LIFE INSURANCE

Aditya Birla Sun Life Insurance Company Ltd.

ADITYA BIRLA CAPITAL
PROTECTING INVESTING FINANCING ADVISING

COMMON PROPOSAL FORM **PROPOSAL NO.**

IN UNIT LINKED POLICIES, THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER

CA Ref A: _____ **CA Ref B:** _____

For Internal use only

Insurance Advisor No. / Broker/Corp. Agent No.	A0000203	Agency Mgr. No. / Specified Person - Officer of CA/Initiator Code	A0000199
Broker Verifier Code		CA Branch Code	
USM Code		Verifier Code	

Please paste recent photograph(3cmx3cm) of the proposer self-attested by him/her

FOR/6/18-19/2940 VER20/JUN/2018

PROPOSAL FOR INSURANCE ON OWN LIFE / ANOTHER LIFE AGE 18 years & ABOVE

a) This form to be filled in BLOCK LETTERS WITH A BLACK PEN. b) Any cancellation/alteration in this form to be authenticated by the proposer and all documents submitted with this Proposal Form must be self attested by the Proposer. c) Insurance contract is based upon utmost good faith between Insurer and the Insured which requires the Proposer and Life to be Insured to disclose all material facts. d) Please attach an extra sheet, where any additional information needs to be given.

Personal Details

1 LIFE to be INSURED

Do you have an existing policy with ABSLI or ☐ Yes ☑ No have currently applied simultaneously
If yes, please quote
Policy/Proposal Number/Client ID _____
Permanent Account Number (PAN) ALZUH0297H
Mobile Number 9854123670
CKYC Number _____
Title ☑ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Mx.
Full Name John Doe
Father/Spouse's Name _____
Date of Birth 15-12-1990
Country of Birth India
Gender ☑ Male ☐ Female ☐ Transgender
Marital Status ☑ Single ☐ Married ☐ Widowed ☐ Divorced
Mother's Name _____ Maiden's Name _____
Nationality ☑ Indian ☐ NRI ☐ PIO ☐ FNIO ☐ Others
Are you holding citizenship of any other country?* ☐ Yes ☑ No
If yes please provide country name _____
Are you a tax resident of any other country?* ☐ Yes ☑ No
If yes please provide unique tax identification number _____

2 PROPOSER (If not the LIFE to be INSURED)

Do you have an existing policy with ABSLI or ☐ Yes ☐ No have currently applied simultaneously
If yes, please quote
Policy/Proposal Number/Client ID _____
Permanent Account Number (PAN) _____
Mobile Number _____
CKYC Number _____
Title ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Mx. ☐ M/S
Full Name _____
Father/Spouse's Name _____
Date of Birth _____
Country of Birth India
Relationship with Life to be Insured _____
Relationship If Other _____
Gender ☐ Male ☐ Female ☐ Transgender
Marital Status ☐ Single ☐ Married ☐ Widowed ☐ Divorced
Mother's Name _____ Maiden's Name _____
Nationality ☐ Indian ☐ NRI ☐ PIO ☐ FNIO ☐ Others
Are you holding citizenship of any other country?* ☐ Yes ☐ No
If yes please provide country name _____
Are you a tax resident of any other country?* ☐ Yes ☐ No
If yes please provide unique tax identification number _____

*If the response to any of the above questions is yes a detailed NRI questionnaire will have to be provided

Professional Details

Qualification ☐ SSC ☐ HSC ☑ Graduate ☐ Postgraduate ☐ Professional ☐ Others

Occupation ☑ Service ☐ Professional ☐ Business ☐ Army/ Navy / Police ☐ Skilled worker ☐ Retired ☐ Housewife ☐ Student ☐ Agriculture ☐ Others

Name of Employer/Business MetaMorphosys Technologies

Type of Organization ☐ Govt. ☐ Public Ltd. ☑ Private Ltd. ☐ Partnership ☐ Proprietorship ☐ HUF ☐ Trust ☐ Society ☐ NGO ☐ Charity

Type of Proposal ☑ General ☐ HUF ☐ Keyman ☐ Employer-Employee ☐ MWP ☐ Partnership

