

Pension Proposal

Affix latest photograph of Life Assured (If age is more than 5 years)

Affix Latest Photograph of Proposer (where aggregate annual premium is > 10000/- pa)

(For Office use only)

Proposal No: _____ Policy No: _____
 Customer ID: _____ Inward Date: _____
 Dep. Receipt No: _____ Date: _____
 Agent Name/Corporate Agent Name: _____ Agent Code/ID: _____
 Corporate Agent Code & COR No: _____

GUIDELINES FOR FILLING THE PROPOSAL FORM (Please fill in BLOCK LETTERS)

- Insurance is a contract of utmost good faith which requires the insurer, proposer and the life assured to disclose all material facts and not to suppress any material facts in response to the questions in the proposal form. Before filling the form, please read the product brochure so that you fully understand the benefits of the product, as well the terms and conditions.
- All Unit Linked Policies are different from traditional insurance policies and are subject to different risk factors. In Unit Linked policy the investment risk in your chosen investment portfolio is borne by you.
- Fill all the relevant columns without leaving any blank and write "Nil" or "NA" wherever details are not applicable or available.

1. Details of Life to be Assured (L.A):

(a) Name: Mr./Mrs./Ms		First Name	Middle Name	Last Name(Surname)
(b) Nationality:	Indian <input type="checkbox"/>	NRI <input type="checkbox"/>	Foreign <input type="checkbox"/>	PIO <input type="checkbox"/>
(c) Marital Status:	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Widow <input type="checkbox"/>	Divorcee <input type="checkbox"/>
			(d) Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/>
(e) Father's Name:		First Name	Middle Name	Last Name(Surname)
(f) Mother's Name:		First Name	Middle Name	Last Name(Surname)
(g) Date of Birth: D D / M M / Y Y Y Y	(h) Place of Birth:		(i) Educational Qualification:	
(j) Age Proof Submitted (Specify): Aadhaar card <input type="checkbox"/> Driving License <input type="checkbox"/> PAN Card <input type="checkbox"/> Passport <input type="checkbox"/> Specify if others: _____				
Id Proof: Document Name	Address Proof	Document Name	(k) AADHAAR No.	
(l) Occupation: (For few hazardous occupations a separate addendum needs to be furnished).			(m) Nature of duties:	
(n) Name of present employer:			Length of service: _____ years.	
(o) Work Place Location:			(p) PAN No.	
(q) Annual Income of the Life Assured: (in Rs):			Source of Income:	
(r) Are you a foreign national or NRI or a resident of any other country other than India (for I.Tax purposes) - Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please fill the <u>FATCA</u> Form.				
(s) Are you a Politically Exposed Person (PEP) as per AML Act - Yes <input type="checkbox"/> No <input type="checkbox"/> if your answer is yes, please fill in <u>Addendum: PEP-01</u>.				

2. Details of the Proposer (To be filled in, only if the Proposer is other than the Life to be Assured)

(a) Name: Mr./Mrs./Ms		First Name	Middle Name	Last Name(Surname)
(b) Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Transgender <input type="checkbox"/>	(c) Marital Status:
			Married <input type="checkbox"/>	Single <input type="checkbox"/>
			Widow <input type="checkbox"/>	Divorcee <input type="checkbox"/>
(d) Id Proof: Document Name	(e) Address Proof Document Name		(f) AADHAAR No.	
(g) Father's Name:			(h) Proposer's Relation with Life Assured:	
(i) Date of Birth: D D / M M / Y Y Y Y	(j) Educational Qualification:			
(k) Annual Income (in Rs):	Source of Income:		(l) PAN No.	
(m) Name of present employer:			Length of service: _____ years.	
(n) Occupation:			(o) Nature of duties:	
(p) Are you a foreign national or NRI or a resident of any other country other than India (for I.Tax purposes) - Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please fill the <u>FATCA</u> Form.				

