              |  | Answers ' Yes' or 'No' | If ' Yes', please give full details                     |
| a.                   | During the last five years did you consult a Medical Practitioner for any ailment requiring treatment for more than a week?  |              |  |                        |   |
| b.                   | Have you ever been admitted to any hospital or nursing home for general check up, observation, treatment or operation?   |              |  |                        |   |
| c.                   | Have you remained absent from place of work on grounds of health during the last 5 years?  |              |  |                        |   |
| d                    | Are you suffering from or have you ever suffered or undergone investigation in the past or have you been advised to undergo investigation or treatment for the following ailments:   |              |  |                        |   |
|                      | Disease  | Yes' or 'No' |  |                        | Yes' or 'No'  |
|                      | 1. Lungs/ Respiratory Disease / Persistent cough, asthma, bronchitis, pneumonia, spitting of blood etc   |              | 2. Hypertension, Hypotension, rheumatic fever, pain in chest, breathlessness, palpitation, any disease of the heart or arteries? |                        |   |
|                      | 3. Peptic ulcer/colitis, jaundice, anaemia, piles, dysentery, or any other disease of the stomach, liver, spleen, gall bladder or pancreas/ digestive disorder   |              | 4. Any disease of kidney /prostate or urinary system?  |                        |   |

|    |   |                   |  |  |                                      |
|----|---|-------------------|--|--|--------------------------------------|
|    | 5. Paralysis/epilepsy/ insanity/ tremors, numbness, double vision, dizzy or fainting spells/ head Injury / insomnia/ nervous breakdown / any other disease of the brain or the nervous system       |                   | 6. Hernia/hydrocele, varicocele, fistula, varicose veins, ,filariasis, gonorrhoea, syphilis or any other venereal disease? |  |                                      |
|    | 7.Cancer/leukemia/lymphoma/ tumour / cyst/ Any other growth / lumps/ blood disorder /enlarged glands  |                   | 8. Any disease of ear, nose, throat or eyes, including defective sight or hearing and discharge from the ears              |  |                                      |
|    | 9. Diabetes/ suffering from diabetes or have you ever passed sugar, albumin, pus or blood in urine/ Goitre/ Thyroid or other endocrine disorder   |                   | 10. Bone / Joint/ Spine Disease/ Arthritis   |  |                                      |
|    | 11.Mental Disorder (Depression/ Anxiety, etc.).   |                   | 12.Chronic infections-Tuberculosis/ pleurisy / Skin Disease/ skin eruption/ Leprosy.                                       |  |                                      |
|    | 13. Disease of teeth such as pyorrhoea missing teeth, whether wearing denture   |                   | 14. Any Operation, accident or injury/ any bodily defect or deformity.   |  |                                      |
|    | 15. Any other disease?  |                   |  |  |                                      |
| e  | If answer to any of the questions is yes, please give details as below ( If hospitalized , enclose the discharge summary) and all investigation papers along with the proposal form                 |                   |  |  |                                      |
|    | Nature of disease / illness   | Date of Diagnosis | Fully recovered (Y/N)  | Still on treatment (Y/N), If Yes give details of treatment | Name and address of Doctor/ Hospital |
|    |   |                   |  |  |                                      |
| f. | Do you smoke/consume or have you ever smoked/consumed the following (i,ii,iii)  |                   | YES/NO<br>If yes, quantity consumed and duration   | If stopped, since how many months                          |                                      |
|    | (i) Alcoholic drinks  |                   |  |  |                                      |
|    | (ii) Narcotics  |                   |  |  |                                      |
|    | (iii) Any other drugs   |                   |  |  |                                      |
|    | (iv) Do you smoke/consume or have you smoked/consumed tobacco in any form (cigars, cigarettes, beedis, pan masala, etc.) in the past 60 months. (in sticks /packets/ sachets/day or gms /day)       |                   |  |  |                                      |
| g. | What has been your usual state of health?   |                   |  |  |                                      |
| h. | Have you or <b>your partner/ spouse / Parents</b> ever required or are at present availing /undergoing medical advice, treatment or tests in connection with Hepatitis B or AIDS related condition? |                   |  |  |                                      |

