

	City/ Town/ Village	
	District & State	
	Country	
	PIN Code	
	Tel.No.with STD Code	
15	Permanent Address	
	House No.	
	City/ Town/ Village	
	District & State	
	Country	
	PIN Code	
	Tel.No.with STD Code	
16	Residential status	Resident Indian / Non Resident Indian/ Foreign National of Indian Origin/ Overseas Citizen of India
17	Address outside India (Applicable only for NRI/FNIO/ OCI)	
	House No.	
	City/ Town/ Village	
	District & State	
	Country	
	PIN Code	

II	KYC& PMLA (KYC &PMLA details of Proposer to be given in case of minor lives)	
1	Are you Income Tax assessee	Y/N
2	PAN Number	
3	ID details(to be answered only if PAN card copy is not submitted) * In case of Aadhaar only last four digits is to be given as Id number	
	Proof of Identity	
	ID number *	
	Expiry date of Id :	
4	Address Proof Submitted	
5	Are You Registered under GST, if yes give GSTIN :	
6	C KYC number (Central KYC Registry)	

III	Occupation	
1	Educational qualification (If proposal is on life of minor or major student please give class in which studying and type of course)	
2	Present Occupation	
3	Source of Income	
4	Name of the present employer	
5	Exact Nature of duties	
6	Length of service	
7	Annual Income	
8	To be answered if employed in the Armed Forces	
a	Wing to which you belong	
b	Rank therein	
c	Date of last Medical Examination	
d	Medical category after medical examination	
e	Were you ever below A-1 category? If so, when?	

IV	Others	
1	Is your occupation associated with any specific hazard or do you take part in hazardous activities or have hobbies that could be dangerous in any way? If yes , give details and submit respective questionnaire .	
2	Have you ever been or are currently being investigated, charge sheeted, prosecuted or convicted or having pending charges in respect of any criminal/civil offences in any court of law in India or abroad ? If yes, give details.	
3	Are you a Politically Exposed Person OR are you a family member or close relative of Politically Exposed Person?	

	[As per RBI guidelines PEPs are the individuals who are or have been entrusted with prominent public functions in a foreign country.]				
V	Existing Insurance: Please give details of Life Assured's previous insurance including policies taken under ULIP plans taken from LIC as well as from other insurers (including policies surrendered / lapsed during last 3 years)				
1	Policy Number				
2	Name of the Insurer/ Division/ Branch				
3	Plan and Term				
4	Sum assured				
5	Term Rider Sum Assured				
6	CI Rider Sum Assured				
7	AB/ ADDB Sum assured				
8	Date of Commencement				
9	Date of Revival				
10	Whether accepted at ordinary rate, if not give details				
11	Medical/ Non medical				
12	Whether Inforce				
13	If not , Date of FUP/ Date of surrender				
	Note: 1. If space is not sufficient for all existing policies, please use separate sheet in the same format. It must be duly signed by the life to be assured 2. Corporation normally does not entertain any fresh proposal for insurance where a policy has lapsed or has been converted into paid up policy within the last 3 years.				
14	Has a proposal (or an application for revival of a policy) on the life assured made to any office of the Corporation or to any other insurer ever been	Yes/No	Details		
a	Withdrawn, Deferred, Dropped or Declined?, if yes give details.				
b	Accepted with extra Premium or Lien?, if yes give details.				
c	Accepted on terms other than those proposed?, if yes give details.				
d	Has the Life to be Assured during the past one year returned any policy of the Corporation as the same was not acceptable to you?, if yes give details.				

VI	(a) If the Proposal is on the life of Minor or Major student, please give below the particulars of all the assurance in full force on the lives of parents, brothers and sisters of Life to be assured		
	Relation ship	Policy Number	Total Sum Assured
	Father		
	Mother		
	Brothers		
	Sisters		
	(b) Whether all the children are insured equally? If No, please mention reason for the same		
	Note: (Please give details of all questions in the space provided for the same.). If space is insufficient, attach a separate sheet duly signed by Proposer		

VII	Details of Nominee and appointee (It is in the interest of the life to be assured to avail the facility of nomination)						
	Name and address of Nominee	% share	Age	Relationship with the life to be assured	If Nominee is minor appointee's full name, age and address	Relationship to the nominee	Appointee's signature as a token of consent
	Id proof of Nominee/ Appointee Id Number						

VIII	Bank Details
	Bank Account details: a) Type of Account-Savings / Current: b) Your Account No : _____ c) MICR Code: _____ d) IFSCCode: _____ e) Name and Address of your bank: _____ Attach a photocopy or cancelled cheque with the form

