



Proposal Form Number: ON133265

↓ This Box is For Office Use Only

Please affix recent colour Passport size photograph of the Life to be Assured / Proposer / Payer (as applicable) and sign across the photograph and proposal form with a Black Ball Point Pen

DO NOT STAPLE THE PHOTOGRAPH

Advisor Code	<input type="text"/>	Direct Channel Code	<input type="text"/>
PDA Number	<input type="text"/>	Branch Code	<input type="text"/>
Client Number	<input type="text"/>	Branch Inward Date	<input type="text"/>
IBR Code	SC	PEC	TMC
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Partner Reference No.	<input type="text"/>		

INSTRUCTION FOR FILLING THIS APPLICATION FORM : 1. Complete the proposal form in **CAPITAL LETTERS** using a **Black Ball Point Pen**. 2. Please mark your selection by marking 'X' inside the box. 3. Please leave a blank space after each word, letter or initial. 4. Please write "NA" for questions which are not applicable. 5. DO NOT USE the '.' or ',' to identify your initial or separate the address line. 6. Submission of age proof is mandatory along with this proposal form.

IMPORTANT INSTRUCTIONS WITH REGARD TO DISCLOSURE OF INFORMATION: Insurance is a contract of **UTMOST GOOD FAITH** and it is required to disclose all material and relevant facts completely. **DO NOT suppress any facts in response to the questions in the proposal form. FAILURE TO PROVIDE COMPLETE AND ACCURATE INFORMATION OR MISREPRESENTATION OF THE FACTS COULD DECLARE THIS POLICY CONTRACT NULL AND VOID AFTER PAYMENT OF SURRENDER VALUE, IF ANY, SUBJECT TO SECTION 45 OF INSURANCE ACT, 1938 As AMENDED FROM TIME TO TIME.**

Section I- Details of the Life to be Assured

1. Title	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr.	<input type="checkbox"/> Others (Specify)	<input type="text"/>			
2. First Name	<input type="text"/>								
3. Surname	<input type="text"/>								
4A. Father's Name	<input type="text"/>								
4B. Mother's Name	<input type="text"/>								
5. Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	6. Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender	
7. Age Proof Submitted	<input type="checkbox"/> School Certificate	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> Passport	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> PAN Card	<input type="checkbox"/> Others (Specify) _____			
8. Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widow(er)	<input type="checkbox"/> Divorcee					
9. Spouse Name	<input type="text"/>								
10. Maiden Name (For married women)	<input type="text"/>								
11A. Nationality	<input type="checkbox"/> Resident Indian National	<input type="checkbox"/> Non Resident Indian (NRI)	<input type="checkbox"/> Others (Specify) _____						
11B. Country of Birth	<input type="text"/>								
12. Education	<input type="checkbox"/> Postgraduate / Doctorate	<input type="checkbox"/> Graduate	<input type="checkbox"/> 12th std. Pass	<input type="checkbox"/> 10th std. Pass	<input type="checkbox"/> Below 10th std.		<input type="checkbox"/> Illiterate / Uneducated		
13. Address for communication	<input type="text"/>								
Landmark	<input type="text"/>								
City	<input type="text"/>								
Pin Code	<input type="text"/>								
State	<input type="text"/>								
Address Proof	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> Voter ID	<input type="checkbox"/> Bank Statement	<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Others _____			
14. Permanent Address	<input type="text"/>								
Landmark	<input type="text"/>								
City	<input type="text"/>								
Pin code	<input type="text"/>								
State	<input type="text"/>								
Address Proof	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> Voter ID	<input type="checkbox"/> Bank Statement	<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Others _____			
15. Contact Details	<input type="text"/>								
Mobile	<input type="text"/>								
Office / Business	<input type="text"/>								
E-mail	<input type="text"/>								
Preferred mode:	<input type="checkbox"/> Letter	<input type="checkbox"/> E-mail	*To get information related to this proposal or resulting policy regularly, I agree to receive SMS updates from Exide Life Insurance on my enrolled mobile number, as updated from time to time.						
Preferred Language for Letter (other than English):	<input type="checkbox"/> Hindi	<input type="checkbox"/> Kannada	<input type="checkbox"/> Tamil	<input type="checkbox"/> Telugu	<input type="checkbox"/> Malayalam	<input type="checkbox"/> Gujarati	<input type="checkbox"/> Bengali		
	<input type="checkbox"/> Oriya	<input type="checkbox"/> Marathi							
16. Occupation	<input type="checkbox"/> Salaried-Govt / PSU	<input type="checkbox"/> Salaried-other	<input type="checkbox"/> Self Employed Professional	<input type="checkbox"/> Agriculturist / Farmer	<input type="checkbox"/> Part Time Business				
	<input type="checkbox"/> Retired	<input type="checkbox"/> Landlord	<input type="checkbox"/> Student (Current Std.) _____	<input type="checkbox"/> Others (Specify) _____					
17. Full Name of the Employer/Business/School/College	<input type="text"/>								
<input type="checkbox"/> Staff Policy	<input type="text"/>								
Employee ID	<input type="text"/>								
18. Designation & Exact nature of Work / Business	<input type="text"/>								
19. Annual Income in Figures (₹)	<input type="text"/>				20. Annual Income of Husband / Father (for female and minor lives)	<input type="text"/>			
21. Exact nature of work / business of Husband / Father for female and minor lives	<input type="text"/>								



