

4. NOMINEE Details

Personal Details

Sr no.	Nominee Name	Nominee Gender	Nominee Date of Birth	Relationship of the Nominee with Annuitant /Primary Annuitant	Nominee Contact No.	Nominee Email	Percentage of Entitlement

Address and Bank Account details

Sr no.	Nominee Name	Communication Address of the Nominee	Permanent Address of the Nominee	Bank	Branch	Account Number	IFSC Code	Bank Account Proof
								<input type="checkbox"/> Cancelled Cheque <input type="checkbox"/> Passbook Copy
								<input type="checkbox"/> Cancelled Cheque <input type="checkbox"/> Passbook Copy
								<input type="checkbox"/> Cancelled Cheque <input type="checkbox"/> Passbook Copy
								<input type="checkbox"/> Cancelled Cheque <input type="checkbox"/> Passbook Copy
								<input type="checkbox"/> Cancelled Cheque <input type="checkbox"/> Passbook Copy

5. Appointee Details (incase Nominee is a minor)

Personal Details

Sr no.	Appointee Name	Appointee Gender	Appointee Date of Birth	Relationship of the Appointee with the Nominee	Address Proof, if different from Proposer	Identity Proof	Appointee Contact No.	Appointee Email	Signature of Appointee

Address and Bank Account details

Sr no.	Appointee Name	Communication Address of the Appointee	Permanent Address of the Appointee	Bank	Branch	Account Number	IFSC Code	Bank Account Proof
								<input type="checkbox"/> Cancelled Cheque <input type="checkbox"/> Passbook Copy
								<input type="checkbox"/> Cancelled Cheque <input type="checkbox"/> Passbook Copy
								<input type="checkbox"/> Cancelled Cheque <input type="checkbox"/> Passbook Copy
								<input type="checkbox"/> Cancelled Cheque <input type="checkbox"/> Passbook Copy
								<input type="checkbox"/> Cancelled Cheque <input type="checkbox"/> Passbook Copy

6. PLAN DETAILS

Annuity Purchase Price / Instalment Premium (without GST) ₹ Premium Payment Term (in years) Deferment Period (in years) Premium Frequency Yearly Half Yearly Quarterly Monthly

Please select one of the following Annuity Payout options for your chosen plan:

I. Annuity Payout Option (under IndusInd Nippon Life Immediate Annuity Plan) 1) Life Annuity 2) Life Annuity with return of purchase price3) Life Annuity guaranteed for 5 years 10 years 15 years and payable for life thereafterII. Annuity Payout Option (under IndusInd Nippon Life Saral Pension): 1) Life Annuity with Return of 100% of Purchase Price (ROP)2) Joint Life last survivor Annuity with Return of 100% of Purchase Price (ROP) on death of the last survivorIII. Annuity Payout Option (under IndusInd Nippon Life Nishchit Pension): 1) Single Life Annuity2) Single Life Annuity with Return of Premium plus CI/TPD benefit3) Single Life Annuity with Return of Balance of Premium4) Joint Life Annuity5) Joint Life Annuity with Return of Premium plus CI/TPD BenefitAnnuity payout frequency Yearly Half Yearly Quarterly Monthly

If there is more than one policy with INLIC, would you like a single consolidated payment in respect of all the policies, provided the due date is the same?

Policy No. Due Date

DECLARATION BY PROPOSER/ANNUITANT(S)

I/We hereby declare, on my/our behalf and, that the above statements, answers and/or particulars given by my/our are true and complete in all respects to the best of my/our knowledge. I/We understand and agree that the statements in this proposal form shall be the basis of the contract between me/us and IndusInd Nippon Life Insurance Company Limited.

I/We understand that the information provided by me/us will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the IndusInd Nippon Life Insurance Co. Ltd. and that the policy will come into force only after full payment of the premium chargeable.

I/We authorize the Company to share information pertaining to my/our proposal for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory Authority and with any other institution as authorized by the IRDAI which includes sharing of medical data through Ayushman Bharat Health Account – ABHA.

I/We declare that I/We answered the questions in the proposal form and have duly signed it after understanding its contents.

I/We declare that the premiums paid has not been generated from the proceeds of any criminal activities/ offences and I/We shall abide by and conform to the Prevention of Money Laundering Act, 2002 or any other applicable laws.