Mobile number of the Proposer/ Life to be Assured:

E mail id of the Proposer/Life to be Assured:

Signature/ thumb impression of the proposer/ life to be assured

Section – II : Proposed Plan

I	Objective of Insurance	Saving / Risk Cover/ Saving and Risk Cover
II	Whether Proposal is under (please tick relevant options)	Individual life/ Employer-Employee Scheme / HUF/ MWP**
	** Note: If proposal is not under individual life , please submit relevant questionnaire / annexure/supporting documents along with the proposal form	

II. Plan , Sum assured and Rider selected by the Life to be assured	
Plan and Term	
Mode of Premium Payment	Yearly, Half-yearly, Quarterly, Monthly (NACH)
Installment Premium Amount (in figures)	Rs.
Installment Premium Amount (In words)	Rs.
Basic Sum Assured (10* Annualized Premium)	
Amount paid by Drawn on: Name & Address of the bank	Cash/ Cheque/DD
Bank draft/cheque no. Amount (in figures) Amount (in words)	Rs. Rs.
Does Life to be assured wish to opt for LIC's Linked Accident Benefit Rider ?	Y/N
If "Yes" , Sum Assured under LIC's Linked Accident Benefit Rider	
Applicable to Police Personnel if LIC's Linked Accident Benefit Rider is opted for :	
a. Whether you are engaged in police duty in any police organization other than paramilitary force?	Y/N
b. If "Yes", whether you wish to avail LIC's Linked Accident Benefit Rider while on police duty?	Y/N
Fund Selected *** See information below	BOND / SECURED / BALANCED / GROWTH FUND

Broad Investment Pattern of The Investible Funds					
Fund Type	Investment in Government / Government Guaranteed Securities / Corporate Debt	Short-term investments such as money market instruments	Investment in Listed Equity Shares	Details and objective of the fund for risk /return	SFIN No.
Bond Fund	Not less than 60%	Not more than 40%	Nil	Low risk - To provide relatively safe and less volatile investment option mainly through accumulation of income through investment in fixed income securities.	ULIF001201114LICNE D+BND512
Secured Fund	Not less than 45%	Not more than 40%	Not less than 15% & Not more than 55%	Lower to Medium risk - To provide steady income through investment in both equities and fixed income securities	ULIF002201114LICNE D+SEC512
Balanced Fund	Not less than 30%	Not more than 40%	Not less than 30% & Not more than 70%	Medium risk - To provide balanced income and growth through similar proportion investment in both equities and fixed income securities	ULIF003201114LICNE D+BAL512
Growth Fund	Not less than 20%	Not more than 40%	Not less than 40% & Not more than 80%	High risk - To provide long term capital growth through investment primarily in equities	ULIF004201114LICNE D+GRW512

III Simultaneous Proposals		
a	Is Life to be Assured's life now being proposed for another assurance or an application for revival of a policy or any other proposal under consideration in any office of the Corporation or to any other insurer? If yes, give details	Y/N
b	Whether proposed simultaneously on the life of spouse and children? If yes, give details	Y/N

IV Settlement Option		
Does Life to be Assured wish to avail "Settlement Option to take Death Benefit In Installments" : Yes/ No If 'Yes', Kindly fill the addendum which forms a part of the proposal form.		
Note:1) Life Assured/Policyholder will have the option of choosing/altering the mode of receipt of payment of claim proceeds from lumpsum to instalment and vice versa during the policy duration.		

V Consent		
a	Have you understood fully the terms & conditions of the plan you propose to take?	Y/N
b	Whether the terms & conditions of the proposed plan and any other information that you needed for matching your objectives of insurance have been explained to you by the agent?	Y/N

VI Are you registered with LIC Portal: Y/N If yes, give Customer ID _____ If not, Please visit our site www.licindia.in and register yourself with LIC Portal after completion of this proposal to avail the benefit of e services.		

