

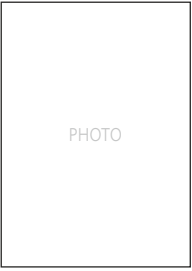
**CUSTOMER DECLARATION FORM (to be used where proposal form is submitted electronically)**

This form is applicable for applicants signing in English. However, applicants affixing thumb impression or signing in vernacular language has to ensure that relevant confirmation from the declarant has to be provided (attached vernacular declaration). In such cases it would be presumed that the declarant would have explained contents of the form and this declaration to the applicant before submission.

To,  
 IndiaFirst Life Insurance company Ltd.

**Subject: Submission of Application**

**Important Guidelines:** 1. This form is to be filled by the proposer in BLOCK LETTERS in black/ blue ink and leave a space blank between each part of the name. 2. If the Proposer/ Life to be Assured is unable to fill the form due to inability to read or understand the language, the help of a person other than the advisor/our employee/insurance intermediary may be used. (Refer to declaration for signing in vernacular language or for uneducated/ illiterate persons) 3. Before filling up the form please read the sales literature to understand the features, benefits, advantages and terms and conditions of the product. 4. If the space provided in the form is not sufficient for providing details, please attach separate sheets signed by the Proposer/ Life to be Assured. 5. All details should be filled completely including email ID, mobile number, etc. 6. If annual premium is equal to Rs. 50000 or more per customer by any mode of payment, a copy of PAN card and if annual premium is equal to or more than Rs. 100000 per customer by any mode of payment, income proof document needs to be submitted. 7. Customers are advised not to hand over the premium to IndiaFirst Life insurance advisors to meet the premium dues (including initial premium). Customers are requested to visit the nearest IndiaFirst Life, Bank of Baroda & Andhra Bank insurance branch to deposit the premium directly. Premium payment made to IndiaFirst Life insurance advisors is at the customer's own risk. 8. Encashment of cheque/ DD does not mean the policy has been approved and the Company reserves the right to call for additional requirements subject to underwriting (if any). 9. While answering questions in the proposal form and providing any other information in respect of the insurance, the Policyholder must make a full and frank disclosure of all material facts with respect to the questions available in proposal form. 10. In case the Proposer and Life to be Assured are two separate individuals, the proposal form will be signed by both. The life to be assured can sign only if he/she is 18 years or above.



**PERSONAL DETAILS**

Name of Proposer / Life Assured : Mr  Miss  Mrs  Mx  F I R S T M I D D L E L A S T  
 Address :  
 City: State: Pin Code:  
 Email ID: Mobile No: Annual Income:  
 Date of Birth: Residential Status: Indian  NRI  PIO  Foreign National

**PLAN DETAILS**

Plan Term	Installment Premium	Sum Assured	*Premium Term
IndiaFirst Plan			<input type="checkbox"/>
IndiaFirst Group Term Plan	N.A.	Single Premium	Option1 <input type="checkbox"/> Option2 <input type="checkbox"/>
IndiaFirst Term Rider			Systematic Partial Withdrawal Option Yes <input type="checkbox"/> No <input type="checkbox"/>
I. Automatic Trigger Based Investment Strategy (ATBIS)	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes 1) Percentage of withdrawal (Between 0% - 25%)
II. Fund Transfer Strategy	<input type="checkbox"/> Yes <input type="checkbox"/> No		2) Frequency <input type="checkbox"/> Yearly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly
III. Age Based Investment Strategy	<input type="checkbox"/> Yes <input type="checkbox"/> No		3) From Policy Year to Policy Year

**Note:** IndiaFirst Term Rider is applicable for IndiaFirst Maha Jeevan Plan. Select only one option from I to III for IndiaFirst Life Wealth Maximizer Plan.

Funds (Funds total to be 100%)			
Equity1** (ULIF009010910EQUTY1FUND143)	Value (ULIF013010910VALUEFUND0143)	Liquid1 (ULIF014010910LIQUID1FND143)	
Debt1** (ULIF010010910DEBT01FUND143)	Balanced1 (ULIF011010910BALAN1FUND143)	Index Tracker (ULIF012010910INDTRAFUND143)	
Equity Elite Opportunities (ULIF020280716QUELITEOP143)	Dynamic Asset Allocation (ULIF015080811DYAALLFUND143)		

\*\*Equity1 and Debt1 are the only available fund options under IndiaFirst Money Balance Plan. Liquid 1 fund is not available at inception.  
 Fund options are not applicable for IndiaFirst Life Plan, IndiaFirst Simple Benefit Plan and IndiaFirst Maha Jeevan Plan, IndiaFirst Cash Back Plan  
 For Fund Transfer Strategy, please select one Equity Oriented Fund and one Debt Oriented Fund.  
 For IndiaFirst Happy India Plan: If opted your nominee/ you can receive the Additional Benefit equal to the sum of all future premium(s) payable on death or disability due to accident as either of the following options:  
**Option 1:** Lump Sum amount payable immediately on Death/ Disability of Life Assured **Option 2:** Lump Sum amount payable into the fund to create units on Death/ Disability of Life Assured. The fund value will be payable at Maturity.

