

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

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

(For Office use only)

Proposal No: _____ Policy No: _____

Customer ID: _____ Inward Date: _____

Dep. Receipt No: _____ Date: _____

Agent Name/Corporate Agent Name: _____ Agent Code/ID: _____

Corporate Agent Code & COR No: _____

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

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

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

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

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

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

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

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

4. Plan Details: Plan Name: _____

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

5 (a). Plan Options: _____ (b). Maturity Benefit Payout Option : _____

(c). Death Benefit Payout Option: _____ (d). Education Support Benefit Option: _____.

*Please opt for the relevant options and fill in only (a), (b), (c) & (d) if applicable under the plan opted by you.

6 (a). Funds Opted(For ULIP Plans Only) (b). Auto Transfer Option (ULIP Plans Only)

Name of the Fund	Percentage (%)	Name of the Fund	Percentage (%)	Yes <input type="checkbox"/>	If Yes, select from below option
				No <input type="checkbox"/>	6 Months <input type="checkbox"/> 12 Months <input type="checkbox"/>

7. Settlement Option for ULIP's: On continuing your policy till maturity date, as a policy holder you have the option to withdraw the units in not more than 5 instalments within 5 years at prevailing NAV as on the date of withdrawal. Are you willing to opt for Settlement Option - Confirm (Tick) Yes ☐ No ☐

8. Rider Details:

Name of Rider	Sum Proposed	Term of Cover	Name of Rider	Sum Proposed	Term of Cover

9. Bank Account Details: Proposer ☐ Life to be Assured (in case of Own Life) ☐

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

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

10. Nominee Details:

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

DOB: DD / MM / YYYY Gender: Male ☐ Female ☐ Transgender ☐ Relation with LA: Mobile #

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

Appointee's Relationship with Nominee: Address for communication:

Signature of the Appointee:

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

Policy No	Company Name	Sum Insured

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

Policy No	Company Name	Sum Insured	Policy issued date	Policy Status

13. Family History: Please give details of the family members of the Life to be assured.

Family Member	If alive, age	Name of the Family Member	Health Status of Family Member (If deceased, provide age at death, year of death, cause of death or type of illness)
Father			
Mother			
Spouse			
*Children (Provide Marital Status, Employment & Education details)			
Brothers			
Sisters			

*Children's Marital status, employment & education details needs to be provided only in case if "life assured" is "widow".

14. Personal Medical History of the Life to be assured. (Answer the following in YES/NO-Tick (✓) the relevant Box)

A. Weight (in Kgs) : C. Do you smoke/chew/inhale any form of tobacco? Yes <input type="checkbox"/> No <input type="checkbox"/> If the answer is yes, type & quantity per day:	B. Height: Cms (or) Ft Inches D. Do you consume alcohol? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, type & quantity per day:
E. Have you been using narcotics, Barbiturates, marijuana, tranquilizers, cocaine, stimulants, sedatives or any harmful drugs? Yes <input type="checkbox"/> No <input type="checkbox"/>	F. Do you take part in any adventurous hobbies/activities that could be dangerous in any way, such as aviation (other than as a fare paying passenger), mountaineering, diving, or any form of racing etc.Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please provide details)

G. Have you ever been convicted/any criminal case is pending against you in any court of law? Yes ☐ No ☐ (If yes, please provide details):

H. Have you ever been hospitalized/treated for any illness? In last five (5) years – Yes ☐ No ☐ If Yes, provide details of diagnosis and treatment undergone:

I. Did you avail any leave from your service on medical grounds during the last Five (5) years? Yes ☐ No ☐ If Yes, please provide details:

J. Did you ever met with any accident or injury that required any medical treatment? Yes ☐ No ☐ If Yes, specify relevant details:

K. Have you ever suffered from any ailments as mentioned below, write “Yes/No”.

1. Ailments relating to heart, stomach, lungs, liver, kidney, digestive/reproductive/brain/nervous system.	2. Have you been tested positive for Hepatitis B or C, HIV/AIDS or any of the sexually transmitted diseases.
3. Asthma, Bronchitis or other Respiratory disorders.	4. Diabetes/High (or) Low BP/stroke/epilepsy/Cancer/Leprosy/Tuberculosis/Hernia.
5. Anaemia, Blood disorders, Musculoskeletal disorders.	6. Any other illness/ailment that required treatment and not mentioned above.
7. Any disorder of Eye, Ear, Nose or Throat.	8. Do have any bodily defect or deformity?

