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UIN: BAJHLIP19087V011819

Proposal Form for Life Insurance To be filled in Block letters only

1. Proposal Details

Proposal Type:  Individual  Joint Life

P- Proposed Insured/ Primary member, D1-Spouse of 'P', D2-Child of 'P', D3-Child of 'P', D4-Child of 'P', D5-Child of 'P'.

Bajaj Allianz Total Health Secure Goal

Passport Size Recent Photograph of Proposed Insured (P)

Passport Size Recent Photograph of 2nd Proposed Insured (D1)

2. Personal Details

Proposed Insured (P)

Proposer / 2nd Proposed Insured (D1)

Personal details form for Proposed Insured (P) including Title, Name, Gender, Date of Birth, Mobile No., Telephone No., Email ID, Facebook ID, Father's Name, Mother's Name, Marital Status, Name of Spouse, Nationality, Residence Status, Country of Residence.

Personal details form for Proposer / 2nd Proposed Insured (D1) including Title, Name, Gender, Date of Birth, Mobile No., Telephone No., Email ID, Facebook ID, Father's Name, Mother's Name, Marital Status, Name of Spouse, Nationality, Residence Status, Country of Residence.

Current Mailing Address

Permanent Address

Current Mailing Address form including Address type, Pin code, C/O, Flat/Door no., Name of Premises, Road/Street/Lane, Landmark, Village, Post/Area/Nagar, Town/suburb/Taluka, Police Station, District.

Permanent Address form including Address type, Pin code, C/O, Flat/Door no., Name of Premises, Road/Street/Lane, Landmark, Village, Post/Area/Nagar, Town/suburb/Taluka, Police Station, District.

Politically Exposed Person If Yes, give details

Politically Exposed Person or PEP are individuals who are or have been entrusted with prominent public functions in India or abroad, e.g. Heads of States or Governments, Sr. Govt./judicial/military officers, Sr. Executives of State-Owned corporations, political party officials & family members of these individuals (spouse, children, parents, siblings, in-laws)

3. KYC & AML Details

Proposed Insured (P)

Proposer / 2nd Proposed Insured (D1)

KYC & AML details form for Proposed Insured (P) including Annual Income, PAN, GSTIN, AADHAAR NO., Unique KYC Identifier code, E-Insurance Account (eIA) No., Age Proof, Identity Proof, Address Proof, Income Proof, Any other document/s.

KYC & AML details form for Proposer / 2nd Proposed Insured (D1) including Annual Income, PAN, GSTIN, AADHAAR NO., Unique KYC Identifier code, E-Insurance Account (eIA) No., Age Proof, Identity Proof, Address Proof, Income Proof, Any other document/s.

| 4. Education & Occupation Details |  | Proposed Insured (P)                    |                                     |  |                                  | Proposer / 2 <sup>nd</sup> Proposed Insured (D1) |   |                                     |  |                                  |                               |
|-----------------------------------|--|---|-------------------------------------|--|----------------------------------|--|---|-------------------------------------|--|----------------------------------|-------------------------------|
| Education                         |  | <input type="checkbox"/> Master & above | <input type="checkbox"/> Graduation | <input type="checkbox"/> Matriculation | <input type="checkbox"/> Primary | <input type="checkbox"/> None                    | <input type="checkbox"/> Master & above | <input type="checkbox"/> Graduation | <input type="checkbox"/> Matriculation | <input type="checkbox"/> Primary | <input type="checkbox"/> None |
| Occupation                        |  | <input type="checkbox"/> Salaried       | <input type="checkbox"/> Business   | <input type="checkbox"/> Professional  | <input type="checkbox"/> Retired |  | <input type="checkbox"/> Salaried       | <input type="checkbox"/> Business   | <input type="checkbox"/> Professional  | <input type="checkbox"/> Retired |                               |
|                                   |  | <input type="checkbox"/> Housewife      | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Student |  | <input type="checkbox"/> Housewife      | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Student |                               |
|                                   |  | <input type="checkbox"/> Others         |                                     |  |                                  |  | <input type="checkbox"/> Others         |                                     |  |                                  |                               |

