



**भारतीय जीवन बीमा निगम**  
LIFE INSURANCE CORPORATION OF INDIA

FORM NO. 507  
PROPOSAL FORM FOR LIC'S NAVJEEVAN PLAN  
**( FOR INSURANCE ON THE LIFE OF ANOTHER PERSON )**  
(This form to be used for Insurance on lives of both  
Minor and Adult)

Photograph  
of Proposer

**INSTRUCTIONS TO FILL UP PROPOSAL FORM**

1. This form is to be completed in **BLOCK LETTERS** by the Proposer or the Life to be Assured.
2. Insurance is a contract of utmost good faith which requires all material facts to be disclosed to the Insurance Company.
3. If the Proposer or the Life to be Assured signs this proposal in vernacular or puts his/her thumb impression upon it, then the respective declaration must be completed.
4. Answers should be legible. Questions should be answered in 'Yes' or 'No'. (Strokes / dots / dashes / leaving the questions unanswered will not be accepted). Details need to be provided in case of affirmative answers.
5. The Proposer and Life to be Assured must countersign any cancellation or alterations made in this form. White ink must not be used.

Photograph of  
Life Assured

Are you registered with LIC Portal: Yes /No

If yes, give Customer - ID: \_\_\_\_\_

If no, give your E-mail ID: \_\_\_\_\_

Inward  
no.

Date

Whether proposal is under (please tick relevant options)

1. Employer- Employee Scheme \_\_\_\_\_ 2. Minor 3. Partnership 4. KMI

If any option is yes, please submit relevant questionnaire / annexure/supporting documents along with the proposal form.

To be filled by Agent:

Division:

Branch Office:

D.O./CLIA Code No / Mentor & Mobile number :

Agent's/Specified Person's/DSE's/Sup Agent's Name & Code No:

Agent's/ Specified Person's /DSE's/Sup Agent's Mobile number:

Licence No:

Date of Expiry:

For Office use:

Proposal no :

Amount of Deposit :

B.O.C No:

Date

**PERSONAL BIODATA**

Following questions to be answered by the proposer

|     | Personal details | Proposer      | Life to be Assured |
|-----|------------------|---------------|--------------------|
| 1   | Name             | Mr./Mrs./Ms.: | Mr./Mrs./Ms.:      |
| 1.1 | Father's Name    |               |                    |

|     |   |        |  |
|-----|---|--------|--|
| 1.2 | Sex   |        |  |
| 1.3 | Relationship between Proposer & Life to be Assured  |        |  |
| 1.4 | Address for communication:<br>Landmark/Area<br>City<br>State<br>Pin Code<br>Residential and official<br>Telephone Number:<br>(With STD Code)<br>Mobile Number |        |  |
| 1.5 | Residential address (if different from above ):<br>City<br>State<br>Pin Code<br>Telephone Number: (With STD Code)   |        |  |
| 1.6 | E-mail Address  |        |  |
| 2   | a. Date of Birth  |        |  |
|     | b. Age nearer birthday  |        |  |
|     | c. Place of Birth   |        |  |
|     | d. Age Proof Submitted  |        |  |
| 3   | Nationality   |        |  |
| 4   | Marital Status  |        |  |
| 5   | PAN No.   |        |  |
| 5.1 | a. Are you registered under GST ACT   | YES/NO | YES/NO   |
|     | b. If yes, provide GSTIN  |        |  |
| 6   | Educational Qualifications  |        | a) Is the child studying? Yes No<br>b) If Yes , state the class and /or type of course |
| 7   | Occupational and Employment Details of proposer   |        |  |