Signature/ thumb impression of the proposer/ life to be assured

Section- III: Personal and family details of health / habits

I Personal Health				
a	Please state exact height (in cms) and weight (in Kgs) (without shoes)		Height	Weight
b	During the last five years did the life to be assured consult a Medical Practitioner for any ailment requiring treatment for more than a week? If yes, give details		Y/N	
c	Has the life to be assured ever been admitted to any hospital or nursing home for general check up, observation, treatment or operation? If yes, give details		Y/N	
d	Has the life to be assured remained absent from place of work / school/college on grounds of health during the last 5 years? If yes, give details		Y/N	
e	Is the life to be assured suffering from or has the life to be assured ever suffered or undergone investigation in the past or has the life to be assured been advised to undergo investigation or treatment for the following ailments:			
	Diseases	Y/N	Diseases	Y/N
	1. Lungs/ Respiratory Disease / Persistent cough, asthma, bronchitis, pneumonia, spitting of blood etc		2. Hypertension, Hypotension, rheumatic fever, pain in chest, breathlessness, palpitation, any disease of the heart or arteries?	
	3. Peptic ulcer/colitis, jaundice, anaemia, piles, dysentery, or any other disease of the stomach, liver, spleen, gall bladder or pancreas/ digestive disorder		4. Any disease of kidney /prostate or urinary system?	
	5. Paralysis/epilepsy/ insanity/ tremors, numbness, double vision, dizzy or fainting spells/ head Injury / insomnia/ nervous breakdown / any other disease of the brain or the nervous system		6. Hernia/hydrocele, varicocele, fistula, varicose veins, filariasis, gonorrhoea, syphilis or any other venereal disease?	
	7.Cancer/leukemia/lymphoma/ tumour / cyst/ Any other growth / lumps/ blood disorder /enlarged glands		8. Any disease of ear, nose, throat or eyes, including defective sight or hearing and discharge from the ears	
	9. Endocrine disorders such as Diabetes, Goitre, Thyroid etc or have you ever passed sugar, albumin, pus or blood in urine		10. Bone / Joint/ Spine Disease/ Arthritis	
	11. Mental Disorder (Depression/ Anxiety, etc.).		12. Chronic infections- Tuberculosis/ pleurisy / Skin Disease/ skin eruption/ Leprosy.	
	13. Hepatitis or AIDS&HIV related condition		14. Any Operation, accident or injury/ any bodily defect or deformity.	

15. Any other disease?					
f	If answer to any of the questions mentioned in 'e' above is yes, please give details as below (If hospitalized , enclose the discharge summary and all investigation papers along with the proposal form.)				
	Nature of disease / illness	Date of Diagnosis	Fully recovered (Y/N)	Still on treatment (Y/N), If Yes give details of treatment	Name and address of Doctor/ Hospital

II	Personal Habits			
	Does the life to be assured smoke/consume or has the life to be assured ever smoked/consumed the following (a,b,c)	Y/N, If yes, quantity consumed and duration	If stopped, since how many months	
	a. Alcoholic drinks			
	b. Narcotics			
	c. Any other drugs, If yes, which one			
	d. Does the life to be assured smoke/consume or has smoked/consumed tobacco in any form (Tobacco product includes but not limited to cigars, cigarettes, beedis, chewable tobacco like Gutkha, flavored pan masala, etc.) in the past 60 months. (in sticks /packets/ sachets/day or gms /day)			

III	What has been the life to be assured's usual state of health?
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IV	Family details			
1	Has the life to be assured's parents / spouse / Partner / children and/or any of his/her relations ever suffered from or died of heart disease, stroke, high blood pressure, diabetes mellitus, cancer, kidney disease or any hereditary disorders, Insanity, or any contagious diseases such as tuberculosis ,hepatitis, AIDS / HIV etc.? If yes, please specify a. Name of the disease b. Relationship with the life to be assured and c. date / year of death			
2	Family History			
		Living		Dead
		Age	State of health	Age at death Year/cause of death
	Father			
	Mother			
	Brothers			
	Living			
	Dead			
	Sisters			
	Living			
	Dead			
	Spouse			
	Children			
	Living			
	Dead			

V	For Female Life to be Assured only				
a	Is Life to be Assured pregnant now?				
b	Date of last delivery				
c	Has Life to be Assured had any abortion or miscarriage or Cesarean section? If so, give details				
d	Has Life to be Assured ever consulted a gynecologist or undergone any investigation, treatment for any gynaec ailment? (If yes, give details)				
e	Husband's details				
	Husband's full Name				
	His Occupation				
	His Annual Income				
f	Details of Husband's Insurance				
	Policy number	Name of branch/ Division/ Name of the insurer (if other than LIC) - from where policy has been taken	Sum Assured	Plan & Term	Present status of the policy