Qualification ☐ SSC ☐ HSC ☐ Graduate ☐ Postgraduate ☐ Professional ☐ Others

Occupation ☐ Service ☐ Professional ☐ Business ☐ Army/ Navy / Police ☐ Skilled worker ☐ Retired ☐ Housewife ☐ Student ☐ Agriculture ☐ Others

Name of Employer/Business _____

Type of Organization ☐ Govt. ☐ Public Ltd. ☐ Private Ltd. ☐ Partnership ☐ Proprietorship ☐ HUF ☐ Trust ☐ Society ☐ NGO ☐ Charity

Nature of Business/Duties IT Designation Developer

*Annual Income Rs. 10,00,000

*Proof is mandatory only where annualized 1 year premium acrossed all policies held by Single Individual is > Rs. 1,00,000

PROPOSAL NO: Form ID:

Nature of Business/Duties IT Designation Developer

*Annual Income Rs 10,00,000

*Proof is mandatory only where annualized 1 year premium acrossed all policies held by Single individual is > Rs 1,00,000

If not earning, state Parent's / Spouse's Annual Income Rs.

For Student/Non earning (Single), state Parents Insurance cover Rs.

For House wife, state Spouse Insurance cover Rs.

Are you a registered person under GST Law ☐ Yes ☑ No

If yes provide your GST registration number

(please share a copy of GST registration Certificate)

Are you a registered person under GST Law ☐ Yes ☐ No

If yes provide your GST registration number

(please share a copy of GST registration Certificate)

3 AGE PROOF of Life to be Insured (Please self-attest)

☑ Passport ☐ Pan Card ☐ Driving License ☐ Municipal Birth Certificate ☐ School / College Certificate

☐ Others

4 MANDATORY DETAILS IN ACCORDANCE WITH ANTI MONEY LAUNDERING GUIDELINES AS PRESCRIBED BY IRDAI

A **Identification Proof of the** Proposer (any one) ☐ PAN Card ☑ Passport ☐ Driving License ☐ Others

B **Address proof** of the Proposer (any one) ☐ Voter Card ☑ Passport ☐ Driving License ☐ Others

Address Type ☐ Residential/Business ☑ Residential ☐ Business ☐ Registered Office ☐ Unspecified

C **Income Proof** of the Proposer (any one) *(mandatory only if total annual policy premiums to ABSLI is Rs. 1 Lac or above)* ☑ ITR ☐ Others

D PEP - State whether the Proposer or the Life to be Insured or Nominee are Politically Exposed Person@ ☐ Yes ☑ No

E PAN Card copy is mandatory along with the proposal form if the customer pays Rs. 50,000 or more in a financial year ~

@ PEP: "Individuals who are or have been entrusted with prominent public functions domestically or by a foreign country or by an international organization, for example Heads of State or government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporationsand important political party officials OR Family members /close associates who are related or have business relationships with PEP's.".

~ Form 60 is to be filled and signed by the person who is exempted from the requirement of PAN.

FOR CORPORATE AND OTHER ENTITIES Please fill up and attach "Annexure - I" available separately, as required.

5 ELECTRONIC INSURANCE ACCOUNT DETAILS of PROPOSER

e-INSURANCE A/C details (email address is mandatory)

☐ Yes ☐ No I would like to receive my insurance policy and all the information related to the proposed insurance policy through insurance repository.

If opted for the above, please submit requisite annexure with the proposer form

If you already have e-insurance A/C number, please provide the same

e-insurance A/C No Repository Name

Would you like to apply. If yes, please mention your preferred Insurance Repository (IR) ☐ KARVY ☐ NSDL ☐ CDSL ☐ CAMS

6 ADDRESS for COMMUNICATION with PROPOSER# (all fields are mandatory)

Address1 456, Shivaji Nagar

Address2

Address3

Area Shivaji Nagar

City/Town/Village Pune

State Maharashtra **Pin** 411005

Proof is mandatory only where annualized 1 year premium acrossed all policies held by Single individual is > Rs. 10,000

Tel. No. Res./Office **Alternate Mobile**

E-mail Address John@gmail.com

Your preferred language for communication (select only one) ☑ English ☐ Hindi ☐ Marathi ☐ Tamil ☐ Telegu ☐ Kannada ☐ Bengali ☐ Gujarati ☐ Malayalam ☐ Punjabi

Details where we can send you updates regarding your policy, renewal reminders and ongoing services

Pleases tick on the below box if you wish to receive the renewal reminders, policy statements, ongoing services, various notifications etc. in electronic form

Do you wish to receive policy doucment in physical mode? ☑ Yes ☐ No

☑ I request you to send my policy documents in electronic form at above email id.