|       |   |                                     |                                    |                |
|-------|---|-------------------------------------|------------------------------------|----------------|
|       | a) Type of business<br>b) Name of the employer, if employed<br>c) Designation<br>d) Exact nature of duties<br>e) Years since working<br>f) Annual Income<br>g) proof of income given  |                                     |                                    |                |
| 8     | <p>Note: Under this plan, premium can be paid either as Single premium payment or limited premium payment for a period of 5 years.</p> <p><b>Under Single premium “Sum Assured on death”</b> is 10 times of ‘Tabular Single Premium for the chosen Basic Sum Assured’.</p> <p><b>Under Limited premium payment</b>, if you are aged 45 years (nearer birthday) and above, you have two options to choose depending upon your specific needs and planning:</p> <p><b>Option 1: “Sum Assured on death”</b> equal to 10 times of Annualised Premium.</p> <p><b>Option 2: “Sum Assured on death”</b> equal to Higher of 7 times of Annualised premium or Basic Sum Assured</p> <p><b>If you are aged below 45 years (nearer birthday), only Option 1 is available</b></p> |                                     |                                    |                |
| 8(a)  | Plan & Term:  |                                     |                                    |                |
| 8(b)  | Basic Sum Proposed:   |                                     |                                    |                |
| 8(c)  | Premium Paying term: Single Premium/Limited premium   |                                     |                                    |                |
| 8(d)  | Under Limited Premium Payment , If you are aged 45 years and above , choose one out of the given options<br>Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/>   |                                     |                                    |                |
| 8(e)  | Accidental Death and Disability Benefit rider sum proposed (Not to exceed Sum Assured on Death mentioned in 8 above) (if required) :  |                                     |                                    |                |
| 8(f)  | If policy is to be dated back: Yes /No. If Yes, indicate date :   |                                     |                                    |                |
| 8(g)  | Amount deposited:   |                                     |                                    |                |
| 8 (h) | Mode (Yearly, Half-yearly, Quarterly, Monthly(NACH),SSS, and Single Premium   | Paying Authority No. (For SSS only) | Dept no                            | Badge No/SR No |
|       |   |                                     |                                    |                |
| 9     | What is the objective of Insurance?   |                                     |                                    |                |
|       | The following questions are to be answered by the life to be assured  | Answer ‘Yes’ or ‘No’                | If ‘Yes’, please give full details |                |
| 10    | a) Is your life now being proposed for another assurance or is any other proposal or an application for revival of a policy on your life, under consideration in any office of the Corporation or to any other insurer? If yes, give details<br><br>b) Whether proposed simultaneously on the life of spouse and children? If yes, give details.  |                                     |                                    |                |

|   |   |  |  |  |  |  |  |  |                      |  |  |
|---|---|--|--|--|--|--|--|--|----------------------|--|--|
| 11  | Please give details of your previous insurance (from LIC and private insurers) (including policies surrendered / lapsed during last 3 years)  |  |  |  |  |  |  |  |                      |  |  |
|   |   |  |  |  |  |  |  |  |                      |  | If not, give due date of last premium paid or date of surrender      |
|   |   |  |  |  |  |  |  |  |                      |  | Whether in force for full Sum Assured                                |
|   |   |  |  |  |  |  |  |  |                      |  | Medical<br>Or<br>Non Medical   |
|   |   |  |  |  |  |  |  |  |                      |  | Whether accepted as Proposed at ordinary rates? if not, give details |
|   |   |  |  |  |  |  |  |  |                      |  | Date of commencement/ Date of Revival                                |
|   |   |  |  |  |  |  |  |  |                      |  | Amount of accident benefit taken                                     |
|   |   |  |  |  |  |  |  |  |                      | Critical illness rider sum assured         |  |
|   |   |  |  |  |  |  |  |  |                      | Tern assurance rider                       |  |
|   |   |  |  |  |  |  |  |  |                      | Sum Assured                                |  |
|   |   |  |  |  |  |  |  |  |                      | Plan & Term                                |  |
|   |   |  |  |  |  |  |  |  |                      | Name of Branch / Division/ Private Insurer |  |
|   |   |  |  |  |  |  |  |  |                      | Policy number                              |  |
| N.B: Corporation 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. |   |  |  |  |  |  |  |  |                      |  |  |
| 12  | Has a proposal ( or an application for revival of a policy) on your life and / or on the life to be assured made to any office of the Corporation or to any other insurer ever been : |  |  |  |  |  |  |  | Answer 'YES' or 'NO' | If yes, give details                       |  |
|   | a) Withdrawn, Deferred, Dropped or Declined?  |  |  |  |  |  |  |  |                      |  |  |
|   | b) Accepted with extra Premium or Lien?   |  |  |  |  |  |  |  |                      |  |  |
|   | c) Accepted on terms otherwise than those proposed?   |  |  |  |  |  |  |  |                      |  |  |
|   | d) Have you during the past one year returned any policy of the Corporation as the same was not acceptable to you? If so, give details:   |  |  |  |  |  |  |  |                      |  |  |

