

PROPOSAL FORM

Proposal Form Number: OM258194



PF102301

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"/>	Branch Code	<input type="text"/>
PDA Number	<input type="text"/>	Branch Inward Date	<input type="text"/>
Client Number	<input type="text"/>		
IBR Code	SC	PEC	TMC
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CIF 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	D	D	M	M	Y	Y	
6. Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female					
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)	<input type="text"/>			
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					
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)	<input type="text"/>			
17. Full Name of the Employer/ Business/ School/ College	<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
 Unique Identification Number (Aadhaar):

 I DO NOT HAVE Aadhaar
 Virtual Identification Number

 I DO NOT HAVE VID No.
 CKYC number

 I DO NOT HAVE CKYC No.
 Your E-Insurance Account Details : Service Provider:

 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. In case if you like to nominate more than one person, please attach the nominee addendum form).
 Question 37B to 37D are 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. Percentage of Benefit Share for 1st Nominee (in case of multiple nominees only) _____
 31. Nationality Resident Indian National Non Resident Indian (NRI) Others (Specify) _____
 32. Address for communication Same as mentioned in section I As mentioned below
 City

 State

 Pin Code

 33. Mobile

 Phone (Home)

 S

 T

 D

 Co

 Do

 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. Unique Identification Number (Aadhaar)

 I DO NOT HAVE Aadhaar
 37C. Virtual Identification Number

 I DO NOT HAVE VID No.
 37D. CKYC Number

 I DO NOT HAVE CKYC No.
 38. In case of life to be assured is minor, as a Proposer do you agree that the policy shall automatically vest in the life to be assured on his or her becoming a Major. Yes 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.

39. Full Name of the Appointee

 40. Appointee's Relationship with the nominee

 41. Appointee DOB

 42. 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 policy holder. Field marked with* is mandatory)

43. Product name _____ 44. Sum Assured / GMB* (in INR)

 If Exide Life Elite Term Insurance Plan choose Death Benefit option Option A Lump sum Payout Option B Lump sum with Family Income Benefit Option C Family Income Benefit
 If Exide Life My Money Back Plan, choose the survival benefit option Option A: Uniform Money Back Option B: Increasing Money Back
 If Exide Life Mera Aashirvad Choose Maturity Benefit Option A (Guaranteed Staggered Payouts + Lump sum Payout) Option B (Lump sum Payout)
 If Exide Life Secured Income Insurance Plans / Exide Life New Creating Life Insurance Plans Choose Option A: Lump Sum Option B: Lump Sum + Family Income Benefit
 If Exide Life Guaranteed Income Insurance Plan, choose how you want to receive following benefits:
 ● Guaranteed Income Payout : Monthly Annual ● Guaranteed Death Benefit : Option A: Lump Sum Option B: Family Income Benefit
 If Exide Life Income Advantage Plan, choose the survival benefit option Option A: Pure Income Benefit Option B: Income with Maturity Benefit
 If Exide Life Smart Term Plan, choose the variant Classic Step-up Comprehensive
 If Comprehensive variant chosen, provide the sum assured* for: Classic _____ Extra Protection _____

*Total of sum assured for Classic and Extra Protection should be equal to sum assured mentioned in point no.43



If Exide Life Sanjeevani Choose Option A: Cardiovascular Conditions Option B: Cardiovascular and Cancer Conditions

For Exide Life Assured Gain Plus: If Entry Age is 45 years and above, choose life cover multiple: 7 times the Annual Premium 10 times the Annual Premium

*Not applicable for Single Premium Option

For Exide Life Star Saver: If Entry Age is 51 years and above, choose life cover multiple: 7 times the Annualized premium 10 times the annualized premium

45. For Exide Life Wealth Maxima, please select the product variant Maxima Invest Maxima Family Maxima Child

For Exide Life Wealth Maxima and Exide Life Wealth Elite

If Entry Age is 45 years and above, choose Basic Sum Assured multiple*: 7 times the Annualized Premium 10 times the Annualized Premium

Please select the investment strategy (please tick any one)

For Exide Life Wealth Elite

- Self-Managed Option Automatic asset re-balancing strategy (from Exide Life Prime Equity Fund)
- Systematic Transfer Plan (to Exide Life Prime Equity Fund with Annual Mode only)
- Automatic asset re-balancing strategy (from Exide Life Midcap Fund) Systematic Transfer Plan (to Exide Life Midcap Fund with Annual Mode only)

For Exide Life Wealth Maxima

- Self-Managed Option Automatic asset re-balancing strategy Systematic Transfer Plan (with Annual Mode only)

For Exide Life Prospering Life Plus/Exide Life Prospering Life Plus SP,

- Self-Managed Option Automatic asset re-balancing strategy

46. For Self Managed Strategy in Exide Life Wealth Maxima and Exide Life Prospering Life Plus / SP and Exide Life Wealth Elite please select from following Fund Options (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	Exide Life Midcap Fund	Total
							100%

Mandate for Credit of Policy Payouts in Bank Account

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	Cash Credit	NRO		

**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

47. Installment Premium in INR (Including Rider Premium) 48. Premium Payment Term (Years) 49. Policy Term (Years)

For Exide Life Elite Term Insurance Plan, have you opted for an Extended term option Yes No