Signature/ thumb impression of the proposer/ life to be assured

Section IV: Declaration

DECLARATION BY THE LIFE TO BE ASSURED

I _____ the person whose life is herein being proposed to be assured, do hereby declare that the foregoing statements and answers have been given by me after fully understanding the questions and the same are true and complete in every particular and that I have not withheld any information and I do hereby agree and declare that these statements and this declaration shall be the basis of the contract of assurance between me and the Life Insurance Corporation of India. And I further agree that if after the date of submission of the proposal but before the issue of First Premium Receipt (i) any change in my occupation or any adverse circumstances connected with my financial position or the general health of myself or that of any members of my family occurs or (ii) if a proposal for assurance or an application for revival of a policy on my life made to any office of the Corporation is withdrawn or dropped, deferred or accepted at an increased premium or subject to a lien or on terms other than as proposed, I shall forthwith intimate the same to the Corporation in writing to reconsider the terms of acceptance of assurance. Any omission on my part to do so shall render this contract to be dealt with as per provisions of Section 45 of the Insurance Act, 1938 and that if any untrue averment be contained therein the said contract shall be dealt with as per provisions of Section 45 of the Insurance Act, 1938 as amended from time to time.

Notwithstanding the provision of any law, usage, custom or convention for the time being in force prohibiting any doctor, hospital, diagnostic center and/or employer, reinsurer/ credit bureau from divulging any knowledge or information about me concerning my health or employment, occupation, insurance, financial etc. on the grounds of privacy, I, my heirs, executors, administrators and assignees or any other person or persons, having interest of any kind whatsoever in the policy contract issued to me, hereby agree that such authority, having such knowledge or information, shall at any time be at liberty to divulge any such knowledge or information to the Corporation, and the Corporation to divulge the same to any Organisation/Institution/Authorised Agency/ Governmental and/or Regulatory Authority for the sole purpose of underwriting/investigation/risk mitigation/fraud control and/or claim settlement.

I undertake to inform the Corporation immediately of any changes in KYC documents such as residence. I also give my consent to share my data with Central KYC Registry and to receive phone calls, SMS/ E mail from Central KYC registry in this regard.

I understand that the Corporation reserves the right to accept /Postpone/ drop/ decline or offer alternate terms on this proposal for life insurance.

I hereby give my consent to receive phone calls, SMS/E mail on the below mentioned registered number/ E mail address from / on behalf of the Corporation with respect to my life insurance policy/regarding servicing of insurance policies/enhancing insurance awareness/ notifying about the status of Claim etc.

I hereby give my consent for undergoing medical examinations / tests including test for HIV as required by the Corporation.

I further declare that I have discussed my financial standing with the agent/intermediary. I have been informed about the risk profile of the ULIP plan(s) and fund(s). In consultation with the agent/intermediary, I have taken a personal and independent decision in an informed manner to go for the Plan and Fund which I have chosen.

I understand that if I have deposited "application money" as a token consideration under this proposal for insurance, the closing NAV of the date of completion only will be applied for allotment of units.

I also understand that the terms and conditions including premium and benefits under the policy are subject to taxes / duties/ charges in accordance with the laws as applicable from time to time.

Dated at _____ on the _____ day of _____ 20

Signature of Witness

Signature/ thumb impression of the life to be assured

Name _____

Occupation _____

Address _____

Declaration by the Proposer in case of Minor life

I.....(Name of the proposer) do hereby declare that the foregoing statement and answers have been given by me after fully understanding the questions and the same are true and complete in every particular and that I have not withheld any information and I do hereby agree and declare that these statements and this declaration shall be the basis of the contract of assurance between me and the Life Insurance Corporation of India and that if any untrue averment be contained therein the said contract shall be dealt with as per provisions of Section 45 of the Insurance Act, 1938 as amended from time to time.

And I further agree that if after the date of submission of the proposal but before the issue of First Premium Receipt any change in the general health of the life to be assured or that of any members of his family occurs, I shall forthwith intimate the same to the Corporation in writing to reconsider the terms of acceptance of assurance. Any omission on my part to do so shall render this contract to be dealt with as per provisions of Section 45 of the Insurance Act, 1938 as amended from time to time.

I further declare that I have discussed my financial standing with the agent/intermediary. I have been informed about the risk profile of the ULIP plan(s) and fund(s). In consultation with the agent/intermediary, I have taken a personal and independent decision in an informed manner to go for the Plan and Fund which I have chosen.

I understand that if I have deposited "application money" as a token consideration under this proposal for insurance, the closing NAV of the date of completion only will be applied for allotment of units.

I undertake to inform the Corporation immediately of any changes in KYC documents such as residence. I also give my consent to share my data with Central KYC Registry and to receive phone calls, SMS/ E mail from Central KYC registry in this regard

I understand that the Corporation reserves the right to accept /Postpone/ drop/ decline or offer alternate terms on this proposal for life insurance.