|   |  |  |
|---|--|--|
| Nature of Duties                            |  |  |
| Employer's Name & Website/ Business details |  |  |

| 5. Nominee Details (Under Sec. 39 of Insurance Act 1938) To be filled where Proposed Insured and Proposer are same |  |  |  |  |  | Appointee Details (If Nominee is a minor) |  |  |  |  |  |
|--|--|--|--|--|--|---|--|--|--|--|--|
| Name & Surname   |  |  |  |  |  |   |  |  |  |  |  |
| Date of Birth  |  |  |  |  |  |   |  |  |  |  |  |
| Relationship to Proposed Insured   |  |  |  |  |  | Relationship to Nominee                   |  |  |  |  |  |

| 6. Details of Policies held and/ or applied with any Insurance Company (Life & Health) including details of declined, deferred or postponed proposals.                          |  | Proposed Insured (P)         |                             | 2 <sup>nd</sup> Proposed Insured (D1) |                             |
|---|--|------------------------------|-----------------------------|---------------------------------------|-----------------------------|
| Has any of life and /Health Insurance or Critical Illness Insurance proposal or revival request been declined / postponed / dropped / rated up or accepted with modified terms? |  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/>          | No <input type="checkbox"/> |
| Annual premium paid by you for Insurance policies of your spouse / children / dependents?   |  | ₹                            |                             | ₹                                     |                             |
| Please provide if any Life Insurance / medical Insurance cover held or currently applied with any of the Insurer?   |  | Count of Total Policies      | Total SA (in ₹)             | Count of Total Policies               | Total SA (in ₹)             |

| 7. Family Details   |  | Proposed Insured (P)         |                             | 2 <sup>nd</sup> Proposed Insured (D1) |                             |
|---|--|------------------------------|-----------------------------|---------------------------------------|-----------------------------|
| Is there a history of Diabetes, Cancer, High Blood Pressure, Heart or Kidney diseases, communicable diseases like Tuberculosis, Alcoholism, Mental Illness or suicide in your family? |  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/>          | No <input type="checkbox"/> |
| If Yes, how many family members were aged 60 or below at the time of diagnosis?   |  |                              |                             |                                       |                             |

| Proposed Insured (P) |     |                          |                 | 2 <sup>nd</sup> Proposed Insured (D1) |     |                          |                 |                |
|----------------------|-----|--------------------------|-----------------|---------------------------------------|-----|--------------------------|-----------------|----------------|
| Family Member        | Age | Health Status (If Alive) | Age (When Died) | Cause of Death                        | Age | Health Status (If Alive) | Age (When Died) | Cause of Death |
| Father               |     |                          |                 |                                       |     |                          |                 |                |
| Mother               |     |                          |                 |                                       |     |                          |                 |                |
| Brothers             |     |                          |                 |                                       |     |                          |                 |                |
| Sisters              |     |                          |                 |                                       |     |                          |                 |                |
| Spouse               |     |                          |                 |                                       |     |                          |                 |                |
| Children             |     |                          |                 |                                       |     |                          |                 |                |

## 8. Bajaj Allianz Total Health Secure Goal

| I-secure            |  | Sum Assured/Guaranteed Maturity Benefit (GMB)         |        |   |        |
|---------------------|--|---|--------|---|--------|
|                     |  | Proposed Insured                                      |        | 2 <sup>nd</sup> Proposer Insured                      |        |
|                     |  | Riders  | SA/GMB | Riders  | SA/GMB |
| Option/Variant      |  | Main Coverage (Basic)                                 |        | Main Coverage (Basic)                                 |        |
| Premium Paying Term |  | ADB   |        | ADB   |        |
| Premium Amount      |  | APTADB  |        | APTADB  |        |
| Premium Frequency:  | <input type="checkbox"/> Single <input type="checkbox"/> Yearly <input type="checkbox"/> Half yearly <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly | CI  |        | CI  |        |
| Premium Paid by     | <input type="checkbox"/> Proposed Insured <input type="checkbox"/> Proposer <input type="checkbox"/> Others (Third Party)  | FIB   |        | FIB   |        |
| Health Guard        |  | WOP for base policy & Riders <input type="checkbox"/> |        | WOP for base policy & Riders <input type="checkbox"/> |        |