22. Permanent Account Number (PAN) I DO NOT HAVE Permanent Account Number
 CKYC Number I DO NOT HAVE CKYC No.
 Your E-Insurance Account Details : Insurance Repository:
 E-Account Number: I DO NOT HAVE E-Insurance Account.

Section II - Details of the Proposer Nominee# (#Nomination details are required as per Section 39 of Insurance Act-1938 as amended from time to time. Incase if you like to nominate more than one person, please attach the nominee addendum form)
 For Pension products, if the nominee mentioned is other than the spouse, policy benefits if any, are payable in lump sum only and the rights of the said nominee are subject to the rights of the spouse under the policy. Question 37B is only applicable, if the Proposer is not same as the Life Assured.

23. Title Mr. Mrs. Miss Dr. Others (Specify)
 24. First Name
 25. Surname
 26A. Father's Name
 26B. Mother's Name
 27. Date of Birth 28. Gender Male Female
 29. Marital Status Single Married Widow(er) Divorcee
 30. Nationality Resident Indian National Non Resident Indian (NRI) Others (Specify) _____
 31. Percentage of Benefit Share for 1st Nominee (in case of multiple nominees only) _____
 32. Address for communication Same as mentioned in section I As mentioned below
 City
 State Pin Code
 33. Mobile Phone (Home)
 34. E-mail
 35. Relationship with the life to be assured
 36. Occupation
 37A. Permanent Account Number (PAN) I DO NOT HAVE Permanent Account Number
 37B. CKYC Number I DO NOT HAVE CKYC No.

If Nominee is Minor, then please complete the Appointee details who should be a Major as on date of this application and should be different from the life to be assured.

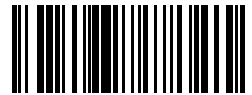
38. Full Name of the Appointee
 39. Appointee's Relationship with the nominee
 40. Appointee DOB 41. Signature of Proposer

Section III - Plan Details (In case of Unit Linked Insurance Plans, the investment risk in the investment portfolio is borne by the policyholder)

Premium includes Rider Premium if any Incase of Unit Linked Life Insurance Product, choose fund allocation from SI. No. 51
 42. Product name 43-A. Sum Assured (in INR)
 If Exide Life Choose Variant 1: Variant 2: If Income Variant is chosen, choose Income Payout Mode
 Saral Jeevan Variant Lump Sum Variant Income Variant Annual Monthly
 43-B. Particulars of First Premium Deposit: Mode of deposit Cash Cheque / DD
 Amount(in INR) Bank Cheque / DD No.
 Is the premium paid by a person other than Proposer (If yes, please submit third party declaration)
 Source of Funds: Salary Business Income Sale of Assets Inheritances Others (Specify) _____
 44-A Initial Premium in INR 45. Premium Payment Term (Years) 46. Policy Term (Years)
 44-B Regular Annual Premium in INR 47. Vesting Period in Years (Mandatory for pension products)

48. SI. No.	Name of the Rider	Rider Sum Assured	Rider Term
1	<input type="text"/>	<input type="text"/>	<input type="text"/>

