

f) (i) Age as on Last Birthday: _____ (ii) Date of Birth: ____/____/____ (iii) Place of Birth: _____
DD MM YYYY

(iv) Age Proof submitted/furnished along with the proposal form: _____

g) Present Occupation and Nature of Duties _____

if professional (Specify): _____

3. Annuity opted

a) Please tick the type of annuity (Choose only one out of nine)

- 1) Annuity payable for life
- 2) Annuity payable for life and return of purchase price on his/her death or terminal illness
- 3) Annuity payable for life with annual simple increase of 3%
- 4) Annuity payable for life with annual compound increase of 3%
- 5) Annuity payable for minimum guaranteed period of 5/10/15/20 years and for life thereafter
- 6) Annuity payable for life with a provision of 50% of annuity to the survivor on death of the primary annuitant
- 7) Annuity payable for life with a provision of 100% of annuity to the survivor on death of the primary annuitant
- 8) Annuity payable for life with a provision of 50% of annuity to the survivor on death of the primary annuitant and return of purchase price on death or terminal illness of the last survivor
- 9) Annuity payable for life with a provision of 100% of annuity to the survivor on death of the primary annuitant and return of purchase price on death or terminal illness of the last survivor

Annuity Options for NPS subscribers:

Family Income Option (Default Annuity Scheme)

b) Mode of Annuity: Yearly/ Half yearly/Quarterly/Monthly _____

c) Name of secondary annuitant (i.e. under option 6,7,8,9)

Smt./Shri _____
(First Name) (Middle Name) (Last Name)

DOB: ____/____/____ Age (Years): _____ Gender: Male Female Transgender

4. Nominee details for options 2,5,8,9:

(i) Name: Mr./Mrs./Ms _____
First Name Middle Name Surname

(ii) Relationship to Annuitant: _____ (iii) Age: _____

(iv) Address: _____

If, Nominee is a Minor:

(i) Name of the Appointee: Mr./Mrs./Ms _____
First Name Middle Name Surname

(ii) Relationship with the Nominee: _____ (iii) Age: _____

(iv) Appointee Address for Communication: _____

Signature of Appointee as a Token of Consent:

5 (a) Existing C KYC Customer Yes No

US -> UV UC MAT

(b) C KYC Reference No :

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Policy / Proposal No : _____

Declaration by the Proposer / Annuitant:

I hereby declare and agree that the statements and this declaration made under this proposal will be the basis of the contract of assurance between me and Shriram Life Insurance co. Ltd, and that if any Statement is untrue or inaccurate, or if any matter that might influence the terms of this Proposal is not disclosed, the policy monies payable, if any, shall be in accordance with Section 45 of Insurance Act, 1938 as amended from time to time

Signature of witness

Signature/thumb impression of the Proposer

Name & Address _____

Signature/thumb impression of the Primary Annuitant

Contact No: _____

Place: _____

Date: ____/____/____
DD MM YYYY

Signature/thumb impression of the Secondary Annuitant

Declaration from Annuitant / 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 : _____

Signature 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.

Signature or thumb impression of the person whose life is proposed

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 thumb impression above after fully understanding the contents thereof."

Name of the Declarant : _____

Address of the Declarant : _____

Signature of the Declarant

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 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 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 misstatement 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 policy holder is not alive.
- (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 on 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 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.

AGENT'S 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 in English

Signature of an Authorized Official

Agent Name: _____

Agent Contact Number: _____

Agent Mail ID: _____

Date: ____/____/____ Place: _____

DD MM YYYY

NEFT MANDATE FORM
(To be filled in separately for each policy)
Annuitant desires to receive payments through Credit Clearing Mechanisms (NEFT only)

1. (a) Policy No. / _____ Date _____ Purchase Price Rs. _____
 Annuity in Rs. _____ Date _____
 (b) Name of Annuitant: _____

2	Particulars of Bank Account																			
a.	Name of Bank																			
b.	Branch Name & Address																			
c.	Tel.No. of Annuitant	(i) Office :					(ii) Residence :													
d.	Account Type	Savings Bank Account / Current A/c / Cash / Credit with Code 10 / 11 / 13																		
e.	Account Number (As appearing in Cheque Book)																			
f.	9 Digit MICR Code (Number of the Bank of Branch)																			
		(please attach a photocopy / cancelled leaf of your cheque)																		
g.	IFSC Code (As appearing on the Cheque Book)																			
h.	Ledger No. / Ledger Folio No. :																			

I, hereby, declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for the reasons of incomplete or incorrect information. I would not hold the user institution responsible.

Date: _____

(X) _____
 (Signature/thumb impression of the Annuitant)