I/we declare that the details furnished above are true and correct to the best of my/our knowledge and I/We undertake to inform you, any changes therein, immediately. In the event of active concealment of material facts by me/us or in case any of the above information is found to be false or misleading and has been submitted with the deliberate intent to deceive the insurer or to induce the insurer to issue a life insurance policy, I/we understand that I/we may be held liable for the false, misleading information and/or fraud, as defined in Section 45 of the Insurance Act, 1938 read with amendments thereto. In addition, I/We understand that the policy contract shall be void.

I/We hereby consent to receiving information from Central KYC Registry through SMS/ Email/ on the above registered number/email address

I consent to overwrite DND for receiving update through SMS

I hereby give my consent to download my KYC Records from the Central KYC Registry (CKYCR), only for the purpose of verification of my identity and address from the database of CKYCR Registry.

I understand that my KYC Record includes my KYC Records /Personal information such as my name, address, date of birth, PAN number etc. I further undertake to inform the Company immediately upon any changes in the KYC documents.

PHOTOGRAPHS AND PERMANENT ADDRESS OF ANNUITANT(S)

1) Please Affix/Upload Recent photograph (Taken in Last 6 months) and mention Permanent address of Annuitant/*Primary Annuitant, where Proposer is different from Annuitant

Signature / Thumb Impression of Annuitant/Primary Annuitant*

Permanent Address

F	L	A	T	N	O	B	U	I	L	D	I	N	G									
R	O	A	D	N	A	M	E	/	N	O	C	I	T	Y	/	V	I	L	L	A	G	E
S	T	A	T	E																		PINCODE

Affix/upload
Recent photograph
of Annuitant/
Primary Annuitant*

(Taken in Last 6 months)

Applicable only for policies sourced through Online modes: This Insurance proposal is authenticated through OTP sent to _____ on mobile no _____ on _____
This is an auto generated application form submitted on date _____ time _____ and does not require any customer signature.

2) Please Affix/Upload Recent photograph (Taken in Last 6 months) and mention Permanent address of Secondary Annuitant*

Signature / Thumb Impression of Annuitant/Secondary Annuitant*

Permanent Address

F	L	A	T	N	O	B	U	I	L	D	I	N	G									
R	O	A	D	N	A	M	E	/	N	O	C	I	T	Y	/	V	I	L	L	A	G	E
S	T	A	T	E																		PINCODE

Affix/upload
Recent photograph
of Secondary Annuitant*

(Taken in Last 6 months)

Applicable only for policies sourced through Online modes: This Insurance proposal is authenticated through OTP sent to _____ on mobile no _____ on _____
This is an auto generated application form submitted on date _____ time _____ and does not require any customer signature.

CONFIDENTIAL REPORT (To be completed by the Sales Personnel/Advisor after receiving the completed proposal form - Not applicable for policies sourced through Online modes)

Note: If the Proposer & Annuitant(s)* is related to the Advisor, this report should be countersigned by the Authorised Signatory

1. Have you met the Proposer & Annuitant(s)*? Yes No
2. Are you (Advisor/SM) related to the Annuitant(s)*/Proposer? If Yes, to whom and what is the relationship? Yes No
3. Do you notice any disability, mental or physical deformity for any Annuitant(s)*/Proposer? If Yes, give details Yes No
4. Are you personally satisfied with the financial standing of the Proposer & Annuitant(s)* in relation to the proposed insurance? Yes No
Please estimate the income of the Proposer. _____
5. Have you verified all the documents submitted by Annuitant(s)*/proposer? Yes No
6. Is the Annuitant(s)*/Proposer, presently, in good health? If No, give details Yes No
7. How long have you known the Annuitant(s)*/Proposer? _____ Years _____ Months

*Applicable for Joint Life Annuity Option

LIFE ADVISOR / EMPLOYEE CERTIFICATION (Not applicable for policies sourced through Online modes)

I certify that I have personally checked the identity of the Client/Annuitant(s) and affixed his photograph. I certify that the client has understood the proposal form completely and the facts disclosed therein are true and correct to the best of my knowledge and belief, I have also verified the completeness of documentation. I further declare that to the best of my knowledge the premium amounts are not sourced from the proceeds of any criminal activities/offences listed in the Prevention of Money Laundering Act 2002 or under any other applicable laws. Should there be any adverse change in my opinion of the integrity or reputation of the applicant, I shall inform IndusInd Nippon Life Insurance Company Limited immediately.