☑ I request you to send information on my policy regarding renewal reminders, policy statements, ongoing services in electronic form at above email id and Whatsapp as a medium of communication.

Do you wish to receive the renewal reminders, policy statements, ongoing services, various notifications etc in physical mode ? ☑ Yes ☐ No

If the address of life insured is different than the proposer, please fill in the details in "Annexure for Life Insured Address" which forms part of proposal.

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7 PERMANENT ADDRESS for COMMUNICATION with PROPOSER (if different from communication address)

Address 1: 456, Shivaji Nagar
Address 2:
Address 3:
Area: Shivaji Nagar
City/Town/Village: Pune
State: Maharashtra Pin: 411005

8 NOMINEE (under Section 39 of Insurance Act, 1938)

Nominee(if Life to be Insured and Proposer are the same person)

Sr. No.	Nominee Name		Gender	Date of Birth (dd/mm/yyyy)	Relationship with Life to be Insured	Nomination Share*(in %)
	First Name	Last Name				
1	Diego	Doe	Male	04/12/1999	Brother	100

* Sum total of all nomination share should be equal to 100%

Appointee *(if Nominee is a minor --- Appointee cannot be Life to be Insured)*

First Name
Last Name
Gender ☐ Male ☐ Female ☐ Transgender
Date of Birth
Relationship with Nominee

9 PURPOSE OF INSURANCE

☑ Protection ☐ Savings ☐ Childs Education ☐ Childs Marriage
☐ Retirement Planning ☐ Legacy Planning
☐ Others

10 INSURANCE PLAN DETAILS

Plan 1: Hospital Benefit Plus V2 Option: Platinum Policy Term: 12 years or ☐ Whole life
Basic Premium: Rs. Pay Term: years or ☑ Regular Pay
Basic Sum Assured: Rs. 9,00,000 Income Benefit Term/Education Milestone Benefit Period:
Deferment Period ☐ 0 year ☐ 1 year ☐ 5 years ☐ 10 years
Marriage Milestone benefit Multiple ☐ 100% ☐ 150% ☐ 200% Assured Benefit Payment Term

*only applicable in case 'Education and Marriage Milestone Benefit' is chosen in ABSLI Child's Future Assured Plan

Benefit Option ~ ☐ Short Term Income ☐ Long Term Income ☐ Whole Life Income - To Age 85 ☐ Whole Life Income - To Age 100

Bonus Utilization Option~ ☐ Paid Up Additions ☐ Cash Value of Paid Up Additions

~Applicable for ABSLI Vision LifeIncome Plus Plan

Benefit Payout Period# ☐ 10 years ☐ 20 years ☐ 25 years ☐ 30 years ☐ Others, (please specify)

Benefit Option# ☐ Income only Benefit ☐ Income Benefit with Return of Premium (RoP)

Benefit Payout Frequency# ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly

only Applicable only for ABSLI Assured Income Plus and ABSLI Vision LifeIncome Plus Plan (Benefit Payout Frequency of only Annual and Monthly Mode applicable for ABSLI Vision LifeIncome Plus Plan)

Retirement Age^ ☐ 60 years ☐ 65 years ☐ 70 years ☐ 75 years

Sum Assured Escalation Rate^ ☐ 5% ☐ 10% Sum Assured Reduction Factor^ ☐ 50% ☐ 25%

Enhanced Lifestage Protection^ ☐ Yes ☐ No ACI Benefit^ ☐ Yes ☐ No ACI Sum Assured Rs.

^only applicable in case of ABSLI DigiShield Plan

Monthly Income^ ☐ Level ☐ Increasing @ 5% p.a.