|                       |  |                                  |   |
|-----------------------|--|----------------------------------|---|
| Policy Period:        | <input type="checkbox"/> 1 year  | Plan:                            | <input type="checkbox"/> Silver <input type="checkbox"/> Gold |
| Sum Insured Options:  | a) Health Guard Individual Sum insured: Please mention the member wise sum insured in the member details table |                                  |   |
|                       | b) Health Guard Family Floater Sum Insured – please select the sum insured option from below                   |                                  |   |
|                       | <input type="checkbox"/> 1.5 lacs  | <input type="checkbox"/> 2 lacs  | <input type="checkbox"/> 3 lacs                               |
|                       | <input type="checkbox"/> 4 lacs  | <input type="checkbox"/> 5 lacs  | <input type="checkbox"/> 7.5 lacs                             |
|                       | <input type="checkbox"/> 10 lacs   | <input type="checkbox"/> 15 lacs | <input type="checkbox"/> 20 lacs                              |
|                       | <input type="checkbox"/> 25 lacs   | <input type="checkbox"/> 30 lacs | <input type="checkbox"/> 35 lacs                              |
|                       | <input type="checkbox"/> 40 lacs   | <input type="checkbox"/> 45 lacs | <input type="checkbox"/> 50 lacs                              |
| Premium Payment Zone: | <input type="checkbox"/> Zone A <input type="checkbox"/> Zone B  |                                  |   |

There are Two Zones for Premium payment

**Zone A:** "Following cities has been clubbed in Zone A:- Delhi / NCR, Mumbai including Navi Mumbai, Thane and Kalyan, Hyderabad and Secunderabad, Bangalore, Kolkata, Ahmedabad, Vadodara and Surat.

**Zone B:** Rest of India apart from Zone A cities are classified as Zone B.

**Note:-**Policyholders paying Zone A premium rates can avail treatment all over India without any co-payment. But, those, who pay zone B premium rates and avail treatment in Zone A city will have to pay 20% co-payment on admissible claim amount. This Co-payment will not be applicable for Accidental Hospitalization cases."

Policyholder residing in Zone B can choose to pay premium for Zone A and avail treatment all over India without any co-payment.

**Co-pay Discount:**  Yes  No (If yes please choose options)  10%  20%

**Note:** If opted voluntarily by the Insured then Insured will be eligible of additional 10% or 20% discount respectively on the policy premium. In case of a claim has been admitted under In-patient Hospitalisation Treatment then, the person shall bear 10% or 20% respectively of the eligible claim amount payable under this cover.

## 9. DETAILS OF PERSONS TO BE INSURED

| Member Details | Relationship with Proposer | Date of Birth DD/MM/YYYY | Age | Height | Weight | Gender (M/ F) | Sum Insured | Nominee | Nominee Relationship with Insured |
|----------------|----------------------------|--------------------------|-----|--------|--------|---------------|-------------|---------|-----------------------------------|
|                |                            |                          |     |        |        |               |             |         |                                   |
|                |                            |                          |     |        |        |               |             |         |                                   |
|                |                            |                          |     |        |        |               |             |         |                                   |
|                |                            |                          |     |        |        |               |             |         |                                   |

Do you or any of the family members to be covered have/had any health complaints/met with any accident in the past and have been taking treatment/ hospitalization? (Please provide details in the table given below)

| Sr. No | Name of the person | Name of the Illness/injury suffered / suffering in the past | Treatment details | Date first treated | Current Status of the Illness/Diseases/Injury |
|--------|--------------------|---|-------------------|--------------------|---|
|        |                    |   |                   |                    |   |
|        |                    |   |                   |                    |   |
|        |                    |   |                   |                    |   |



Bajaj Allianz Life Insurance Co. Ltd.



Bajaj Allianz General Insurance Co. Ltd.

