

**PROPOSAL FORM**  
**Annuity Policy**

Insurance is the subject matter of the solicitation.



**Proposal Form Number: OA105993**

☐ 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.**

**Section I- Primary Annuitants Details**

1. Personal Details  Mr.  Ms.  Mrs.

2. First Name:

3. Middle Name:

4. Surname:

5. Father's Name:

6. Date of Birth       7. Sex:  Male  Female

8. Age Proof Submitted:  School Certificate  Passport  Birth Certificate  PAN Card  
 Others(Specify) \_\_\_\_\_

9. Marital Status:  Single  Married  Widow(er)  Divorcee

10. Spouse Name:

11. Maiden Name:   
(female proposers only):

12. Occupation:  Salaried-Govt/PSU  Salaried-MNC  Salaried-Other  Self Employed Professional  
 Self Employed Business Owner  Agriculturist / Farmer  Part Time Business  Retired  
 Landlord  Student (Current Std.) \_\_\_\_\_  Others (Specify) \_\_\_\_\_

13. Annual income in Figures (INR):  
Rs. \_\_\_\_\_

14. Nationality  Resident Indian National  Non Resident Indian (NRI)  Others (Specify) \_\_\_\_\_

15. Address for communication

Landmark:

City:  Pin Code:

State:

Address Proof:  Passport  Driving Licence  Voter ID  Bank Statement  Utility Bill  Others

16. Contact Details Mobile:  Phone(Home)

Office / Business:

E-mail

Preferred Mode:  Letter  E-mail\* To get information 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)  Hindi  Kannada  Tamil  Telugu  Malayalam  Gujarati

17. Permanent Account Number (PAN)   I DO NOT HAVE Permanent Account Number.  
Unique Identification Number (Aadhar):   I DO NOT HAVE Aadhar.

**Section II- Details of the Nominee**  Mr.  Ms.  Mrs.

18. First Name:

19. Middle Name:

20. Surname:

21. Father's Name:

22. Date of Birth       23. Sex:  Male  Female

24. Address for communication

Landmark:

City:  Pin Code:

State:



25. Contact Details Mobile: 



 Phone(Home) 



 S T D Co De

Office / Business: 



 S T D Co De

E-mail:

**Relationship with the Annuitant**

**Section III - Details of Purchase Amount**

Purchase Amount (Rs.): 



 Draft/Cheque No.: 



 Date: 



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Drawn on (Bank/Branch):

**Section IV- Annuity Payment Details**

Mode of Annuity Installment - (Please tick the appropriate box):  Monthly  Quarterly  Half- yearly  Yearly

**Note :**

- 1) A minimum of 30 days is required to send the first annuity cheque.
- 2) The annuity payouts will commence from the end of the mode as opted by the Annuitant.

**Section V- If Nominee is a minor, then please complete the Appointee details who should be a major as on date of this application and should be different from the Annuitant. (To whom benefits, if any, are to be paid in the event of death of the Annuitant, where applicable)**

Full Name of the Appointee:

Address:

City: 



 Pin Code:

State:

Contact Details Mobile: 



 Phone(Home) 



 S T D Co De

Office / Business: 



 S T D Co De

E-mail:

Appointee's Relationship with Minor \_\_\_\_\_ Signature of the Appointee \_\_\_\_\_

Date: 



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**Section VI - Annuity Payment Details**

(Please attach a blank cheque leaf that has been cancelled)

Bank Name \_\_\_\_\_ Branch Name \_\_\_\_\_

Account No.: 



 IFSC Code:

Bank Address:

City: 



 Pin Code:

State:

Date: 



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Place: 



 \_\_\_\_\_ Signature of the Annuitant

**Section VII - General Declaration**

**26. Are you a Politically Exposed Person\*?**  Yes  No  
\*Politically exposed person means a person who holds or has ever held a prominent public function (Minister of any Government, Judicial or Military or Senior Executives of Government Companies, Important Political party officials and immediate family members of the above persons).

**27. Whether the premium payable is from legally ascertainable sources?**  Yes  No  
(Income which can be substantiated through valid documentary evidence)



**Section VIII - Declaration**

I/We declare that the answers and statements made by me/us in this Proposal Form have been made by me/us after fully understanding the terms and conditions of the policy of Exide Life Insurance Company Limited (herein after referred to as "the Company") and I/we have fully understood the nature of questions and the importance of disclosing all material information while answering the questions. I/we further declare that the answers and information given by me/us to all questions in this Proposal Form and the information given to the Company about the life to be assured/proposer are true and complete in every respect and that I/we have not withheld any material information or suppressed any material fact. 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. I/We undertake to notify the Company in writing, of any change occurring in the occupation, financial position or general health of the life to be assured/proposer after the proposal has been submitted to the Company but before the communication of risk acceptance by the Company. I/We also certify that I/we have received the Benefit Illustration/charges along with the proposal Form and I/we have opted for the Policy after understanding the same. I/We also understand that the terms and conditions including the premium and the benefits under the Policy are subject to taxes/duties/charges in accordance with applicable laws. I confirm that all the premiums will be paid from bonafide sources.

I/We declare and consent to the Company seeking medical information from any doctor or from a hospital who at any time has attended on the life to be assured/proposer or from the past/present employer concerning anything which affects the physical or mental health of the life assured/proposer and seeking information from any insurance office to which an application for insurance on the life of the life to be assured/proposer has been made and I/we authorize the giving of such information. I/we also declare that I/we will notify the Company in writing, if any proposal for Life Insurance is submitted or any request for revival has been withdrawn, dropped, declined or accepted with increased premium or lien or on other terms other than proposed.

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 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.

I/we agree that the risk under the Policy shall not commence till the Company accepts this proposal and communicates to me/us in writing the acceptance of risk on this proposal.

I hereby consent to my personal data & medical records being shared by the Company with third parties for purposes limited to issuance of policy and related thereto.

Signature / Thumb Impression Annuitant

Date:

Place: \_\_\_\_\_

Declaration where the Proposer signs in a vernacular language

I, Mr./Ms./Mrs. \_\_\_\_\_, Son/Daughter of \_\_\_\_\_, and resident of \_\_\_\_\_, do hereby declare that I have read out the and explained the contents of this proposal form and all other documents incidental to availing the annuity form Exide Life Insurance Company Limited to Mr./Ms./Mrs. \_\_\_\_\_, the Proposer of this policy in his/her vernacular language, and that he/she had understood the same and that he/she hereby agrees to abide by all the terms and conditions of the same. I declare that whatever I have stated herein above is true and correct to the best of my knowledge and belief. I declare that whatever I have stated herein above is true and correct to the best of my knowledge and belief.

Signature of the person making the Declaration

Date:

Signature of Advisor

Date:

Place: \_\_\_\_\_

Declaration where the Proposer signs in a vernacular language

Signature of the Annuitant

**Section IX - Section 41 & 45 of the Issuance 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]**

Insurance is the subject matter of the solicitation. 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 (Formerly known as ING Vysya 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:exidelifelife.in.ARN: EXL/COLL/2014/015

**IRDAI Notice: Beware of spurious phone calls and fictitious/fraudulent offers. IRDAI clarifies to public that • IRDAI or its officials do not involve in activities like sale of any kind of insurance or financial products nor invest premiums • IRDAI does not announce any bonus. Public receiving such phone calls are requested to lodge a police complaint along with details of phone call, number.**



**Annexure - (1)**

**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.]**