If any of the questions above is answered as “Yes” provide details:

15. Applicable for Female Lives Only

a. Have you ever had any gynaecological problems requiring treatment? Yes ☐ No ☐ If yes, provide details including diagnosis, date of diagnosis and treatment taken _____

b. Have you ever had any miscarriages/abortions in past? Yes ☐ No ☐ (If yes please provide date _____)

c. Last delivery date: DD/MM/YYYY d. Are you currently pregnant? Yes ☐ No ☐ if yes, number of weeks of pregnancy: _____

e. Husband's Occupation: _____ & Annual Income: _____

f. Husband's Insurance details:	Policy No	Name of the Insurer	Sum Assured	Policy Status

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

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

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

If yes, choose any one Insurance Repository: CAMS ☐ NDML ☐ SHCIL ☐ KARVY ☐ CIRL ☐
***CAMS Rep** - CAMS Insurance Rep & Services, **NDML** - NSDL Data Management Ltd, **SHCIL** - Stock Holding Corp of India Ltd., & **CIRL** – Central Ins. Rep Ltd.

Declaration by the Proposer / Life to be Assured:

I/We hereby declare that the above statements, answers and/ or particulars given by me are true and complete in all respects to the best of my knowledge. I/We understand that the information provided by me will form the basis of the insurance policy and that the policy is subject to Board approved underwriting policy of the insurance company and the policy will come into force only after full receipt of the premium chargeable. I/ We further declare that I/We will notify in writing any change occurring in the occupation, financial health or general health of the life to be assured/ proposer after the proposal has been submitted but before communication of the risk acceptance of the company. 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 assured/ 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 office to which an application for insurance on the life to be assured/ proposer has been made for the purpose of underwriting the proposal and claims settlement. I/We authorize the company to share information pertaining to me proposal including the medical records with any Governmental and/or Regulatory authority. Further, the information may be shared for the role purpose of proposal underwriting and claims settlement. I/ We hereby consent to receiving information from central KYC registry through SMS/ email on the above registered number/email address.

*I/We hereby authorize the Nominee/claimant under the proposal/policy and any doctor, hospital or employer to disclose to Shriram Life Insurance Co. Ltd., any information relating to health or employment now or at any time in the future, as and when required for processing any claim.

Signature of witness:

Place: _____ Date: ____/____/____

Name of the Witness: _____

Address of the Witness: _____

Phone no: of the Witness: _____

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

✓

Signature/thumb impression of the Proposer

Place: _____ Date: ____/____/____

✓

Signature/thumb impression of the Life to be assured

Place: _____ Date: ____/____/____

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

1. Declaration by the person filling in the form (In case form is filled up / signed in a language different from that of the Proposal Form) "I hereby declare that I have fully explained the above questions to the proposer and I have truthfully recorded the answers given by the proposer."

Name of the Declarant: _____

Address of the Declarant: _____

"I certify that the contents of the form and documents have been fully explained to me by (Name, Designation, and occupation) Mr/Mrs: _____
_____ and I have understood the significance of the proposed contract.

Date: ____/____/____

Signature or thumb impression of the person whose life is proposed to be assured

2. In case the Proposer is illiterate, his/her thumb impression should be attested by a person of standing whose identity can easily be established, but Unconnected with the insurance company and this declaration should be made by him.

"I hereby declare that I have fully explained the above questions and contents of the proposal form to the proposer in _____ language, and that the proposer has affixed the above thumb impression after fully understanding the contents thereof."

Name of the Declarant _____

Address of the Declarant _____

Date: ____/____/____

Signature of Declarant (In English)

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

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out, renew, or continue an insurance contract in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebates as may be allowed in accordance with the published prospectus or tables of the insurer. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

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

- (1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e. from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.
- (2) A policy of life insurance may be called in question at anytime within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud. Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision are based.
- (3) Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer: Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the Policyholder is not alive.
- (4) A policy of life insurance may be called in question at anytime within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based: Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the Insured within a period of ninety days from the date of such repudiation.
- (5) Nothing in this section shall prevent the insurer from calling for proof of age at anytime if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

Free Look Period:

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

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

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

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

AGENT'S/Specified Person (SP) Recommendation

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

Signature of the Agent/SP in English

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

Agent / Specified Person Name _____

Agent / Specified Person contact Number _____

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

Agent / Specified Person Email ID: _____

Date: ____/____/____ & Place: _____

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

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