10. Bank Details For Third Party Premium Payment

|  |  |
|--|--|
| Bank & Branch Name   | Premium Payer's Name Relationship to Proposed Insured            |
| Account Number   | Date of Birth  |
| IFSC Code  | Gender <input type="checkbox"/> M <input type="checkbox"/> F Age |
| Account Type <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRE <input type="checkbox"/> NRO | Address  |

11. Premium Collection Details

|   |             |
|---|-------------|
| Proposal Deposit <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Cash           | PAN         |
| Renewal Premium Payment Method <input type="checkbox"/> Cheque/Cash/DD <input type="checkbox"/> NACH <input type="checkbox"/> CCSI <input type="checkbox"/> ADI | Aadhaar No. |

12. a) Declaration of Good Health Please mention as Yes (Y) or No (N)

|   | P                        | D1                       | D2                       | D3                       | D4                       | D5                       |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Have you ever been diagnosed with, received any treatment or been referred for investigations related to :  |                          |                          |                          |                          |                          |                          |
| a) Chest Pain / Heart Attack / blood pressure / high cholesterol/ other cardiovascular disease or disorder?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Undergone Angioplasty / Bypass surgery / any other Heart related surgery?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Diabetes / High blood sugar / Sugar in Urine / Other Endocrine system disorders such as hypothyroidism?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Asthma / Tuberculosis / any other respiratory disorder?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Stroke / paralysis / Epilepsy / Head Injury / Other Nervous disorder?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Pancreatitis / Colitis / recurrent indigestion / ulcers / other Gastrointestinal disorders?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Liver or gall bladder disorders / Jaundice / Hepatitis B or C?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Genitourinary disorders related to Kidney, prostate or urinary system?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i) Cancer / Tumor / Unusual growth or cyst of any kind?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j) HIV infection or positive test of HIV for yourself / spouse / parents?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k) Any blood disorders like Anemia, Thalassemia etc?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l) Any Physical deformity or handicap, joints or muscular disorder, congenital defect or mental / psychiatric disorder?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m) Any Injury / Surgery / Medical condition requiring Hospitalization or any medical condition / disorder not covered above?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n) Any diseases and disorders of eye, ear, nose, throat   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o) In the last 5 years, have you ever had, or been advised to have, or are likely within the next 30 days to undergo medical examination or any investigations such as but not limited to blood test, urine test, x-ray, ECG or biopsy, CT scan or test by any other special instrument ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| p) Have you consumed tobacco in any form during last 5 years?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| q) Do you regularly consume alcohol?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| r) Do you plan to or were involved in any adventurous avocation such that but not limited to flying or travelling in a non commercial aeroplane, automobile racing, horse riding, boat race, scuba diving?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| s) Have you ever been convicted in the court of law or are there any criminal proceedings pending against you before a court?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| t) Have you ever taken or undergone treatment for Narcotics or any addictive drug?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

12. b) Declaration of Good Health (Only For Females)

|  | P                        | D1                       | D2                       | D3                       | D4                       | D5                       |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) Are you pregnant or undergone miscarriage or ectopic pregnancy or abortion in last 3 months?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Have you suffered / are suffering from or have undergone investigation or treatment for any gynecological complications such as disorders of Cervix, uterus, ovaries, breast , breast lump, cyst etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Total life insurance coverage on husband sum assure _____ Annual income of husband ₹ _____  |                          |                          |                          |                          |                          |                          |

**Question:** If the answers to any of the questions in section 11 are "YES", please fill full particulars with details such as medical history, diagnosis, when it happened, treatment taken, names of medications, tests done, results of tests as annexed to this.