3. Address of the Proposer (Life to be Assured incase of Own Life).

Address	1. Communication Address	2. Permanent Address (If address is same as 1, then tick mark the box <input type="checkbox"/>)
D.No/Flat No. :		
Street/Area		
City/District		
State	PIN Code:	PIN Code:
Contact No:		Alt # No:
Email ID:		Alt Email ID:

4. Plan Details: Plan Name: _____

Instalment Premium	Sum Proposed	Payment Frequency	Premium Paying Term	Policy Term	Particulars of Amount Deposited (tick✓)	Cheque/DD No	Chq date	Bank Name
					Cheque <input type="checkbox"/> DD <input type="checkbox"/> Cash <input type="checkbox"/> Debit Card <input type="checkbox"/> Credit Card <input type="checkbox"/>			

5 (a). Funds Opted(For ULIP Plans Only)

b). Auto Transfer Option (ULIP Plans Only)

Name of the Fund	Percentage (%)	Name of the Fund	Percentage (%)	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, select from below option	
						6 Months <input type="checkbox"/>

6. Select the appropriate Annuity Option: ✓

✓ Annuity options available under the plan Shriram Life Immediate annuity Plus 0- UIN: 128N063V01		Yes	No
1	Annuity for life		
2	Annuity for life with return of 100% purchase price on death		
3	Annuity for life increasing @ 3% p.a. simple rate		
4	Annuity for life increasing @ 3% p.a. compound rate		
5	Annuity certain for 5/10/15/20 years and thereafter for life		
6	Joint life last survivor annuity with 50% annuity to last survivor on death of the primary annuitant		
7	Joint life last survivor annuity with 100% annuity to last survivor on the death of the primary annuitant		
8	Joint life last survivor annuity with 100% annuity to last survivor on the death of the primary annuitant with return of 100% purchase price on death of the last survivor (spouse)		

7. Bank Account Details: Proposer Life to be Assured in case of Own Life

Bank A/c No	Account Type: Savings <input type="checkbox"/> Current <input type="checkbox"/>	Account Category: Indian <input type="checkbox"/> NRE <input checked="" type="checkbox"/> NRO <input checked="" type="checkbox"/>
Bank Name	Bank Branch Name	
IFSC Code	Proof Submitted: Cancelled Cheque with name printed <input type="checkbox"/> Bank Passbook copy <input type="checkbox"/> Banker's Letter <input type="checkbox"/>	

* For Policy holders with NRE/NRO Accounts NEFT payments are not permissible under the current banking guidelines.

8. Nominee Details:

Name: Mr/Mrs/Ms First Name Middle Name Last Name(Surname)

DOB: DD / M M / Y Y Y Y Gender: Male Female Transgender Relationship with the LA: _____ Mobile # _____

Appointee Name (if Nominee is minor): First Name Middle Name Last Name(Surname)

Appointee's Relationship with Nominee: _____ Address for communication: _____

_____ Signature of the Appointee:

9. Has your application for any life insurance policy or for revival of existing policy been rejected or rated up or postponed earlier by any insurance company? Yes No. * If your answer is "Yes", for what reasons? _____

Policy No	Company Name	Sum Insured

10. Please give details of your existing life insurance policies/details of proposals applied simultaneously with any life insurance company? (If space is not sufficient, please attach separate sheet.)

Policy No	Company Name	Sum Insured	Policy issued date	Policy Status

11. Would you like to opt for Electronic Policy Issuance through an e-Insurance Account (eIA) of an Insurance Repository? Yes No
If you have an eIA, Provide details:

a) eIA No: _____ b) Name of Insurance Repository: _____

c) Name as appearing in eIA: _____ d) If you do not have an eIA, would you like to open an account? Yes No

If yes, choose any one Insurance Repository: CAMS NDML SHCIL KARVY CIRL

CAMS Rep - CAMS Insurance Rep & Services, **NDML** - NSDL Data Management Ltd, **SHCIL** - Stock Holding Corp of India Ltd., & **CIRL** - Central Ins. Rep Ltd.