I hereby give my consent to receive phone calls, SMS/E mail on the below mentioned registered number/ E mail address from / on behalf of the Corporation with respect to my life insurance policy/regarding servicing of insurance policies/enhancing insurance awareness/ notifying about the status of Claim etc.

I also understand that the terms and conditions including premium and benefits under the policy are subject to taxes / duties/ charges in accordance with the laws as applicable from time to time.

Dated aton theday of20....

Mobile No of the Proposer:

E mail id of the Proposer

Signature of Witness
Name _____
Occupation _____
Address _____

Signature of the Proposer

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 or in case the proposer is person with disability (PWD) where he/she is not able to fill the proposal form himself/ herself.)

"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 and proposer has affixed the thumb impression/ signature as below after fully understanding the contents thereof."

Name of the Declarant: _____

Signature: _____

Address of the Declarant: _____

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

Signature or Thumb impression of the Proposer/ life 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 Corporation 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 thumb impression above after fully understanding the contents thereof."

Signature: _____

Name of the Declarant: _____

Address of the Declarant: _____

FOR MINOR LIVES ONLY

F.NO.3293A

DECLARATION BY PARENT / GUARDIAN (In case Life to be Assured is a Minor)

"With reference to the proposal for Rs. _____ on the life of my son/daughter/ Grand Son/ Daughter, I hereby agree and undertake that if under the policy that may be issued, any payment is received by me by way of surrender or for any other reasons whatsoever before the policy has vested in life assured, I shall utilize the moneys hereby received for the benefit of the minor or his/her estate."

Signature of Parent / Guardian: _____

Signature of witness: _____

Name: _____

Occupation: _____

Address: _____

SECTION 45 OF THE INSURANCE ACT, 1938

(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 any time 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 the materials on which such decision is based.

Explanation I - For the purpose of this sub section, the expression "fraud" means any of the following acts committed by the 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 specially declares to be fraudulent.

Explanation II – Mere silence as to facts likely to affect the assessment of the risk by the insurer is not fraud, unless the circumstances of the case are such that regard being had to them, it is the duty of the insured or his agent, keeping silence to speak, or unless his silence is, in itself, equivalent to speak.

(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.

Explanation: A person who solicits and negotiates a contract of insurance shall be deemed for the purpose of the formation of the contract, to be agent of the insurer.

(4) A policy of life insurance may be called in question at any time 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 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.

Explanation – For the purposes of this sub-section, the mis-statement of or suppression of fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer, the onus is on the insurer to show that had the insurer been aware of the said fact no life insurance policy would have been issued to the insured.

(5) 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.

Signature/ thumb impression of the life to be assured / Proposer

SECTION 41 OF THE INSURANCE ACT, 1938

- 1) 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 rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the Insurance agent satisfies the prescribed conditions establishing that he is a bonafide Insurance Agent employed by the insurer.

- 2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Signature/ thumb impression of the life to be assured / proposer

Signature of the Agent

ADDENDUM TO PROPOSAL (In case Life to be Assured is a Minor)

“I understand and agree that the policy shall automatically vest on the Life Assured on the policy anniversary coinciding with or immediately following the completion of 18 years of age and shall on vesting be deemed to be a contract between the Corporation and Life Assured.”

Dated at _____ on the _____ day of _____ 20 _____

Signature of Parent / Guardian: _____

Signature of witness: _____

Name: _____

Occupation: _____

Address: _____

Addendum to Proposal Form for Settlement Option to take Death Benefit in Instalments

(To be furnished by the Life to be Assured / Policyholder)

Proposal No. / Policy No.

Do you wish to avail Settlement Option to take Death Benefit in Instalments? YES/ NO

If yes, please give the following details:

1. Period for Settlement Option to take Death Benefit in Instalments (maximum 5 years):
2. Mode of Installment payment: Yearly / Half-Yearly / Quarterly / Monthly

Note: The instalment shall be the total number of units as on the date of intimation of death divided by total number of instalments (i.e. 5, 10, 20 and 60 for yearly, half-yearly, quarterly and monthly instalments in 5 year period respectively). The number of units arrived at in respect of each instalment will be multiplied by the NAV of the applicable fund type as on the date of instalment payment. The first payment will be made corresponding to the date of intimation of death and thereafter based on the mode opted by the policyholder i.e. every month or three months or six months or annual from the date of intimation of death, as the case may be.

Date & Place:

Sig nature / Thumb impression of the Life to be assured / Proposer

Name of the Life to be assured / Proposer