13. Declaration Under Income Tax (11<sup>th</sup> Amendment) Rules, 2015 for Premium Payer

| Question  | Answer   | If there is any Yes, please provide following details along with the attested photocopy of the passport and/ or the TIN Certificate/ proof. |
|---|--|---|
| Are you resident of any country outside India?  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Name of Country:<br>Address:  |
| Are you a Tax Resident of a country (or countries) outside India (Country in which you are taxed because of your Residence/ Service/ Trade/ Business etc)         | Yes <input type="checkbox"/> No <input type="checkbox"/> | TIN/Functional Equivalent No.<br>TIN /Functional Equivalent No. Issuing Country (or Countries)<br>Name:                                     |
| Are you holding Telephone Number in Jurisdiction outside India  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Mobile No.<br>Landline No. with ISD Code:   |
| Have you given standing instructions (other than with respect to a depository account) to transfer funds to an account maintained in a jurisdiction outside India | Yes <input type="checkbox"/> No <input type="checkbox"/> | Provide Details:  |
| Have you executed currently effective power of attorney or signatory authority granted to a person with an address in a jurisdiction outside India                | Yes <input type="checkbox"/> No <input type="checkbox"/> | Name, Address & Contact No of the person whom power of attorney or signatory authority granted:   |
| Have you given a "hold mail" instruction or "in-care-of" address in a jurisdiction outside India  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Provide Details:  |

I declare that where required by domestic or overseas regulators and/or tax authorities, I consent and agree that Bajaj Allianz Life Insurance Company Limited may withhold from my policy account(s) such amount as may be required according to applicable laws, regulations and directives. I undertake to inform Bajaj Allianz Life Insurance Company Limited if there is a change in response to any of the questions above or to my nationality or residential status. I hereby declare that the information disclosed above is true, accurate and complete to the best of my knowledge and nothing material has been concealed or misrepresented

Self-Certification: To be filled only if: If your place of Birth or current residence or Tax residence is in a place outside India and Tax Identification Number (TIN) or Functional equivalent is not available Or In case you are declaring US person status as "no" but your country of birth is US, please provide document evidencing relating to relinquishment of US citizenship. if not available provide reasons for not having relinquishment certificate

14. Declaration and warranty on behalf of all persons proposed to be insured / assured

- i. I/We understand that this 'Combi-Product' is jointly offered by "Bajaj Allianz General Insurance Co. Ltd" [BAGIC] and "Bajaj Allianz Life Insurance Co. Ltd" [BALIC], individually referred to as "Insurer" and collectively referred to as 'Insurers'.
- ii. I/We understand that the risks of this 'Combi Product' are distinct and are assumed / accepted by respective insurance companies (ie. Protection cover by the BALIC and health cover by BAGIC).
- iii. I/We hereby declare, on my behalf and on behalf of all person's 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 am authorized to propose on behalf of these other persons.
- iv. I/We understand that the information provided by me in this proposal form and any attachments material to the insurer's decision to provide this insurance will form the basis of the insurance policy and that the policy is subject to Board approved underwriting policy of the respective Insurer and the policy will come into force only after full receipt of the premium chargeable. I/we understand that the proposal shall not be considered as accepted and policy effected till finally approved by an authorized officer of the insurer. All documents submitted by me/ us along with this Proposal Form are authentic, valid, and where