Declaration by the Proposer / Life to be Assured:

I hereby declare and agree that the statements and this declaration made under this proposal will be the basis of the contract of assurance between me and Shriram Life Insurance co. Ltd, and that if any Statement is untrue or inaccurate, or if any matter that might influence the terms of this Proposal is not disclosed, the policy monies payable, if any, shall be in accordance with Section 45 of Insurance Act, 1938 as amended from time to time.

I further agree that I will inform the company, if, between the date of this proposal and the date of acceptance of the proposal (issue of the first premium receipt), There is any change in my general health, occupation, or financial position or, any other proposal or application to any other Insurance Company on my life is declined or accepted other than on standard terms so that the Company may reconsider the terms of acceptance. I also understand that if I fail to do so, the policy monies payable, if any, shall be in accordance with Section 45 of Insurance Act, 1938 as amended from time to time.

*I authorize and direct any doctor, hospital or employer to disclose to Shriram Life Insurance Co. Ltd., any information relating to health or employment now or at any time in the future, as and when required.

Signature of witness:

Place: _____ Date: ____/____/____

Name of the Witness: _____

Address of the Witness: _____

Phone No of the Witness: _____

Signature/thumb impression of the Proposer

Place: _____ Date: ____/____/____

Signature/thumb impression of the Life to be assured

Note: (Signature of a Minor Life assured is not required)

Place: _____ Date: ____/____/____

Declaration from Life Assured / Proposer for signing in vernacular or for illiterate cases:

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

Name of the Declarant: _____

Address of the Declarant: _____

"I certify that the contents of the form and documents have been fully explained to me by (Name, Designation, and occupation)

Mr/Mrs: _____ and I have understood the significance of Vthe proposed contract.

Date: ____/____/____

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 insurance company 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 above thumb impression after fully understanding the contents thereof."

Name of the Declarant _____

Address of the Declarant _____

Date: ____/____/____

Signature of Declarant

Section 41 of the insurance Act, 1938 as amended from time to time:

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out, renew, or continue an insurance contract 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 rebates as may be allowed in accordance with the published prospectus or tables of the insurer. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

Section 45 of the insurance Act, 1938 as amended from time to time:

- (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 anytime 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 are based.
- (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 intention 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.
- (4) A policy of life insurance may be called in question at anytime 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 the 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.
- (5) Nothing in this section shall prevent the insurer from calling for proof of age at any me 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.

Free Look Period:

The policyholder has a period of 15 days from the date of receipt of the policy document to review the terms and conditions of the policy and where the insured disagrees to any of those terms or conditions, he has the option to return the policy stating the reasons for his objection.

In ULIP Plan's - Policyholder will be entitled to an amount which shall at least be equal to non-allocated premium plus charges levied by cancellation of units plus fund value at the date of cancellation less expenses incurred by the insurer on medical examination, if any, and the stamp duty charges.

Other Plan's - Policyholder will be entitled to a refund of the premium paid, subject to deduction of a proportionate risk premium for the period on cover and the expenses incurred by the Company on medical examination of the life assured, if any and the stamp duty charges.

* 30 days, if the business is sourced through distance marketing (Distance marketing entails any sale through e-mails, telephonic calls and any other mode except through personal interaction).

AGENT'S/Specified Person (SP) Recommendation

I have verified the information given in the proposal by discreet enquiries and find the information true to the best of my knowledge and belief. I am of the opinion that the Life proposed for insurance is insurable. I recommend the proposal for acceptance.

Signature of the Agent/SP in English

Signature of an Authorized Official(equivalent to B.M)

Agent / Specified Person Name_____

Agent / Specified Person contact Number_____

Specified Person Certificate Number (applicable for Specified Person only)._____

Agent / Specified Person E Mail ID: _____

Date: ____/____/____ & Place: _____

Note: If the policy is being taken by the agent on his/her own life, then the immediate superior/reporting or equivalent to the designation of a Manager, should duly sign the proposal form recommending the Insurer to consider the proposal for a life insurance.

*SP stands for "Specified Person" under corporate agent business.