|      |  |              |              |
|------|--|--------------|--------------|
| 13   | a) Have you any prospect or intention of engaging in aviation or entering Naval or Military Service or taking up any other hazardous occupation or pursuit? If so, give details  |              |              |
|      | b) Is your occupation associated with any specific hazard or do you take part in hazardous activities / sports or have hobbies that could be dangerous in any way? If yes, give details along with the respective questionnaire.                             |              |              |
|      | c) Are you a Politically Exposed Person OR are you a family member or close relative of Politically Exposed Person?<br>[As per RBI guidelines PEPs are the individuals who are or have been entrusted with prominent public functions in a foreign country). |              |              |
|      | d) Have you ever been or are currently being investigated, charge sheeted, prosecuted or convicted in respect of any criminal/civil offences in any court of law in India or abroad ?  |              |              |
| 14   | a) What has been your usual state of health?   |              |              |
|      | b) i) Have you had small pox or<br>ii) Successful vaccination  |              |              |
| 15   | a).Have you consulted a medical practitioner within the last five years for any ailments requiring treatment for more than a week?   |              |              |
|      | b) Have you remained absent from place of your work on grounds of health during the last five years?   |              |              |
|      | c) Have you ever had, an Electrocardiogram X-Ray or Screening, Blood, Urine or Stool Examination?  |              |              |
|      | d) Have you ever been in any hospital, asylum, or sanatorium for checkup observation treatment or any operation?   |              |              |
| 16   | Have you or your partner/ spouse / parents ever required or are at present availing /undergoing medical advice, treatment or tests in connection with Hepatitis B or AIDS related conditions?  |              |              |
| 17   | Are you suffering from or have you ever suffered or undergone investigation in the past or have you been advised to undergo investigation or treatment for the following :   |              |              |
| (a). |  |              |              |
|      | Disease  | Yes' or 'No' | Disease      |
|      |  |              | Yes' or 'No' |

|         |   |                   |   |  |                                      |
|---------|---|-------------------|---|--|--------------------------------------|
|         | 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, anemia, 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/ Tumor / 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. Diabetes/ suffering from diabetes or have you ever passed sugar, albumin, pus or blood in urine/ Goitre/ Thyroid or other endocrine disorder   |                   | 10. Bone / Joint/ Spine Disease/ Arthritis  |  |                                      |
|         | 11. Mental Disorder (Depression/ Anxiety, etc.).  |                   | 12. Chronic infections- Tuberculosis/ pleurisy / Skin Disease/ skin eruption/ Leprosy.  |  |                                      |
|         | 13. Disease of teeth such as pyorrhoea missing teeth, whether wearing denture   |                   | 14. Any operation, accident or injury / any bodily defect or deformity.   |  |                                      |
|         | 15. Any other disease?  |                   |   |  |                                      |
| 17 (b). | If answer to any of the question is yes, please give details as below ( If hospitalized, the discharge summary and all investigation papers are to be enclosed along with the proposal forms  |                   |   |  |                                      |
|         | 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 |
|         |   |                   |   |  |                                      |
| 18      | Do you smoke/consume or have you ever smoked/consumed the following (i,ii,iii)  |                   | YES/NO<br>If yes, quantity consumed and   | If stopped, since how many months                          |                                      |

|                         |   |              |                 |              |                         |
|-------------------------|---|--------------|-----------------|--------------|-------------------------|
|                         |   |              | duration        |              |                         |
|                         | (i) Alcoholic drinks  |              |                 |              |                         |
|                         | (ii) Narcotics  |              |                 |              |                         |
|                         | (iii) Any other drugs, If so, which one   |              |                 |              |                         |
|                         | (iv) Do you smoke/consume or have you smoked/consumed tobacco in any form (cigars, cigarettes, beedis, pan masala, etc.) in the past 60 months. . (in sticks /packets/ sachets/day or gms /day) |              |                 |              |                         |
| 19                      | Family History  | Living       |                 | Dead         |                         |
|                         |   | Age          | State of Health | Age at death | Cause and Year of death |
|                         | Father  |              |                 |              |                         |
|                         | Mother  |              |                 |              |                         |
|                         | Brothers<br>Living .....  |              |                 |              |                         |
|                         | Dead  |              |                 |              |                         |
|                         | Sisters<br>Living.....  |              |                 |              |                         |
|                         | Dead.....   |              |                 |              |                         |
| Wife / Husband          |   |              |                 |              |                         |
| Children<br>Living..... |   |              |                 |              |                         |
| Dead.....               |   |              |                 |              |                         |
| 20                      | For minor lives only: Give below the particular of all the assurance in full force on the lives of your parents, brothers and sisters.  | Relationship | Policy Number   | Sum Assured  |                         |
|                         |   |              |                 |              |                         |
|                         |   |              |                 |              |                         |
|                         |   |              |                 |              |                         |
|                         |   |              |                 |              |                         |