- relevant true copies of originals for the purpose of this Proposal Form have been submitted and I/ we have not withheld any material fact within my/ our knowledge. I understand that any incorrect or incomplete information provided can prejudice the claim and /or can result in cancellation of the policy without any refund of the premium.
- v. That the insurers have the right either to accept or reject my/ our proposal without giving reasons there to and I/We undertake that there shall be no costs, claims and charges raised by me / us against the insurer.
  - vi. That the premium payable as well as the sum assured (main as well as additional benefits) may vary upon assessment of risk by the insurers.
  - vii. I/We understand and agree that in case of 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.
  - viii. 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 assured(s)/ proposer after the proposal has been submitted but before communication of the risk acceptance from the insurers.
  - ix. I/We consent to the insurers seeking medical information from any doctor or from a hospital who at anytime has attended on the life assured(s)/ proposer or from any past or present employer concerning anything which affects the physical or mental health of the life assured(s)/ proposer and seeking information from any insurer to which an application for insurance on the life assured(s)/proposer has been made for the purpose of underwriting the proposal and claims settlement.
  - x. I/ We hereby authorize such parties to furnish information as required by the Insurers and also to furnish any documents regarding my/ our employment/business, my/ our health and habits or health and habits of the Life Assured(s) (without taking the prior consent of my/ our family or of any member thereof) as it may require either for the purpose of processing my/ our proposal for insurance or at any time there after for any other purpose in relation to the policy that may be issued in pursuance of this proposal for insurance.
  - xi. In the event of I/We being medically examined, the answers given by me/ us to the medical examiner acting on behalf of the Insurers shall be deemed to be incorporated in this proposal for insurance.
  - xii. I authorize the insurers to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of proposal underwriting and/ or claims settlement and with any judicial or statutory or other authority or to any insurer or reinsurer in connection with the processing of this proposal for insurance or for any other connected purpose (for e.g. settlement of a claim)
  - xiii. I/We further declare that if a proposal for assurance or any application for revival of a policy on the life of the proposer/proposed to be insured, made to any office of the Insurer or any other insurer has been 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 Insurers in writing to reconsider the terms of acceptance of assurance.
  - xiv. I/We have understood the purpose of Aadhaar authentication and hereby state that I/We have no objection in providing my Aadhaar details. I/we hereby provide my/our consent in accordance with Aadhaar Act, 2016, and regulations made there under for (a) collecting, storing and usage (b) validating / authenticating and (c) updating my/our Aadhaar number.
  - xv. I/We have voluntarily given my/our consent to collect, process, receive, possess, store, deal or handle my/our sensitive personal data or information [as defined in the Information Technology (Reasonable security practices and procedures and sensitive personal data or information) Rules 2011 as amended from time to time, with reinsurers companies, third parties/ vendors associated with the insurers for various purposes and activities including outsourced activities related to issuance/servicing/settlement of claim as required under the Policy.
  - xvi. I hereby consent and authorize the insurers to receive information from central KYC registry through SMS/ email.
  - xvii. Notwithstanding my registration with the NCPR or any Telecom Service Provider under Fully/Partially blocked category, I hereby consent to and authorize Bajaj Allianz Life Insurance Company Limited and Bajaj Allianz General Insurance Company Limited (hereinafter jointly referred to as Company) to call or send SMS on the telephone number mentioned in this proposal form or any other telephone number as may be provided to the Company by me or contact me, through its representatives, for any matter (including ascertaining of feedback) relating to this proposal for insurance or any matter concerning the policy of insurance of the Company which may be issued pursuant to this proposal for insurance. I further authorize the Company to e-mail or send electronic communications through other electronic communication methods all service related communications to the e-mail id as mentioned in the proposal form and or provided to the Company subsequently (applicable only if email id provided).
  - xviii. I/We hereby agree and consent that in addition to postal or courier service, the insurers may, at their discretion use any electronic media / registered email id, for communicating with me/us.
  - xix. I/We have deposited the first premium along with this Proposal Form, and the premiums payable under the policy that may be issued in pursuance of this proposal for insurance, will be paid, strictly in accordance with the law of the land. Amounts paid, otherwise than from my account shall be paid only if I/We can establish an insurable interest.
  - xx. All/any amounts paid/payable towards the policy will be out of legally declared and assessed sources. Further, all the premiums will be paid in accordance with Prevention of Money Laundering Act 2002 (as amended from time to time) or any other applicable laws.
  - xxi. I/We will provide information as required by the insurers, for their records or under any lawful instruction/ order, regarding sources of funds/utilization/ withdrawals
  - xxii. I/We agree that the insurers shall be entitled to retain the premium paid along with the proposal form as an interest free initial deposit to be adjusted against premium payable upon issuance of the policy. In the event the proposal for insurance is not accepted by the insurers the aforesaid deposit shall be refunded without any interest subject to deductions for medical costs and processing charges, if any.
  - xxiii. I/We agree to the insurers taking appropriate measures to capture the voice log for all such telephonic transactions carried out by me/us, in accordance with procedures/ regulations.
  - xxiv. I/We hereby also declare that I/We have read and understood the products as described in the sales literature and the sales illustration. I/We have read the entire text, features, disclosures, exclusions, terms and conditions while applying for insurance. I/we have seen, understood and agree to the Sales/ benefit illustration given to me/us along with this proposal form.
  - xxv. I/We have read the application/ been explained the application, and the answers entered in the application is/are mine / ours; I/We hereby certify that I/we have signed on the Proposal form after fully understanding the content and nature of the information asked for in this Proposal Form and confirm that each of the above answers is full, complete, and true to the best of my/our knowledge and nothing has been concealed and suppressed or false.
  - xxvi. I/We understand that any false declaration or misrepresentation may be liable for rejection of the proposal form or the contract of insurance shall be treated null & void from inception of the contract.
  - xxvii. I/We understand that the liability to settle the claim vests with respective insurers, i.e., for life insurance benefits "BALIC" and for health insurance benefits "BAGIC".
  - xxviii. The legal/quasi legal disputes, if any, are dealt by the respective insurers for respective benefits i.e., for life insurance benefits "BALIC" and for health insurance benefits "BAGIC".
  - xxix. I/We understand that I/We are eligible to continue with either part of this Combi-Product, discontinuing the other during the policy term.
  - xxx. I/We understand that the health cover of this Combi-Product is ordinarily renewable except on the grounds of fraud, moral hazard or mis-representation or non-compliance of any of the provisions by you.
  - xxxi. I/We have read the Sales Literature and I/We are aware of the premium payment options available under this Combi-Product.
  - xxxii. I/We understand that all policy servicing requests pertaining to this Combi-Product shall be received by either of the insurers. All requests impacting premium or policy terms towards the coverage of a particular insurer shall be serviced by respective insurer. The other insurer shall only facilitate in receiving such requests.
  - xxxiii. In case of any grievance under coverage offered by respective insurers, please refer relevant grievance redressal mechanism section available on their websites. In case you are not satisfied with the response, you can also approach the Insurance Ombudsman in your region.
  - xxxiv. I/We confirm that I am advised to familiarize myself/ourselves with the policy benefits and policy service structure of the 'Combi Product' before deciding to purchase the policy.