|                              |  |  |  |  |                              |
|------------------------------|--|--|--|--|------------------------------|
| 12                           | In non-medical cases, please state exact height in cms, and weight in kgs. (without shoes)   |  |  | Height (in cms)  | Weight (in Kgs)              |
|                              |  |  |  |  |                              |
| <b>FOR FEMALE PROPONENTS</b> |  |  |  |  |                              |
| 13(a)                        | Are you pregnant now?  | Date of last delivery  | Have you had any abortion or miscarriage or Caesarian section? If so, give details | <b>Have you ever consulted a gynecologist or undergone any investigation, treatment for any gynaec ailment? (If yes, give details)</b> |                              |
|                              |  |  |  |  |                              |
| 13 (b).                      | Husband's full name  |  |  |  |                              |
|                              | His Occupation   |  |  |  |                              |
|                              | His annual Income  |  |  |  |                              |
| 13(c)                        | Details of husband's insurance   |  |  |  |                              |
|                              | Policy number  | Name of branch/ Division/ private insurer from where policy has been taken | Sum Assured  | Plan & Term  | Present status of the policy |
|                              |  |  |  |  |                              |
|                              |  |  |  |  |                              |
|                              |  |  |  |  |                              |
| 14                           | Have you understood fully the terms & conditions of the plan you propose to take?            |  | Yes /No  |  |                              |
| 15                           | Whether the terms & conditions of the proposed plan have been explained to you by the agent? |  | Yes /No  |  |                              |
| 16                           | Please provide the following information to help us to serve you better.                     |  |  |  |                              |
|                              | Bank Account details:  |  |  |  |                              |
|                              | a) Type of Account-Savings / Current:  |  |  |  |                              |
|                              | b) Your Account No : _____   |  |  |  |                              |
|                              | c) MICR Code: _____  |  |  |  |                              |
|                              | d) IFS Code: _____   |  |  |  |                              |
|                              | e) Name and Address of your bank: _____  |  |  |  |                              |
|                              | Attach a photocopy or cancelled cheque with the form   |  |  |  |                              |

**DECLARATION BY THE PROPOSER**

I \_\_\_\_\_ the person whose life is herein being proposed to be assured, do hereby declare that the foregoing statements and answers have been given by me after fully understanding the questions and the same are true and complete in every particular and that I have not withheld any information and I do hereby agree and declare that these statements and this declaration shall be the basis of the contract of assurance between me and the Life Insurance Corporation of India and that if any untrue averment be contained therein the said contract shall be dealt with as per provisions of Section 45 of the Insurance Act,1938 as amended from time to time.

Notwithstanding the provision of any law, usage, custom or convention for the time being in force prohibiting any doctor, hospital and/or employer from divulging any knowledge or information about me concerning my health or employment on the grounds of secrecy, I, my heirs, executors, administrators and assignees or any other person or persons, having interest of any kind whatsoever in the policy contract issued to me, hereby agree that such authority, having such knowledge or information, shall at any time be at liberty to divulge any such knowledge or information to the corporation.

And I further agree that if after the date of submission of the proposal but before the issue of First Premium Receipt (i) any change in my occupation or any adverse circumstances connected with my financial position or the general health of myself or that of any members of my family occurs or (ii) if a proposal for assurance or an application for revival of a policy on my life made to any office of the Corporation is withdrawn or dropped, deferred or accepted at an increased premium or subject to a lien or on terms other than as proposed, I shall forthwith intimate the same to the Corporation in writing to reconsider the terms of acceptance of assurance. Any omission on my part to do so shall render this contract to be dealt with as per provisions of Section 45 of the Insurance Act, 1938 as amended from time to time.

Dated at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20

\_\_\_\_\_  
Signature of Witness

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

assured

\_\_\_\_\_  
Signature or Thumb impression of the person whose life is proposed to be

**1. 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 or in case the proposer is person with disability (PWD) where he/she is not able to fill the proposal form himself/ herself.)**

“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 and proposer has affixed the thumb impression/ signature as below after fully understanding the contents thereof.”

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

Signature: \_\_\_\_\_

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

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

\_\_\_\_\_  
Signature or thumb impression of the person whose life is proposed to be assured



2. In case the Proposer is illiterate, his/her thumb impression should be attested by a person of standing whose identity can easily be established, but unconnected with the Corporation and this declaration should be made by him.