Plan Option $ ☐ Legacy Variant ☐ Milestone Variant

$only applicable in case of ABSLI Wealth Infinia

Purchase Price* Rs. Annuity Option*

Increasing Sum Assured ☐ 5% ☐ 10% *(for applicable plans only)* ABG EMployee/Partner Discount ☐ Yes ☐ No

Enhanced Insurance Cover ☐ 50% ☐ 100% ☐ 200% ABG Partner Name

Investment Option ☐ LifeCycle Option ☐ Smart Option **Risk Profile** ☐ Conservative ☐ Moderate ☐ Aggressive
☐ Return Optimser Option **Frequency** ☐ Monthly ☐ Weekly Transfer Date ☐ 1st ☐ 8th ☐ 15th ☐ 22nd *(Applicable only for monthly mode)*
☐ Systematic Transfer Option
Transfer Fund ____ % ____ % ____ % ____ % ____ %
(In increments of 5% with minimum of 5% and maximum of 100% in any fund option. Total must be 100%)
☐ Self-Managed Option *(In increments of 5% with minimum of 5% and maximum of 100% in any fund option. Total must be 100%)*

Liquid Plus	%	Income Advantage	%	Assure	%	Protector	%	Builder	%
Enhancer	%	Creator	%	Magnifier	%	Capped Nifty Index	%	Asset Allocation	%
Maximiser	%	Multiplier	%	Super 20	%	Pure Equity	%	Value & Momentum	%
MNC	%								

(Note. For the Segregated Fund Identification Number (SFIN) please refer the product brochure / leaflet or Benefit Illustration. You may also logon to our website www.adityabirlasunlifeinsurance.com
If the above mentioned values are not legible, missed or mismatch found with proposal form, then values from Signed Benefit Illustration will be considered)

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Riders ☐ ABSLI Waiver of Premium (applicable only if Life to be Insured and Proposer are same)

Name ABSLI _____ ABSLI _____ ABSLI _____ ABSLI _____

Sum Assured Rs. _____ Rs. _____ Rs. _____ Rs. _____

Policy Premium Rs. _____ Instalment Premium Rs. _____ Mode# ☑ A ☐ S ☐ Q ☐ M

 # Payout mode for Annuity Plan

11 INSURANCE PLAN DETAILS

For the below mentioned products, Simplified Proposal Form is mandatory

Sr. No.	Product Name	Policy Term (in years)	Premium Paying Term (in years)	Basic Premium / Purchase Price* (in Rs.)	Instalment Premium / Payout* (in Rs.)	Sum Assured (in Rs.)
Plan 2						

** applicable only in case of ABSLI Immediate Annuity Plan*

Note: For every product mentioned in the above table, please provide a duly filled Simplified Proposal Form. All relevant details of the above mentioned products are captured in the Simplified Proposal Form. In case of any discrepancy in the above mentioned details and the ones provided in the Simplified Proposal Form, values from the signed benefit illustration will be considered final.

11(a) PREMIUM PAYMENT DETAILS

Payment Method ☐ Direct Bill ☑ NACH / Direct Debit ☐ Credit Card ☐ Salary Deduction ☐ Single Premium ☐ Others _____

Payment Mode ☑ Annually ☐ Semi-Annually ☐ Quarterly* ☐ Monthly* *not eligible for Direct Bill

Initial Premium Rs. _____ In case of NACH / Direct Debit, Preferred Draw Date ☐ 1st ☐ 8th ☑ 15th ☐ 22nd

Top-up Premium Rs. 0 *(Incase date is not chosen, policy issuance date will be considered as draw date)*

Total Amount paid Rs. _____

(Cheque / DD should be drawn on a local branch of a bank made payable to "**ADITYA BIRLA SUN LIFE INSURANCE COMPANY LTD APP NO -** _____)

☐ Cash (up to Rs. 50,000) ☐ Cheque / DD No. _____ Issuing Bank _____

Date _____ Payable at (Branch) _____

You are requested to pay cash premium only at ABSLI branches or at authorised collection points and not to the advisor or employee. The company will not be responsible for any loss in this regard.