"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.

Vernacular declaration \_\_\_\_\_

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

Customer's Preferred Language \_\_\_\_\_

ENGLISH  Other Language \_\_\_\_\_

Signature or thumb impression \_\_\_\_\_

### 15. Signature

(Please do not sign on blank Proposal)

Signature or thumb impression of Proposed Insured (P)

Signature or thumb impression of 2<sup>nd</sup> Proposed Insured/Proposer (D1)

Signature or thumb impression of Proposed Insured D2

Signature or thumb impression of Proposed Insured D3

Signature or thumb impression of Proposed Insured D4

Signature or thumb impression of Proposed Insured D5

Name & Address of the Witness \_\_\_\_\_

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Signature of Witness \_\_\_\_\_

### 16. Insurance Consultant / Sales Intermediary-Details & Report

| Name & Surname of Proposed Insured  | KYC / AML Documents Collected |                             |
|---|-------------------------------|-----------------------------|
| How long you have known Proposed Insured?                                 | Year <input type="text"/>     | Month <input type="text"/>  |
| Is Proposed Insured immediate relative of IC or of BALIC employee?        | Yes <input type="checkbox"/>  | No <input type="checkbox"/> |
| Proposed Insured Occupation & Income details                              | As Identity Proof _____       |                             |
| Is Proposed Insured physically handicapped or having any adverse feature? | As Address Proof _____        |                             |
|   | As Age Proof _____            |                             |
|   | Any other documents _____     |                             |

LIFE GOALS. DONE.

Application No. with barcode

Combi ID



Bajaj Allianz Life Insurance Co. Ltd.

Caringly yours



Bajaj Allianz General Insurance Co. Ltd.