If Yes, choose the number of years for your Extended Term 5 Years 10 Years

Particulars of First Premium Deposit: Mode of Deposit Cash Cheque / DD

Amount(in INR) Cheque / DD No.
Bank

Is the premium paid by a person other than Proposer (If yes, please submit third party declaration): Yes No

Source of Funds: Salary Business Income Sale of Assets Inheritances Others (Specify) _____

50. Name of the Rider Rider Sum Assured Rider Term

51. Frequency of payment Monthly* Quarterly Half-Yearly Yearly Single

52. 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 please complete appropriate mandate)

*For Exide Life Wealth Elite/Exide Life Elite Term Insurance Plan in case of monthly mode policies, only automated modes of premium payment are allowed.

Section IV - Details of Existing / Simultaneously Applied Insurance Cover on the Life to be Assured

- 53. Are you an existing customer of Exide Life Insurance Company Limited? Yes No
- 54. Have you concurrently / simultaneously applied for any life, health insurance cover with us or any other life, health insurance company which is still under consideration? Yes No
- 55. Have you concurrently / simultaneously applied for revival of your lapsed policies with us or any other life, health insurance company which is still under consideration? Yes No

56. Please provide details of existing insurance cover on your life in the below table. If you do not have any existing insurance on your life, please mention 'NIL' in Sum Assured column below. Please include any Keyman Insurance, Partnership Insurance & Employer Employee Insurance cover as well if answer to question 53 to 55 is YES, then please provide the complete details in the below mentioned table.



Policy / Proposal / Application No.	Year of Issue/ Submission	Company Name	Sum Assured	Decision (Standard. Other than Standard terms)	Status (In - Force, Lapsed, Surrendered, Paid up, Applied for)	Type of Policy (Life, Health, Accident)

57. Has any insurance (life, health) cover on your life ever been declined, postponed or accepted with modified terms?(If Yes, please provide the necessary details in the below mentioned table) Yes No

Company Name	Year of application	Decision (decline, postpone, modified terms)	Actual reason for such a decision

Section V - Insurance details of family members

58. Details of Existing / Simultaneously Applied Insurance Cover on Family Members.

Relationship	Policy / Proposal / Application No.	Year of Issue / Submission	Name of the Company (ies)	Sum Assured

Section VI - Details of family history, habits, build, occupation, hobbies and travel of the Life to be Assured

59. Has any of your parents, brothers, sisters suffered / suffering from, or died to any of the following conditions: Heart diseases, diabetes, stroke, high blood pressure, cancer, kidney disease or any other hereditary disorders? 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

60. Number of children Please specify age of each child _____

61. What is your exact height (cms) 62. What is your exact weight(kgs)

63. Do you consume or have you consumed any form of tobacco, guthka, paan masala in the last 24 months? Yes No

64. Please state your smoking habits: (number of cigarettes / bidies per day)
 Non Smoker 1-5 6-10 11-20 21-40 more than 40

65. 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) _____

66A. 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. Yes No

66B. Is your occupation associated with exposure to chemicals(e.g. benzene, nickel compounds, vinyl chloride, etc.), ionizing radiations, mining, dusts (e.g. leather or wood dusts, silica, asbestos, etc.), industrial processes (aluminium production, iron and steel founding, etc.) Yes No

67. Do you consume or have ever consumed any form of narcotic substance? Yes No

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

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

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



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Section VII - Health Details of the Life to be Assured