Premium Frequency: Single  Yearly  Six Monthly  \*Quarterly  \*\*Monthly  (Only ECS/Direct Debit)  
 \*Quarterly option is available for only IndiaFirst Life Cash Back Plan, IndiaFirst Life Wealth Maximizer Plan. \*\*ECS/DD with cancelled cheque copy and DD mandate should be verified by bank branch

**Note:** The first three months premium is to be paid as first installment for monthly mode option. Any Cash/cheque/DD payment made towards first or renewal premium is deemed to be received by "IndiaFirst Life Insurance Company Ltd" only when the same has been received by any of its offices or its authorized banking partners or collection point and after an official printed receipt is issued by the company. Cheques must be drawn only in favour of IndiaFirst Life Insurance Company Ltd. (Application No. for first premium/ Policy No. for renewal premium should be written behind the cheque. The collection points/ centres for accepting payment in cash/ cheque/ DD will be as specified by the company from time to time.

**Third Party payment:** I hereby declare that the payment mode as availed by me under my policy belongs to me and I take sole responsibility for the same in respect of any incorrectness of any statement in this regard.

**ECS declaration:** If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/we shall not hold the company responsible for such delay or non credit to my policy. In addition, I/we understand and agree that the premium amount to be debited from my/ our account may vary due to taxes and other statutory levies as may be applicable from time to time. I/we also accept that the transaction will be effected to the policy on the due date (provided it's a working day). In case of ECS/direct debit dishonour, I/we authorize IndiaFirst Life Insurance to re-debit my/our bank account with the mentioned bank to recover the premium payable. I/we hereby authorize IndiaFirst Life Insurance Co. Ltd. and their authorized service providers to debit my Bank Account directly or by NACH for collection of premium payments. I/we hereby agree to maintain adequate balance in the account stated herein for availing Direct Debit facility. I/we hereby the Bank to debit my account towards charges for DD mandate verification if any applicable.

**KNOW YOUR CUSTOMER CERTIFICATE ISSUED BY BANK**

We hereby confirm that  holds savings/current/ fixed deposit/ Loan account number  and Bank Customer ID  with our bank. We confirm that we have obtained the necessary documentary evidence to establish the identity and address of the customer as mentioned by him/her in this proposal form, as per the "Know your Customer" (KYC) norms for banks.

Signature of Authorized Signatory from the Bank:   
 Name of Authorized Signatory from the Bank:   
 Name of the Bank Branch:



Aforementioned details can be used by the bank to pay the proposer according to the terms of plan. Payment options (cheque will be used if none of the below electronic payout option is chosen. Further, the company reserves the right to use any alternative payout option including demand draft/ payable at par cheque in spite of option for direct debit.  
 IndiaFirst Life Insurance Company Limited Reg. No 143, Registered and Corporate Office: 301, (B) Wing, The Qube, Infinity Park, Dindoshi- Film City Road, Malad East, Mumbai- 400097  
 • UIN for IndiaFirst Money Balance Plan 143L017V04 • UIN for IndiaFirst Smart Save Plan 143L010V03 • UIN for IndiaFirst Maha Jeevan Plan 143N018V04 • UIN for IndiaFirst Term Rider 143B001V02 • UIN for IndiaFirst Simple Benefit Plan 143N019V03 • UIN for IndiaFirst Life Plan 143N007V02 • UIN for IndiaFirst Anytime Plan 143N009V02 • UIN for IndiaFirst Happy India Plan 143L011V03 • UIN for IndiaFirst Life Cash Back Plan 143N024V03 • UIN for IndiaFirst Guaranteed Retirement Plan 143N026V01 • UIN for IndiaFirst Life Wealth Maximizer Plan 143L029V02

## DECLARATION BY PROPOSER / LIFE TO BE ASSURED

I/We, hereby declare that the contents of this proposal form have been fully explained to me/us. I/we have fully understood the product features and significance of the proposed contract basis all the information provided. I/we have understood the questions in the proposal form and I/we have answered them truthfully, completely and correctly. I/we further declare that I/we have not withheld any material fact or information which may affect the decision of IndiaFirst Life Insurance Company Limited (Hereafter called the "Company") in underwriting the risk, and the information provided by me/us in the proposal form, the supplementary documents and information provided to the medical examiner in case of being medically examined will form the basis of the contract between me/us and the Company and in case of fraud, misrepresentation and suppression of material facts the policy contract shall be treated in accordance with the Sec 45 of Insurance Act, 1938 as amended from time to time. I/we hereby authorize and direct any doctor, hospital, or employer (past and present) to disclose to the Company any information relating to my present state of health, past health history and nature of work performed by me/us. I/we undertake to undergo all medicals as may be required by the Company to assess the risk and grant the insurance. I/we further agree that if after the date of submission of the proposal but before the issuance of policy (i) there is an adverse change in my/us occupation, financial condition, health condition which will affect the decision of the Company in underwriting risk or (ii) if a proposal for assurance or an application for revival of the policy on my/our life or the life to be assured made by any insurer is withdrawn or dropped, deferred, declined or accepted at an increased premium or subject to a lien or on terms other than as proposed, I/we shall forthwith intimate the same to the Company in writing. Failure to do this on my/our part may render this assurance invalid and the policy will be dealt in accordance with section 45 of the Insurance Act, 1938 as amended from time to time. I/we understand that the cover applied for under this application will commence after approval of my application and receipt of the required premium by the Company. I/we, hereby declare that the premium have not been generated from proceeds of any criminal activities / offences listed in the Prevention of Money Laundering Act 2002 or under any other applicable law. **I/we hereby declare that the Date of Birth, Health related questions and Financial status of Life to be Assured mentioned in proposal form is correct and true to my knowledge. In case the information disclosed found to be incorrect or misrepresented claim will be repudiated in accordance with the Sec 45 of Insurance Act 1938 as amended from time to time.**