Source of Funds ☑ Salary ☐ Business Income ☐ Others

11(b) POLICY PAYOUT DETAILS

Payout Mode ☑ NEFT ABSLI will make payout(s) to the Proposer, in accordance and subject to the terms and conditions of the policy.

Bank Name HDFC Bank Bank Address Bund Garden, Pune

Account Holder's Name John Doe

Account Type ☑ Savings ☐ Current Account No 8454613990

IFSC Code HDFC0004629 *(Mandatory)*

Please provide a cancelled blank cheque leaf. In case the cheque does not bear the pre printed name of the account holder /bank account number,we will need photocopy of the bank statement showing account holder name, address and account number. The bank statement has to be self attested by customer & attested by ABSLI authorized personnel. In case of any changes in the above bank details in future , please fill up the payout option form available separately along with copy of cancelled cheque and submit the same at your nearest branch.

12 INSURANCE HISTORY OF THE LIFE to be INSURED (Mandatory)

A Is there any concurrent proposal and any existing insurance on your life for Life / Health / Accident / Critical Illness and other riders in effect with ABSLI and any other insurer in India or abroad? If Yes, give details. ☐ Yes ☑ No

*Mention year of Lapse/ Revival applied for

Policy / Proposal No.	Name of the Insurer	Year of Issue/ proposal	Sum Assured (in Rs.)	Annual Premium (in Rs.)	Base Plan /Rider Decision	Medical Policy (Y/N)	In Force / Lapsed*

B Has any of your new proposal for revival/reinstatement for life, accident, medical, health related insurance or riders or critical illness been refused, withdrawn, declined, postponed or offered with restricted benefits or with an increased premium or made any claim under any such policy of insurance with ABSLI or any other insurer in India or abroad? If Yes, give details. ☐ Yes ☑ No

Name of the Insurer	Sum Assured (in Rs.)	Reasons

13 LIFESTYLE, PERSONAL AND MEDICAL DETAILS OF THE LIFE to be INSURED

A PERSONAL DETAILS

i (a) Height 165 cms Weight 58 kgs

(b) Is there any weight change during the past one year over 5 kg? ☐ Yes ☑ No

(c) Increase / Decrease Reason : _____

B LIFE STYLE INFORMATION & FAMILY MEDICAL HISTORY

i Do you intend to live or travel outside India for a period of more than 180days ? If Yes, submit appropriate questionnaire. ☐ Yes ☑ No

ii Are you involved or do you intend to involve in any hazardous occupation or avocation? (for e.g. flying other than a fare-paying passenger, diving, mountaineering, working at heights, underground or offshore, using explosives or any other dangerous activity) If Yes, submit appropriate questionnaire. ☐ Yes ☑ No

iii Do you consume or have you ever consumed any narcotic substance? If Yes, give details _____ ☐ Yes ☑ No

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iv. Do you consume alcohol ? If Yes, give details. ☐ Yes ☑ No

Substance	In the form of	Quantity per day | week | month	Have you ever been advised to stop consumption of the substance by a Physician? If Yes, specify the reason.
Alcohol			
Alcohol			
Alcohol			

v. Do you consume cigarettes/bidis/cigars or used any other tobacco/nicotine products in any form? If Yes, when was it last consumed ☐ Yes ☑ No

☐ Last 12 months ☐ During 13 to 60 months ☐ Before 60 months

Substance	In the form of	Quantity per day	No. of years	Have you ever been advised to stop consumption of the substance by a Physician? If Yes, specify the reason.

vi. Has any of your parents, brothers or sisters been diagnosed with / suffering from / have died due to any hereditary or chronic disorder, heart ailment, stroke, high blood pressure/Hypertension, Diabetes, mellitus/High blood sugar, cancer, kidney disease, paralysis, other disease not stated above prior to age 60? If Yes, specify details ☐ Yes ☑ No

	Age (If living)	State of Health	If deceased, age at death	Cause of Death
Father	58	ok | Good.		
Mother	49	OK | Good		
Brother	23	OK | Good		
Sister(s)				

C MEDICAL HISTORY

I) Have you remained absent from place of work on grounds of health for a continuous period of more than 10 days for reasons other than pregnancy, minor fracture, cold or flu? ☐ Yes ☑ No

II) In the past five years, have you ever undergone any surgical operation at a hospital or clinic or undergone any investigations with other than normal or negative results (including X-rays, ECG, blood tests, biopsies etc.)? ☐ Yes ☑ No

III) Have you ever sought advice or suffered from any of the following?