- 71. Within the last twelve months has there been any unusual weight gain or loss of more than 7 kgs? Yes No
- 72. Are you currently taking any medication or drugs, either prescribed or not prescribed by a doctor? Yes No
- 73. Have you been absent from work for more than 10 days in the last two years due to health reasons? Yes No
- 74. Have you suffered from any illness, disorders, disability, or injury during the past 5 years which has required any form of medical or specialized examination (including chest X-rays, ECG, Stress Test, Angiography, MRI / CT Scan or blood tests), consultation, hospitalization or surgery? Yes No
- 75. Do you have any form of congenital / acquired impairment, disease, disability or deformity? Yes No
- 76. Is any surgery planned or are you currently aware that you may need to seek medical advice within the next 6 months? Yes No
- 77. Have you ever been diagnosed or have suffered from any of the following:
 - a) Hypertension, High Blood Pressure, Diabetes, Elevated Blood Sugar, Elevated Cholesterol / Lipids Yes No
 - b) Heart Attack, chest pain, palpitations, irregular heart beats, heart valve disease, heart murmur, rheumatic heart disease, shortness of breath or any other cardiovascular disease or disorders. Yes No
 - c) Stroke, Transient Ischemic Attack (TIA), hemorrhage, dizziness, fainting, giddiness, blackouts, loss of consciousness, double vision or any other cerebrovascular disease or disorders. Yes No
 - d) Anaemia, Thalassemia, Leukemia or any other blood disorder including blood cancer. Yes No
 - e) Asthma, bronchitis, tuberculosis, persistent / recurrent cough, hoarseness of voice or difficulty in swallowing, pneumonia or any other respiratory disease or disorders Yes No
 - f) Cyst, growth, pre-cancerous conditions, non-healing ulcer, cancer or tumour of any kind (throat, lung, colon, breast cancer, cancer of reproductive organs etc.) Yes No
 - g) Gall bladder disorder, gastritis, gastric ulcer, bleeding from intestine, hernia, piles, fistula, jaundice, hepatitis, fatty liver or any other disease or disorder of digestive system. Yes No
 - h) Defective vision, blurred vision, hearing defect, defective speech, stammering or any other disease or disorders of Eye, Ear, Nose and Throat. Yes No
 - i) Depression, Anxiety, Multiple Sclerosis, Parkinsonism, Fits, Epilepsy, recurrent headache, Paralysis, numbness or any other disease or disorder of the brain, spinal cord or nervous system Yes No
 - j) Thyroid or any other hormonal disorder, Kidney disorders, Bladder disorder, urine abnormality or genital organ disorder. Yes No
 - k) Arthritis, prolapsed disc, recurrent back or neck pain, slipped disc or any other disease or disorder of spine, muscles, bones or joints. Yes No
 - l) Were you investigated for any persistent loss of blood or unusual discharge or pus from any body opening like nose, mouth, gums, rectum, breast, vagina, anus, etc. or blood in stools, urine, sputum? Yes No
- 78. Have you or your spouse ever tested positive for HIV / AIDS, hepatitis B or C, or any other sexually transmitted diseases? Yes No
- 79. Have you been suffered or are you currently suffering from any illness, impairment, or disability not yet mentioned above? Yes No

Section VIII - Additional Questions to be answered if the Life to be assured is Female

- 80. Have you ever suffered or are you suffering from any gynecological problems like Endometriosis, fibroids, any spotting or unusual/painful vaginal bleeding or discharge or any disease of the breast Yes No
- 81. Have you ever undergone or advised to undergo a mammogram / Pap smear test? Yes No
- 82. Have you ever had a miscarriage / medical termination or Pregnancy / Caesarean Section? Yes No
- 83. Are you pregnant at present? If yes, Please indicate duration in weeks _____ Yes No
- 84. Have you ever been diagnosed with pregnancy related increase in blood pressure, preeclampsia, elevated blood sugar levels, and any other complications of pregnancy in this or past pregnancy. Yes No

Section IX - Additional Questions to be answered if the Life to be assured is Minor

- 85. Except for the normal care at birth, has the child, in the past, required any specialists consultation, special medical investigation, and hospitalization for any illness? Yes No
- 86. Have all the minimum necessary vaccines (Oral Polio Vaccine, BCG, MMR, DPT, Chickenpox Vaccine, Hepatitis B) been administered as per the age of the child? Yes No

If answer to Question 63 to 86 is yes, please provide the complete details below



Section X - Declaration by the Parent (Proposer) for minor

I hereby declare that the proposed insured _____ is in sound health, and does not have any birth defects, congenital anomalies, physical defect, deformity or disability. The proposed insured has never suffered from, nor currently suffering from any medical conditions such as heart disorder; rheumatic fever; cancer or tumor; kidney disease; diabetes; musculo - skeletal disorder; blood disorder; liver disease; lung disease; digestive system disease or disorder; any mental or nervous system disease; HIV/AIDS or AIDS related complex. NO previous or concurrent application on the minor's life for life, accident, medical or health related insurance has been refused, withdrawn, declined, postponed or offered with restricted benefits or with an increased premium or any claim has been made under any such policy of insurance with Exide Life Insurance or any other insurer in India or abroad.

Section VII - General Declaration

87. Are you a Politically Exposed Person*?

Yes No

(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)

If yes, Nature of position held _____

88. Are you a family member or close relative of a PEP

Yes No

If yes, nature of relationship with PEP _____

89. Whether the premium payable is from legally ascertainable sources?

Yes No

(Income which can be substantiated through valid documentary evidence)

Section XII - 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 terms and conditions including 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 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.
- 12) I hereby authorize / provide my consent to Exide Life Insurance Company Limited ("Exide Life") to use my identity information (Aadhaar number, biometric information & demographic information) for necessary validation and authentication with UIDAI for the purpose of e-KYC and also to use my Aadhaar Number for the purpose of linking it with my Exide Life Insurance Policies and other service related aspects



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Signature/ Thumb Impression of the Proposer

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

Signature of Advisor

Date:

Date:

Date:

Place: _____

Place: _____

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, then the following declaration is necessary from the person who has assisted the Life to be Assured /Proposer in filling up the form.

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 and / 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 on understanding the substance I have provided my responses.

Signature / Thumb Impression of the Proposer signing in vernacular language or illiterate or disabled.

Signature / Thumb impression of Life to be assured (if Major) signing in vernacular language or illiterate or disabled.

Witness Signature in English*

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:

Date:

Date:

Place: _____

Place: _____

Place: _____

* Name and Address of Witness: _____

Section XIII - Section 41 & 45 of the Insurance Act 1938

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]

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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 policy
- whichever 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 policy
- whichever 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.]