Signature of Insurance Advisor/SP/AP
Name
SP/AP/Advisor Code
Date
Place

Signature of Sales Personnel
Name
CA Exec/SM Code
Date
Place

Authorised Signatory
Name
SAP Code
Date
Place

Authorised Signatory
Name
Designation
Date
Place

Authorised Person
Name
Designation
Date
Place

IndusInd Nippon Life Insurance Company Limited (Formerly Reliance Nippon Life Insurance Company Limited). IRDAI Registration No. 121. Registered & Corporate Office: Unit Nos. 401B, 402, 403 & 404, 4th Floor, Inspire-BKC, G Block, BKC Main Road, Bandra Kurla Complex, Bandra East, Mumbai-400051, India. T +91 22 6896 5000. For more information or any grievance, 1. Call us between 8 am to 8 pm, Monday to Saturday (except public holidays) on our Toll-Free Number - 1800 102 1010 or 2. Visit us at www.indusindnipponlife.com 3. Email us at customerservice@indusindnipponlife.com. 4. Chat with us on our WhatsApp number (+91) 7208852700. The trade logo displayed above belongs to IndusInd International Holdings Limited & Nippon Life Insurance Company and is used by IndusInd Nippon Life Insurance Company Limited under license.

BWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS/FRAUDULENT OFFERS: IRDAI or its officials do not involve in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.

FOR OFFICE USE ONLY

Proposal Date	D D M M Y Y Y Y	Inward Date	D D M M Y Y Y Y
FOS Advisor Code			
POS Advisor Code			
Client Id of Proposer			
Application No			
Bank Code			
Client ID			
Contract No			
Receipt No			
Occupation Code			
First Insurance with IndusInd Nippon Life Insurance Company	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Subsequent Insurance with IndusInd Nippon Life Insurance Company	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Urban / Rural			

IndusInd Nippon Life Insurance Company Limited (Formerly Reliance Nippon Life Insurance Company Limited). IRDAI Registration No. 121. Registered & Corporate Office: Unit Nos. 401B, 402, 403 & 404, 4th Floor, Inspire-BKC, G Block, BKC Main Road, Bandra Kurla Complex, Bandra East, Mumbai-400051, India. T +91 22 6896 5000. For more information or any grievance, 1. Call us between 8 am to 8 pm, Monday to Saturday (except public holidays) on our Toll-Free Number - 1800 102 1010 or 2. Visit us at www.indusindnipponlife.com 3. Email us at customerservice@indusindnipponlife.com. 4. Chat with us on our WhatsApp number (+91) 7208852700. The trade logo displayed above belongs to IndusInd International Holdings Limited & Nippon Life Insurance Company and is used by IndusInd Nippon Life Insurance Company Limited under license.

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TERMS & CONDITIONS FOR ELECTRONIC CLEARING SERVICES (ECS)/DIRECT DEBIT/NACH**1. Definitions:**