Proof of Income may be asked based on Total Sum at Risk (TSAR). Please consult your Life Insurance Advisor / Sales Officer for rider details.
 49. Frequency of payment Monthly Quarterly Half-Yearly Yearly Single
 50. Do you wish to pay renewal premium through ECS / SI mode Yes No
 (if you have chosen payment option as Credit Card / ECS / SI, then complete appropriate mandate)



51. In case of ULIP, please choose Fund Option (Allocation % should total to 100%)

Exide Life Preserver Fund	Exide Life Secure Fund	Exide Life Balanced Fund	Exide Life Active Asset Allocation Fund	Exide Life Growth Fund	Exide Life Prime Equity Fund	Total
						100%

52. For Exide Life My Retirement Plan / Exide Life Golden Years Retirement Plan:

Annuity Option - *Exide Life New Immediate Annuity with Return of Purchase Price Frequency of Annuity Payout: _____

(*You have the option to modify your choice in future till 90 days before the vesting date depending on the prevailing Annuity Options available with the company by intimating the same to Exide Life Insurance Company.)

Mandate for Credit of Policy Payouts in Bank Account

53. Please find below my bank account details and I authorize the company to credit into it the policy payouts as per terms and conditions of the product chosen.

Account Holder Name**

Bank Name Bank Branch

Account Number IFSC Code

MICR Code Account Type Savings Current Cash Credit NRO

UPI ID

**as in Bank records, should match with proposer name

Note: Please provide a cancelled personalized cheque of the above mentioned account or recent bank statement (within last 3 months).

Signature of Proposer

For Pension Products, please strike off section IV to section VIII and directly go through the declaration in section IX

Section IV - Family History and Lifestyle details of the Life to be Assured

54. Has any of your parents, brothers, sisters suffered/suffering from or died due to any of the following conditions: Heart disease, diabetes, stroke, high blood pressure, cancer, kidney disease or any other hereditary disorder? If yes, please give full details below: Yes No

Family Member	Exact cause of death or Details of Illness suffered / suffering	If Alive - Current Age	If Deceased - Age at Death

55. Please state your smoking habits: (number of cigarettes / beedies / gutka per day)

None 1-5 6-10 11-20 21-40 more than 40

56. Please state your alcohol drinking habits (past/present): (Quantity per week)

Does not drink Beer (Number of Bottles) _____ Wine (Number of Bottles) _____ Hard liquor/any other form of alcohol (ml) _____

57. Are you suffering from any alcohol related disease or advised to reduce consumption by any medical practitioner? Yes No

58. Do you consume or have you ever consumed any narcotic substance? Yes No

59. Are you employed in the armed para military, police forces or any other similar establishments? Yes No

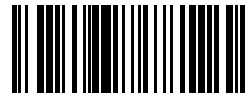
60. Apart from normal family holidays do you intend to stay away from your country of citizenship/residence in the next one year? Yes No

Section V - Insurance Occupation, Avocation Details of the Life to be Assured

61. Has any Insurance cover on your life ever been declined, postponed or accepted at modified terms? If yes, please give details like name of the company and reason for such decision.	<input type="checkbox"/> Yes <input type="checkbox"/> No
62. Have you concurrently / simultaneously applied for any life, health insurance cover, revival of existing insurance policy or any insurance application on your life submitted by you to any insurance company is still pending for decision? If yes, please provide complete details	<input type="checkbox"/> Yes <input type="checkbox"/> No
63. Are you involved or do you intend to involve in any hazardous occupation or pursuits? e.g. working at heights, underground or offshore, using explosives, flying other than as a fare-paying passenger, diving, mountaineering or any other dangerous activity. If yes, please provide complete details.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section VI - Health, Details of the Life to be Assured