|  |   |                         |   |                                |                                       |                              |
|--|---|-------------------------|---|--------------------------------|---------------------------------------|------------------------------|
|  |   |                         |   |                                |                                       |                              |
| 21   | Has any of your relations, living or dead , suffered from any hereditary or infectious disease like Diabetes, Insanity, Epilepsy, Gout, Asthma, Tuberculosis, Cancer, Leprosy, etc? |                         |   | Yes/NO                         | If yes, Specify cause / date of death |                              |
| 22   | N.B. : If the proposal is to be considered without medical report (i.e. non - medical basis) state :  |                         |   | Height (in cms) without shoes) | Weight (in Kgs) ( with thin clothes)  |                              |
|  |   |                         |   |                                |                                       |                              |
| Additional questions to be answered by female life to be assured ( Questions 23 to 25) |   |                         |   |                                |                                       |                              |
| 23   | Your Educational Qualification,   | State sources of income | Your average monthly income, if any   |                                | Whether you pay income tax?           |                              |
|  |   |                         |   |                                |                                       |                              |
| 24   | If you are married, Please state :  |                         |   |                                |                                       |                              |
|  | a)Husband's full name   |                         |   |                                |                                       |                              |
|  | b) His Occupation   |                         |   |                                |                                       |                              |
|  | c).His average monthly Income   |                         |   |                                |                                       |                              |
|  | d).Details of Husband's Insurance   |                         |   |                                |                                       |                              |
|  | S No  | Policy number           | Insurance companies from where the policy/policies have been purchased with address (if policies are from LIC of India, give name of Branch / D.O.) | Sum Assured                    | Table & Term                          | Present status of the policy |
|  |   |                         |   |                                |                                       |                              |
|  |   |                         |   |                                |                                       |                              |
|  |   |                         |   |                                |                                       |                              |



|           |  |  |  |                       |         |  |
|-----------|--|--|--|-----------------------|---------|--|
|           |  |  |  |                       |         |  |
|           |  |  |  |                       |         |  |
|           |  |  |  |                       |         |  |
| 25<br>(a) | Are you pregnant now?  |  |  | Date of last delivery |         |  |
|           | Have you had any abortion or miscarriage or Caesarian section? If so, give details   |  |  |                       |         |  |
| 25<br>(b) | Have you ever consulted a gynaecologist or undergone any investigation, treatment for any gynaec ailment? (If yes, give details).  |  |  |                       |         |  |
| 26        | <p>Please provide the following information to help us to serve you better.</p> <p>Bank Account details:</p> <p>a) Type of Account-Saving / Current:<br/> b) Your Account No : _____<br/> c) MICR Code: _____<br/> d) IFS Code: _____<br/> e) Name and Address of your bank: _____</p> <p>Attach a photocopy or cancelled cheque with the form</p> |  |  |                       |         |  |
| 27        | Do you wish to avail "Option to take Maturity Benefit in installments(Settlement Option)":   |  |  |                       | Yes /No |  |
|           | Do you wish to avail "Option To Take Death Benefit In Installments" :  |  |  |                       | Yes/ No |  |
|           | If 'Yes', Kindly fill the respective addendum which is part of the proposal form   |  |  |                       |         |  |
| 28        | Have you understood fully the terms & conditions of the plan you propose to take?  |  |  |                       | Yes /No |  |
| 29        | Whether the terms & conditions of the proposed plan have been explained to you by the agent?   |  |  |                       | Yes /No |  |

DECLARATION BY THE LIFE TO BE ASSURED

I \_\_\_\_\_ ( Name of the life to be assured) whose life is herein being proposed to be assured, do hereby declare that the statements and answers under heading 10 to 29 of the proposal form 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.