(a) Chest pain, low or high blood pressure, high cholesterol, heart attack, heart murmur or other heart disorders? ☐ Yes ☑ No

(b) Asthma, chronic cough, pneumonia, shortness of breath, tuberculosis (TB) or other respiratory or lung disorders ? ☐ Yes ☑ No

(c) Diabetes / elevated blood sugar or sugar in the urine? ☐ Yes ☑ No

(d) Ulcer, colitis, chronic diarrhoea, hepatitis or jaundice or other liver or any gastrointestinal disorders? ☐ Yes ☑ No

(e) Cancer, tumour, abnormal growth, cyst, enlarged glands or enlarged lymph nodes? ☐ Yes ☑ No

(f) Dizziness / fainting spells, epilepsy, paralysis, stroke, mental/ psychiatric disorder or any other neurological disorder? ☐ Yes ☑ No

(g) Kidney, urinary, bladder, reproductive organ, prostate or any genitourinary disorders? ☐ Yes ☑ No

(h) Arthritis, gout or joint pain, muscle disorder, bone fracture or any other musculoskeletal disorders? ☐ Yes ☑ No

(i) Disorder of eyes (such as cataract, glaucoma etc.) or throat or ears? ☐ Yes ☑ No

(j) Any other illness, surgery, ailment or injury which is specifically not mentioned above? ☐ Yes ☑ No

If any of question is answered as Yes, please submit the appropriate questionnaire.

IV) Do you have any congenital anomaly/disorder, physical defects, impairment, deformities and / or any condition affecting mobility, sight and / or hearing? ☐ Yes ☑ No

V) Have you or your spouse received any medical advice, testing or treatment for any sexually transmitted disease or Hepatitis B or C? ☐ Yes ☑ No

VI) Do you have any health symptoms or complaints for which a physician has not been consulted or treatment received? (persistent fever, unexplained weight loss, loss of appetite, pain, swelling etc.) ☐ Yes ☑ No

VII) For female lives only:

1) Are you pregnant? If Yes, number of weeks _____ ☐ Yes ☑ No

2) Have you suffered from or do you have any gynaecological problems or illness related to uterus / ovaries or breasts? ☐ Yes ☑ No

Question No.	Exact Diagnosis and details of current symptoms	Details of treating Doctor / Surgeon (Name, Qualification, Contact No.) and List of medication being consumed currently	Date of Diagnosis	Date of last Consultation
			Details and date of hospitalization and surgery done	

14 DECLARATION BY THE LIFE to be INSURED (and PROPOSER if not the Life to be Insured)
These declarations would apply to the proposal for insurance and the details as contained in the proposal for insurance duly filled and signed by the Life to be insured and proposer if not the life to be insured, through this common proposal form and aforementioned supplemetary proposal form (s).

I (we) authorize any medical practitioner, hospital, employer, institution or any other person, to disclose to Aditya Birla Sun Life Insurance Company Limited ("ABSLI") any information relating to my health or employment now or at any time in the future.

I (we) understand and agree that no agent or medical examiner has the authority to waive or vary any stipulations or requirements set by ABSLI. I (we) understand and agree that the statements and answers given by me (us) during the medical examination (if any) to the medical examiner acting on behalf of ABSLI and any other documents, medical reports and financial reports required in this proposal and simplified proposal (s) for insurance and addendum, if any, shall be deemed to be incorporated in this proposal.

I (we) agree and consent to ABSLI for 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 proposal for insurance on the life to be assured/proposer has been made and any other authorities as may be required for the purpose of underwriting the proposal and/or claim settlement.

I **(we) confirm** that the premiums have not been and will not be generated from proceeds of crime related to any of the offences listed in the Prevention of Money Laundering Act 2002 and any other applicable statutory provisions as may be in force from time to time.