"I hereby declare that I have fully explained the above questions and contents of the proposal form to the proposer in \_\_\_\_\_ language, and that the proposer has affixed the thumb impression above after fully understanding the contents thereof."

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

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

**SECTION 45 OF THE INSURANCE ACT, 1938 AS AMENDED BY INSURANCE LAWS (AMENDMENT) ACT, 2015**

(1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the 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.

(2) 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 the materials on which such decision is based.

Explanation I - For the purpose of this sub section, the expression "fraud" means any of the following acts committed by the insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy :

- (a) The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
- (b) The active concealment of a fact by the insured having knowledge or belief of the fact ;
- (c) Any other act fitted to deceive ; and
- (d) Any such act or omission as the law specially declares to be fraudulent.

Explanation II – Mere silence as to facts likely to affect the assessment of the risk by the insurer is not fraud, unless the circumstances of the case are such that regard being had to them, it is the duty of the insured or his agent, keeping silence to speak, or unless his silence is, in itself, equivalent to speak.

(3) Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intension to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer:

Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.

Explanation: A person who solicits and negotiates a contract of insurance shall be deemed for the purpose of the formation of the contract, to be agent of the insurer.

(4) 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 that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued:

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 to repudiate the policy of life insurance is based:

Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the

date of such repudiation.

Explanation – For the purposes of this sub-section, the mis-statement of or suppression of fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer, the onus is on the insurer to show that had the insurer been aware of the said fact no life insurance policy would have been issued to the insured.

(5) Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.'

**SECTION 41 OF THE INSURANCE ACT,1938 AS AMENDED BY INSURANCE LAWS(AMENDMENT )ACT,2015**

- 1) 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 prospectus or tables of the insurer.

Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the Insurance agent satisfies the prescribed conditions establishing that he is a bonafide Insurance Agent employed by the insurer.

- 2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

**FOR MEDICAL CASES ONLY**

"I certify that the Life Assured has signed/put his/her thumb impression in my presence after admitting that all the answers to Questions Nos.10 &11 and onwards of this form have been correctly recorded."

\_\_\_\_\_  
Signature or thumb impression  
of the proposed

N.B. Signature or thumb impression should be  
affixed in the presence of Medical Examiner.

\_\_\_\_\_  
(Signature of the Medical Examiner)



**Addendum to Proposal Form for Settlement Option (for Maturity Benefit)**

*(To be furnished by the Life Assured/Policyholder)*

**Proposal No. / Policy No.**

Do you wish to avail Settlement Option (for Maturity Benefit) under the proposal / policy? YES /NO

If yes, please Tick/Strikeout (if not applicable) the following:

(i) Period for settlement option (in years): 5 / 10 / 15

(ii) Whether Settlement Option (for Maturity Benefit) is required for: Full / Part of the benefit proceeds

If in part, specify the amount/ percentage of the benefit proceeds:

Absolute amount: -----

Percentage of benefit proceeds: -----

(iii) Mode of Installment payment: Yearly / Half-Yearly / Quarterly / Monthly

Date: \_\_\_\_\_

Signature of the Life Assured/Policyholder

Place: \_\_\_\_\_ Name of Life Assured/Policyholder \_\_\_\_\_

**Addendum to Proposal Form for Option to take Death Benefit in Installments**

*(To be furnished by the Life Assured / Policyholder)*

**Proposal No. / Policy No.**

Do you wish to avail Option to take Death Benefit in Installments under the proposal / policy? YES/ NO

If yes, please Tick/Strikeout (if not applicable) the following:

(i) Period for Option to take Death Benefit in Installments (in years): 5 / 10 / 15

(ii) Whether Option to take Death Benefit in Installments is required for: Full / Part of the benefit proceeds

If in part, specify the amount/ percentage of the benefit proceeds:

Absolute amount: -----

Percentage of benefit proceeds: -----

(iii) Mode of Installment payment: Yearly / Half-Yearly / Quarterly / Monthly

Date: \_\_\_\_\_

Signature of the Life Assured /Policyholder

Place: \_\_\_\_\_ Name of Life Assured//Policyholder \_\_\_\_\_

| <b>AGENTS CONFIDENTIAL REPORT/MORAL HAZART REPORT</b>                   |   |                           |                |              |
|---|---|---------------------------|----------------|--------------|
| Agency code<br>Agent's/Specified Person's Name & Address/Moblile number |   | D.O./CLIA Code No./Mentor |                |              |
|   |   | Mobile number             |                |              |
|   |   | Club Membership           | Licence No.    |              |
|   |   |                           | Date of Expiry | Sum Proposed |
| 1   | Name of Proposer  | Age                       |                |              |
|   | (a) How long do you know the proposed?  |                           |                |              |
|   | (b) Are you related to him/her? If so, give details.  |                           |                |              |
|   | (c) What is the educational qualification of the life proposed?   |                           |                |              |
|   | (d) Whether the life proposed is a Politically Exposed Person (PEP) or a family member or close relative of a Politically Exposed Person? [As per RBI guidelines, PEPs are individuals who are or have been entrusted with prominent public functions in a foreign country.] If yes give details. |                           |                |              |
| 2   | (i) Give details of the Annual income from  | Proposer                  | Life Proposed  | Remarks      |
|   | (a) Employment  |                           |                |              |
|   | (b) Business/Profession   |                           |                |              |
|   | (c) H.U.F.  |                           |                |              |
|   | (d) Other Source (Specify details)  |                           |                |              |
|   | Total   |                           |                |              |
|   | (ii) What proof of income verified by you in respect of income stated above?  |                           |                |              |
|   | (a) Whether it is salary sheet or certification issued by the employer?   |                           |                |              |
|   | (b) Whether it is certificate issued by C.A.? What is the Permanent Account No. allotted by IT authority?   |                           |                |              |
|   | (c) Whether copies of income tax returns verified/ What is the PAN Number?  |                           |                |              |
|   | (d) Are you personally satisfied with the financial standing of the Proposer/life proposed and justifies the current proposal?  |                           |                |              |
|   | (e) Whether KYC/AML norms are fulfilled for the proposer?   |                           |                |              |
|   | (f) Are you satisfied that the proposed and/or proposer is not connected with any terrorist activities?   |                           |                |              |
| 3   | (a) What is the general state of health of the life proposed?   |                           |                |              |
|   | (b) Does he/she has any physical deformity, impaired sight or hearing, Physical impairment or Mental Retardation?   |                           |                |              |
|   | (c) Do you have any knowledge of his/her having suffered from any illness or injury or undergone any operation or medical investigation?  |                           |                |              |
| 4   | Did you discuss with the proposer/Life Proposed the status of Previous Policies and are you satisfied that no policy has lapsed within the last three years?  |                           |                |              |
| 5   | Are you aware of any Proposal (or Revival of any policy) of the life proposed having been deferred, declined, dropped or  |                           |                |              |

|   |  |   |  |
|---|--|---|--|
|   | accepted at terms other than those proposed ?  |   |  |
| 6   | Are you aware of anything in the occupation, financial or social position of the life proposed, his/her personal habits or any other circumstances which might be likely to add to the risk? |   |  |
| 7   | Have you explained fully the terms and conditions of the plan to the proposer?   |   |  |
| 8   | Under Non-Medical cases only, give:  |   |  |
|   | (a) Marks of Identification  |   |  |
|   | (b) Exact Physical Measurements  |   |  |
|   | Height (cm)  | Weight (kg)   |  |
|   | I hereby declare that the foregoing statements are true and correct to the best of my knowledge and belief.<br>Dated at..... On the..... day of.....20                                       |   |  |
| Signature of the Agent  |  |   |  |
| To be completed by the Dev. Officer/CLIA/Mentor)  |  | To be completed by ABMS/BM/ Sr. BM/CM)  |  |
| I am satisfied with the identity of the party on the basis of my independent enquiries. I hereby declare that the foregoing statements are true and correct to the best of my knowledge and belief. |  | I am satisfied with the identity of the party on the basis of my independent enquiries. I hereby declare that the foregoing statements are true and correct to the best of my knowledge and belief. |  |
| Dated at.....on the.....day of.....20   |  |   |  |
| Name and Designation/Standing (No. of Years)  |  | Name and Designation/Standing (No. of Years)  |  |
| Signature   |  | Signature   |  |