Notwithstanding the provisions of any law , usage , custom or convention for the time being in force prohibiting any doctor , Hospital and /or Employer from divulging any knowledge or information about me concerning my health or employment, on the ground of secrecy , I/ my heirs , executors , administrators and assignees or any 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.

Dated at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

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

Name : \_\_\_\_\_

(Signature or Thumb Impression of the Life to be Assured)

Occupation and address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I do hereby declare that the foregoing statement and Answers are true and complete in every particular.

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

Name: \_\_\_\_\_ (Signature of the Proposer )

Occupation and address: \_\_\_\_\_ ( If the life to be assured is under 18 years)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Specimen signature of the life to be assured)

(Specimen signature of the Proposer)

DECLARATION OF THE PROPOSER

I \_\_\_\_\_ ( Name of the Proposer) do hereby declare that the statement and answers under the headings 1 to 9 of the proposal form have been given by me after fully understanding the questions and the same are true and complete in every particular and agree and declare that these statements and this declaration along with the statements made by the life to be assured under heading 10 to 29 of the proposal form and declaration relative thereto shall be the basis of the contract of assurance between me and the Life Insurance Corporation of India and that if any untrue averment to be contained there in 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 declare that if after the date of submission of the proposal but before the issue of first premium receipt ( i) any change in the occupation of the life to be assured or any adverse circumstances connected with the financial position or general health of the life to be assured or that of any member of his family occurs or (ii) if a proposal for assurance or an application for revival of a policy on the life to be assured made to any office of the Corporation has been withdrawn or dropped , deferred or declined or accepted with an increased premium or subject to lien or on terms other than as proposed, I shall forthwith intimate same to the Corporation in writing to reconsider the terms of acceptance . 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.

Dated at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

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

Name : \_\_\_\_\_ ( Signature or thumb impression of the Proposer)

Occupation and address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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. / Mrs.: \_\_\_\_\_ and I have understood the significance of the proposed contract.

\_\_\_\_\_

Signature or thumb impression of the proposer

2. In case the proposer and / or life to be assured is / are illiterate the thumb impression of the proposer/ life to be assured 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/ life to be assured in \_\_\_\_\_ language and that the proposer/ life to be assured has affixed the thumb impression above after fully understanding the contents thereof .”

Name and address of the Declarant: \_\_\_\_\_

Signature

**SECTION 45 OF THE INSURANCE ACT,1938 AS AMENDED BY INSURANCE LAWS(AMENDMENT)ACT,2015**

(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 intension 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.'

**SECTION 41 OF THE INSURANCE ACT, 1938 AS AMENDED BY INSURANCE LAWS (AMENDMENT) ACT, 2015**

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.

FOR MEDICAL CASES ONLY

“ I certify that the proposer / life to be assured has / have signed put his/her thumb impression(s) in my presence after admitting that all the answers to the question number 14 and onwards of this proposal form have correctly recorded”.

\_\_\_\_\_  
Signature/thumb impression of the life to be Assured before Medical Examiner`

\_\_\_\_\_  
Signature or thumb impression of the Proposer

\_\_\_\_\_  
Signature of Medical Examiner

N.B.: Signature or thumb impression should be affixed in presence of Medical Examiner

MINOR LIVES ONLY

F. NO 3293A

With reference to the proposal for Rs. \_\_\_\_\_ on the life of my 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, loan (if admissible) Surrender, Cash Option, or for any other reasons whatsoever before the policy has vested in Life Assured, I shall utilise the moneys thereby received for the benefit of the minor or his estate.

Signature of the witness

\_\_\_\_\_  
Signature of the proposer

Occupation \_\_\_\_\_

Address of the witness \_\_\_\_\_

Note: In case of dispute in respect of interpretation of terms the English version shall stand valid.