I **(we)** have not made any statement to the agent, medical examiner or any other person associated with ABSLI, which in any way modifies the statements and answers in this proposal or the simplified proposals for insurance and addendum, if any. I (we) are not involved in any criminal proceedings nor have any history of conviction in India or abroad.

I **(we) understand and agree** that in case of any fraud or misrepresentation, the policy shall be treated in accordance with Section 45 of the Insurance Act, 1938 as amended from time to time.

I **(we) understand and agree** that ABSLI must be notified of any changes in my / our health and circumstances and any proposal of insurance with any other insurer in India or abroad logged between the date of this proposal including the simplified proposals for insurance submitted along with this common proposal and prior to the acceptance of the risk.

I **(we) understand and agree** that completion of this proposal, simplified proposal (s) submitted for insurance along with this proposal for insurance and further addendums, if any, in no way implies that a policy / policies for insurance on the Life to be Insured will be issued by ABSLI. Further, the proposal for insurance submitted through this form and along with this proposal of insurance as simplified proposal for insurance will be underwritten and processed as separate proposals for insurance and issuance of any one of the proposal for insurance should not imply the issuance of the other proposals of insurance. Each proposal as mentioned herein shall be underwritten and reviewed for processing and issuance / rejection separately and independently.

I **(we) hereby declare** that the contents of this proposal and the contents of the simplified proposals for insurance submitted as a part of this common proposal form have been fully explained to me.

I **(we) hereby declare** that the particulars of the bank account details are true and correct and shall be made applicable for payout(s) if any under this proposals including the simplified proposal for insurance duly signed and submitted along with this proposal for insurance. I (we) hereby understand that the payout (if any) shall be received via NEFT mode against the details provided from my end in the proposal form.

I **(we) understand and agree** that this proposal form containing my personal information will be shared by ABSLI with its service providers for processing purpose including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority for the present policy only.

I **(we) hereby 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 that I/We am/are authorized to propose on behalf of these other persons.

I **(we) understand** that the information provided by me/us will form the basis of the insurance policy, and is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after full receipt of the premium chargeable.

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15 SECTION 41 AND 45 OF THE INSURANCE ACT, 1938

Section 41 of 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 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 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 punishable with a fine which may extend to ten lakh rupees.

Extract of Section 45 of the Insurance Act, 1938, as amended from time to time: No policy of Life Insurance shall be called into question on any ground whatsoever after the expiry of three years from the date of policy. A policy of life insurance may be called into question at any time within three years from the date of policy, on the ground of fraud or 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. The insurer shall have to communicate in writing to the Insured or legal representative or nominees or assignee of the insured, the grounds and materials on which such decision is based. no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the misstatement or suppression of 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 misstatement or suppression are within the knowledge of the insurer. In case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive. In case of repudiation of the policy on the ground of misstatement or suppression of a material fact and not on the grounds of fraud, the premiums colected on the policy till the date of repudiation shall be paid. Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life Insured was incorrectly stated in the proposal. For complete details of the section and the definition of date of policy, please refer Section 45 of the Insurance Act, 1938, as amended from time to time.

Dated 22-01-2024 Place Pune IA / Broker / SP of CA Code: A0000203

Johnd.
Signature or Thumb Impression of the LIFE to be INSURED

Mr. David An
Name of IA / Broker / SP of CA Code

Signature or Thumb Impression of the PROPOSER (if not Life to be Insured)

David.
Signature of IA / Broker / SP of CA Code

VERNACULAR DECLARATION

I, (full name of declarant) _____ hereby declare that I have explained the contents of the proposal form to the Life to be Insured / Proposer in _____ language and that I have read out to the answers to the questions dictated by me to the Life Insured/Proposer and that the Life to be Insured/Proposer has/have put his/her thumb impresssion after fully understanding the contents thereof.

Name & Signature of Declarant

I, John Doe (Proposer) confirm that I have been explained the contents of the proposal form in my language and the information recorded are as provided by me.

Johnd.
Signature/Thumb Impression of the PROPOSER/LIFE to be INSURED signing in vernacular language

Digitally verified with OTP