64. Please mention your exact Height (without shoes) in Cms	
65. Please mention your exact Weight (in light clothes) in Kgs	
66. Are you currently taking any medication or drugs and / or have you been absent from work for more than 10 days in the last two years due to the health reasons?	<input type="checkbox"/> Yes <input type="checkbox"/> No
67. Have you suffered or are you suffering from any illness, disorder, disability or injury which has required any form of medical or any kind of examination or consultation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
68. Do you have any form of physical disability, deformity, handicap or illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
69. Have you been hospitalized for any reason or undergone any surgery or is any surgery planned in the next 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
70. Are you suffering or have you ever suffered from diabetes, High / Low Blood Pressure, Bronchitis, Thyroid Disorder, Tuberculosis, Asthma Persistent Cough, Pneumonia or any other Lung/Respiratory Disease or Disorders, Anaemia or blood related disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
71. Are you suffering or have you suffered from any form of cancer, heart disease (including heart attack, any kind of chest pain or Coronary Artery disease), stroke, paralysis, epilepsy, eye/ear disease or other nervous or psychiatric disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No



Section VI - Health, Details of the Life to be Assured	
72. Are you suffering or have you ever suffered from Kidney Disease, Chronic Diarrhea, Gall bladder disorder, Gastritis, Gastric Ulcer or Bleeding from intestine, Hernia, Piles, Fistula, Jaundice, Hepatitis, Fatty Liver or any other Disease or Disorder of Liver or Digestive System, Jaundice, Cirrhosis or any disorder of liver or digestive system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
73. Have you ever had or are you currently suffering from any illness, impairment, disability not yet mentioned above?	<input type="checkbox"/> Yes <input type="checkbox"/> No
74. Have you or your spouse ever been tested positive for HIV/AIDS, hepatitis B or C or have you been tested / treated for other sexually transmitted diseases or are you awaiting the result of any such test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
75. FOR FEMALE LIVES ONLY: Are you pregnant at present? If Yes, Please indicate duration in weeks here	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section VII - Additional Question to be answered if the Life to be Assured is Minor	
76. Except for normal care at birth, has the child in the past, required any specialist consultation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
77. Are all the minimum necessary vaccination done as per the age of the child? (OPV, BCG, DPT, MMR, Hepatitis B)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer to any of the question 57 to 77 is yes, please provide the complete details below.	

Section VIII - Family Insurance Details of the Life to be Assured		
Family Member	Amount in INR	Company
Life to be Assured		
Spouse/Proposer (Strike out which is not applicable)		
If the cover applied is on a Minor Child / students please mention below the existing cover on siblings of the child <input type="checkbox"/> NOT APPLICABLE		
Sibling 1		
Sibling 2		

Section VII - General Declaration	
78. Are you a Politically Exposed Person*? <small>(Politically exposed persons 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, etc. Enhanced scrutiny and monitoring norms may also be applied to the accounts of the family members and/or close relatives of PEPs)</small> If yes, Nature of position held _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
79. Are you a family member or close relative of a PEP If yes, nature of relationship with PEP _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
80. Whether the premium payable is from legally ascertainable sources? <small>(Income which can be substantiated through valid documentary evidence)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section X - Declaration
1) I/We declare that the answers and statements made by me/us in this Proposal Form have been made after understanding the nature of questions and the importance of disclosing all material information.
2) I/We further declare on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and have not withheld or suppressed any material fact and that I/We am/are authorized to propose on behalf of these other persons.
3) I/We understand that the information provided by me will form the basis of the insurance policy and will come into force after acceptance by the Insurance company.
4) I/we have made no statement/s to the Company, its advisor or to any person associated with the Company, which in any way modifies/contradicts the answers/statements in this Proposal form.
5) I/We also understand that the premium and the benefits under the Policy/Rider are subject to taxes/duties/charges in accordance with applicable laws. I confirm that all the premiums will be paid from bonafide sources.
6) I/We further declare that I/we will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
7) The Company reserves the right to request additional health information or any other information on the basis of the responses given to questions in this Proposal Form. The medical report and its interpretations if any done by the medical examiner are not binding on the Company and the decision of the Company regarding issuance of the Policy/Rider will be final. I/We also declare and consent to the Company taking independent decision regarding the insurability of the life to be assured/proposer.
8) I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
9) I/We authorize the company to share information pertaining to my personal data /proposal including the medical records only under this insurance policy for the purpose of underwriting, policy issuance and/or claim settlement and with any Governmental and/or Regulatory authority.
10) I/We understand that in case of fraud or misrepresentation the policy shall be treated in accordance with Section 45 of the Insurance Act, 1938 as amended from time to time.
11) I/We agree that the risk under the Policy/Rider shall not commence till the Company accepts this proposal.