**ADDENDUM TO PROPOSAL**

“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 or Thumb impression of the Proposer

\_\_\_\_\_

Signature of Witness

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_





**Addendum to Proposal Form for Settlement Option (for Maturity Benefit)**

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

**Proposal No. / Policy No.**

Do you wish to avail Settlement Option (for Maturity Benefit) under the proposal / policy? YES /NO

If yes, please Tick/Strikeout (if not applicable) the following:

(i) Period for settlement option (in years): 5 / 10 / 15

(ii) Whether Settlement Option (for Maturity Benefit) is required for: Full / Part of the benefit proceeds

If in part, specify the amount/ percentage of the benefit proceeds:

Absolute amount: -----

Percentage of benefit proceeds: -----

(iii) Mode of Installment payment: Yearly / Half-Yearly / Quarterly / Monthly

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

\_\_\_\_\_

Signature of the Life Assured/Policyholder

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

Name of Life Assured/Policyholder \_\_\_\_\_

**Addendum to Proposal Form for Option to take Death Benefit in Installments**

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

**Proposal No. / Policy No.**

Do you wish to avail Option to take Death Benefit in Installments under the proposal / policy? YES / NO

If yes, please Tick/Strikeout (if not applicable) the following:

(i) Period for Option to take Death Benefit in Installments (in years): 5 / 10 / 15

(ii) Whether Option to take Death Benefit in Installments is required for: Full / Part of the benefit proceeds  
If in part, specify the amount/ percentage of the benefit proceeds:

Absolute amount: -----

Percentage of benefit proceeds: -----

(iii) Mode of Installment payment: Yearly / Half-Yearly / Quarterly / Monthly

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

\_\_\_\_\_

Signature of the Life Assured /Policyholder

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

Name of Life Assured//Policyholder\_\_\_\_\_

| <b>AGENTS CONFIDENTIAL REPORT/MORAL HAZART REPORT</b>                   |   |          |                           |                                |
|---|---|----------|---------------------------|--------------------------------|
| Agency code<br>Agent's/Specified Person's Name & Address/Moblile number |   |          | D.O./CLIA Code No./Mentor |                                |
|   |   |          | Mobile number             |                                |
|   |   |          | Club Membership           | Licence No.                    |
|   |   |          |                           | Date of Expiry<br>Sum Proposed |
| 1   | Name of Proposer  |          | Age                       |                                |
|   | (a) How long do you know the proposed?  |          |                           |                                |
|   | (b) Are you related to him/her? If so, give details.  |          |                           |                                |
|   | (c) What is the educational qualification of the life proposed?   |          |                           |                                |
|   | (d) Whether the life proposed is a Politically Exposed Person (PEP) or a family member or close relative of a Politically Exposed Person? [As per RBI guidelines, PEPs are individuals who are or have been entrusted with prominent public functions in a foreign country.] If yes give details. |          |                           |                                |
| 2   | (i) Give details of the Annual income from  | Proposer | Life Proposed             | Remarks                        |
|   | (a) Employment  |          |                           |                                |
|   | (b) Business/Profession   |          |                           |                                |
|   | (c) H.U.F.  |          |                           |                                |
|   | (d) Other Source (Specify details)  |          |                           |                                |
|   | Total   |          |                           |                                |
|   | (ii) What proof of income verified by you in respect of income stated above?  |          |                           |                                |
|   | (a) Whether it is salary sheet or certification issued by the employer?   |          |                           |                                |
|   | (b) Whether it is certificate issued by C.A.? What is the Permanent Account No. allotted by IT authority?   |          |                           |                                |
|   | (c) Whether copies of income tax returns verified/ What is the PAN Number?  |          |                           |                                |
|   | (d) Are you personally satisfied with the financial standing of the Proposer/life proposed and justifies the current proposal?  |          |                           |                                |
|   | (e) Whether KYC/AML norms are fulfilled for the proposer?   |          |                           |                                |
|   | (f) Are you satisfied that the proposed and/or proposer is not connected with any terrorist activities?   |          |                           |                                |
| 3   | (a) What is the general state of health of the life proposed?   |          |                           |                                |
|   | (b) Does he/she has any physical deformity, impaired sight or hearing, Physical impairment or Mental Retardation?   |          |                           |                                |
|   | (c) Do you have any knowledge of his/her having suffered from any illness or injury or undergone any operation or medical investigation?  |          |                           |                                |
| 4   | Did you discuss with the proposer/Life Proposed the status of Previous Policies and are you satisfied that no policy has lapsed within the last three years?  |          |                           |                                |
| 5   | Are you aware of any Proposal (or Revival of any policy) of the life proposed having been deferred, declined, dropped or accepted at terms other than those proposed ?  |          |                           |                                |
| 6   | Are you aware of anything in the occupation, financial or social  |          |                           |                                |