Any other risk associated with Occupation, Sports Pursuit, Financial/ Social Position or Personal Habits of Life to be Assured/ Annuitant that could affect the risk in the Insurance Proposal: \_\_\_\_\_

|             |                      |              |                      |                        |                      |
|-------------|----------------------|--------------|----------------------|------------------------|----------------------|
| FSC/IC Code | <input type="text"/> | Lead by code | <input type="text"/> |                        |                      |
| FSC/IC Name | <input type="text"/> | Sub id-code  | <input type="text"/> | Relationship ref. code | <input type="text"/> |
| SP name     | <input type="text"/> | SP code      | <input type="text"/> | Emp code               | <input type="text"/> |

On the basis of my independent inquiries, I certify that the particulars of the applicant are the same as stated in the proposal form. I state that the proposal has been filled up by the proposer/ person authorized by the proposer after fully understanding the nature of the questions in the proposal form and importance of disclosing all material information that has been explained by me to the proposer. I have also explained the features and benefits of the product plan to the applicant vide Benefit Illustration No. \_\_\_\_\_, if any, before the applicant consented to it. I also confirm that I have not induced or coerced the applicant / life assured have responded in their free volition. To the best of my knowledge the applicant has not applied for life insurance through any other agent other than indicated in the proposal form. I recommend this proposal for insurance. I confirm having verified the identity and address of the customers and proofs submitted for the same.

Signed by:  FSC/IC  Designated Employee in case of Brokers  Specified Person in case of Corporate Agents  MI Agent  Employee in case of Direct Business  Specified Person for others

Signature: \_\_\_\_\_ Place: \_\_\_\_\_ Date:

**Vernacular Declaration:** If signature of Proposer is in other than English Language.

"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 Declaring: \_\_\_\_\_ Signature: \_\_\_\_\_ Address of the Declarant: \_\_\_\_\_

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 Declaring: \_\_\_\_\_ Signature: \_\_\_\_\_ Address of the Declarant: \_\_\_\_\_

|   |   |   |   |
|---|---|---|---|
| Passport Size Recent<br>Photograph of<br>D2 | Passport Size Recent<br>Photograph of<br>D3 | Passport Size Recent<br>Photograph of<br>D4 | Passport Size Recent<br>Photograph of<br>D5 |
|---|---|---|---|

Section

**SECTION 41** of the Insurance Act 1938: Section 41 of the Insurance Act 2015 as amended from time to time shall be applicable to your policy. 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 continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer. Any person making default in complying with the provision of the section shall be punishable with a fine that may extend up to ten lakh rupees.

**SECTION 45** of the Insurance Act 1938: 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. A policy of life insurance may be called in question at any time within three years from the date of policy, 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 is based. 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 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. A policy of life insurance may be called in question at any time within three years from the date of policy, 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 mis-statement 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. 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, please refer Section 45 of the Insurance Act, 1938, as amended from time to time.

**\*FUND NAMES AND SFIN:** LIQUID FUND: ULIF02510/07/06LIQUIDFUND116; BOND FUND: ULIF02610/07/06BONDFUNDL116; PURE STOCK FUND: ULIF02721/07/06PURESTKFUN116; EQUITY INDEX FUND II: ULIF03024/07/06EQTYINDX02116; ASSET ALLOCATION FUND: ULIF04528/09/07ASSETALOC116; EQUITY GROWTH FUND II: ULIF05106/01/10EQTYGROW02116; ACCELERATOR MID CAP FUND II: ULIF05206/01/10ACCMIDCA02116; BLUE CHIP EQUITY FUND: ULIF06026/10/10BLUECHIPEQ116; ASSURED RETURN FUND: ULIF06127/01/11ASSRDRETRN116; GUARANTEED BOND FUND: ULIF06322/09/11GTBONDFND116; PENSION BUILDER FUND: ULIF06908/02/13PENSIONBUI116; PURE STOCK FUND II: ULIF07709/01/2017PURSTKFUN2116.

Glossary of all full form of riders: WOP (Waiver of Premium); ADB (Accidental Death Benefit); APTPDB (Accidental Permanent Total/Partial Disability Benefit); FIB (Family Income Benefit); C.I. (Critical Illness)

Bajaj Allianz Life Insurance Company Limited- Reg. No.: 116. CIN : U66010PN2001PLC015959 | Mail us : customercare@bajajallianz.co.in | Bajaj Allianz General Insurance Company Limited, Reg.: 113 | CIN: U66010PN2000PLC015329. Regd. Office Address: Bajaj Allianz House, Airport Road, Yerawada, Pune - 411006.