Signature / Thumb Impression of the Proposer

Date:

Place: _____

Signature / Thumb Impression of Life to be assured (if major)

Date:

Place: _____

Signature of Advisor

Date:

Place: _____

If the Life to be Assured / Proposer is an illiterate or suffering from disability due to which writing is restricted or where the Life to be Assured / Proposer signs the form in vernacular language or unable to fill the Proposal Form for any reason, the following declarations are necessary from the person who has assisted the Life to be Assured / Proposer in filling up the form and from the Life to be Assured/Proposer.

I, _____, hereby declare that I have truthfully recorded the replies given by the Life to be Assured and / or Proposer after fully explaining the contents of this form to the Life to be Assured / or Proposer and he/she/they have fully understood the contents thereof. I, _____, Life to be Assured /Proposer confirm that the contents in this proposal form have been fully explained to me and I have fully understood the significance of the proposed contract.

Signature / Thumb Impression of the Proposer signing in vernacular language or illiterate or disabled or not filling the Proposal Form for any reason

Signature / Thumb Impression of the Life to be Assured (if major) signing in vernacular language or illiterate or disabled or not filling the Proposal Form for any reason

Signature of declarant who has assisted the Life to be Assured / Proposer in signing in vernacular language or thumb impression or disabled or not filling the Proposal Form for any reason

In case the Proposer / Life to be Assured is illiterate, his or her thumb impression should be attested by a person of standing whose identity can be established, but unconnected with the Exide Life Insurance Company Limited and this declaration should be made by him/her.

Date:

Place: _____

Date:

Place: _____

Date:

Place: _____

*Name and Address of Declarant: _____

Section XI - Section 41 & 45 of the Insurance Act 1938 & Disclaimer

Prohibition of Rebate in accordance with provisions of Section 41 of the Insurance Act 1938 as amended from time to time

- 1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take 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 of the insurer.
- 2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakh rupees.

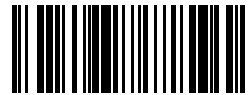
Fraud, Misrepresentation and forfeiture

Fraud, Misrepresentation and forfeiture would be dealt with in accordance with provisions of Section 45 of the Insurance Act 1938 as amended from time to time.

[A Leaflet containing the simplified version of the provisions of Section 45 is enclosed in Annexure – (1) for reference]

Exide Life Insurance Company Limited is a wholly owned subsidiary of Exide Industries Limited. The trademark "Exide" is owned by Exide Industries Limited and licensed to Exide Life Insurance vide Trademark license agreement dated 30th October 2014. Exide Life Insurance Company Limited. **IRDAI Registration number:114**, CIN: U66010KA2000PLC028273, Registered Office: Exide Life Insurance Company Limited, 3rd Floor, JP Techno Park, No. 3/1, Millers Road, Bengaluru - 560 001. Toll Free: 1800 419 8228; Visit:exidelife.in.

Beware of Spurious/ Fraud Phone Calls: IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint



Section 45 - Policy shall not be called in question on the ground of mis-statement after three years

Provisions regarding policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended from time to time. The extant provisions in this regard are as follows:

01. No Policy of Life Insurance shall be called in question **on any ground whatsoever** after expiry of 3 yrs from
 - a. the date of issuance of policy or
 - b. the date of commencement of risk or
 - c. the date of revival of policy or
 - d. the date of rider to the policywhichever is later.
02. On the ground of fraud, a policy of Life Insurance may be called in question within 3 years from
 - a. the date of issuance of policy or
 - b. the date of commencement of risk or
 - c. the date of revival of policy or
 - d. the date of rider to the policywhichever is later.

For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.

03. Fraud means any of the following acts committed by 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 specifically declares to be fraudulent.
04. Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak.
05. No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.
06. Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the policy of life insurance is based.
07. In case repudiation is on ground of mis-statement and not on fraud, the premium collected on policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation.
08. Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance policy would have been issued to the insured.
09. The insurer can call 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 of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

[Disclaimer: This is not a comprehensive list of amendments. Policyholders are advised to refer to Section 45 of the Insurance Act, 1938, as amended from time to time for complete and accurate details.]