**AML-eKYC declaration:** I hereby give my unconditional consent to the Company to carry out due diligence in respect of information as provided by me in the proposal form and also to share the data with government agencies/ statutory authorities/ entities as authorized by the regulator - IRDAI/ Life counsel for necessary verification purposes.

Life to be assured's Signature or Thumb Impression \_\_\_\_\_  
 Name of Life Assured: \_\_\_\_\_  
 Place: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name of Witness: \_\_\_\_\_  
 Address of Witness: \_\_\_\_\_  
 Place: \_\_\_\_\_ Date: \_\_\_\_\_

Proposer' Signature or Thumb Impression \_\_\_\_\_  
 Name of Proposer: \_\_\_\_\_  
 Place: \_\_\_\_\_ Date: \_\_\_\_\_  
 Witness Signature \_\_\_\_\_

**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 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. 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.

**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 anytime 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 rider issued. The insurer shall have to communicate in writing to the insured or legal representatives or nominees or assignees 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 collected 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.

## DECLARATION IN VERNACULAR OR FOR UNEDUCATED PERSON

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 : Mr  Miss  Mrs  \_\_\_\_\_  
 Place: \_\_\_\_\_ Date: [D][D][M][M][Y][Y][Y][Y] \_\_\_\_\_  
 Declarant Address : \_\_\_\_\_  
 Name of the Witness : Mr  Miss  Mrs  \_\_\_\_\_  
 Place: \_\_\_\_\_ Date: [D][D][M][M][Y][Y][Y][Y] \_\_\_\_\_  
 Witness Address : \_\_\_\_\_  
 "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.

Life to be assured's Signature or Thumb Impression \_\_\_\_\_

Proposer' Signature or Thumb Impression \_\_\_\_\_

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 insurer 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."

Name of the Declarant : Mr  Miss  Mrs  \_\_\_\_\_  
 Place: \_\_\_\_\_ Date: [D][D][M][M][Y][Y][Y][Y] \_\_\_\_\_  
 Declarant Address : \_\_\_\_\_  
 Name of the Witness : Mr  Miss  Mrs  \_\_\_\_\_  
 Place: \_\_\_\_\_ Date: [D][D][M][M][Y][Y][Y][Y] \_\_\_\_\_  
 Witness Address : \_\_\_\_\_

## CONFIDENTIALITY REPORT (TO BE FILLED BY SALES PERSONNEL AFTER RECEIVING THE COMPLETED DECLARATION FORM)

Note: If the life to be assured is related to the advisor, this report should be countersigned by the authorized signatory		Yes	No
1.	Have you met the proposer/ life to be assured?		
2.	Are you related to the proposed life to be assured? If yes, please state your relationship with the applicant		
3.	Are you satisfied with the financial standing of the proposed life to be assured? What is the estimated annual income of the life to be assured?		
4.	Does the life assured appear to be in good health without any mental disorder (or) physical disability?		
5.	Does the appearance of the proposed life to be assured correspond with the age stated in the application?		
6.	Is proposer a Judge <input type="checkbox"/> Member of Parliament <input type="checkbox"/> Member of State Legislature <input type="checkbox"/> National / State level office bearer of political party <input type="checkbox"/>		

(\*Tick if applicable, default value number) Other Remarks \_\_\_\_\_

\_\_\_\_\_ Name of the Intermediary \_\_\_\_\_  
 (Applicable for all channels except Individual Agents)  
 \_\_\_\_\_ Licensed Advisor's Signature \_\_\_\_\_  
 Name of the Agent / Specified Agents \_\_\_\_\_ Intermediary License No. \_\_\_\_\_  
 License Code \_\_\_\_\_ Place: \_\_\_\_\_ Date: [D][D][M][M][Y][Y][Y][Y] \_\_\_\_\_  
 Advisor Code: \_\_\_\_\_

**IndiaFirst Life Insurance Company Ltd.,**  
 301, 'B' Wing, The Qube, Infinity Park, Dindoshi - Film City Road,  
 Malad (East), Mumbai - 400 097, CIN: U66010MH2008PLC183679.

**Tel:** +91 22 6165 8700 **Fax:** +91 22 6270 0600 **Toll Free:** 1800-209-8700  
**E-mail:** customer.first@indiafirstlife.com **Website:** www.indiafirstlife.com