1.1. "Electronic Clearing Services (ECS)/National Automated Clearing House (NACH)" shall mean the mandate of the policyholder to automatically pay the premium (other than the First Premium) by debit to the bank account specified by the policyholder on the due date of payment of the premium or any such other date as may be decided by INLIC. 1.2. "First Premium" shall mean the first premium towards policy along with application form. 2. "INLIC" shall mean IndusInd Nippon Life Insurance Company Limited, a Company registered with IRDAI for carrying out Life insurance business in India. 3. No extra cost will be charged to the Policyholder for this facility. 4. By opting for the Electronic (ECS/NACH) facility/facilities, as per T & C the Policyholder chooses to make the payment to INLIC from the Policyholder's Bank Account through any authorized service provider that the Company may tie with from time to time. 5. The Policyholder agrees to abide by the terms & conditions of the ECS/NACH facility of Reserve bank of India (RBI). 6. On the Policyholder electing the option/mode to pay the Premium (other than First Premium and one time Top-up), the same, unless revoked and/or modified by him/her subsequently by a minimum 15 days prior written notice to INLIC, shall be valid and binding on the Policyholder. 7. The Policyholder agrees that he/she shall remain liable for all the instructions and transactions that have been submitted by him/her or processed under his/her account prior to the date of Policyholder obtaining INLIC's acknowledgment to the said Notice. 8. Any Outstanding amount prior to 30 days from mandate date should be paid by the customer through the normal mode of payment (Cash/Cheque/DD). In case of Regular Pension Plan, ECS/NACH deduction will be effected based on mandate irrespective of outstanding amounts are paid or not. 9. The debit to Policyholder's Bank Account shall be presented on Preferred debit date or next day (if the day happens to be holiday, next working day). The actual debit depends on banking clearance cycle. 10. I, authorize IndusInd Nippon Life Insurance Company Limited, to represent the ACH/direct debit/ECS instruction for outstanding payments, in the event of debit failure. 11. The Policyholder agrees that in the event, where there is a ACH/direct debit/ ECS failure the company reserves the right to represent the instructions for outstanding payments. 12. The policyholder agrees that in the event, where there is a transaction failure, the company reserves the right to represent the instructions for outstanding payments. 13. Modification/Cancellation of ECS/Direct Debit facility: A written request shall be given to the company for any modification/cancellation of ECS/NACH facility and the same will be effected within a minimum of 3 weeks of the receipt of the request. The Company will not be responsible for any delays in effecting this which are beyond its control. 14. Only Annual Premium Paid Certificate will be issued instead of individual receipts for all premium paid through ECS/NACH. 15. No reminder notices for payment of Premium shall be sent during the terms of ECS/NACH. 16. The records of INLIC and/or its authorized Service Provider, on the Premium (other than First Premium and one time Top-up) payments, maintained through computer systems or otherwise, shall be accepted as conclusive and binding for all purpose and shall be conclusive proof of the genuineness and accuracy of the same and binding for all purposes and can be used as evidence in any proceedings. 17. The Policyholder acknowledges that he/she is eligible to avail the facilities and agrees to provide true, accurate, correct and complete information as required by INLIC and to keep the same updated and current at all times. Incorrect, incomplete, ambiguous forms will not be accepted. 18. At present, ECS facility is offered to the customer having bank accounts in the SELECTED cities. 19. The Policyholder agrees that the facilities will be available to him/her, subject to and upon receipt of confirmation by INLIC and/or its authorized Service Provider from the Policyholder's Bank details furnished by him/her in this application. 20. The policyholder agrees that it shall be solely be his/her responsibility to schedule his/her premium (other than First Premium) payments in a manner that the Company receives the Premiums (other than First Premium and one time Top-up) within the due dates as specified in the relevant Policy Contract(S) and that in the event of a late payment he/she shall be liable for the late payment charges and other consequence as may be enforced by INLIC. 21. The Policyholder expressly understands and agrees that if any one payment/instruction are not received/honored. INLIC reserves the right to automatically cancel/withdraw the facilities forthwith without notice. 22. The policyholder further agrees that INLIC and/or its authorized Service Provider shall not be responsible or liable if it is unable to effect any of his/her payment instructions owing to (a) incomplete, inaccurate, invalid or delayed submission of details by Policyholder (b) insufficient funds to cover Policyholder's transactions (c) Encumbrance or charge on Policyholder's account or (d) Events beyond the control of INLIC and/or authorized Service Provider. 23. The Policyholder expressly understands and unconditionally agrees that he/she will not hold INLIC and/or its authorized Service Provider disclaims all warranties of any kind whether express or implied including without limitation any representation or warranty regarding the use of the result of the facilities in terms of its correctness, accuracy, reliability, usefulness, completeness, continuity uninterrupted access, timeliness or otherwise. Policyholder expressly understands and unconditionally agrees that he/she assumes total responsibility and risk for his/her access and use of the facilities. 24. Policyholder expressly understands and unconditionally agrees that he/she will not hold INLIC and/or its authorized Service Provider liable for any direct, indirect, punitive, incidental, special or consequential damages whatsoever, including but not limited to damages or losses resulting from (a) the use or performance or inability to use or non-performance of the facilities (b) the provision of failure to provide the facilities (c) the unauthorized access to or alteration of the transmission or data (d) such transactions that are carried out on the Policyholder's instructions in good faith (e) any loss or damage incurred or suffered by the Policyholder due to any defect, error, failure or interruption in the provision of the facilities or (f) any other matter related to the facilities. 25. The Policyholder agrees that the INLIC and/or its authorized Service Provider may from time to time make alterations, additions or deletions to these terms and conditions and that these shall be binding upon Policyholder and take effect from such date as may be intimated by INLIC and/or its authorized Service Provider. The Policyholder further agrees that he/she shall be deemed to have agreed, accepted and be bounded by such altered terms & conditions. 26. The Policyholder agrees that in event he/she is dissatisfied with any portions of the facilities or with the terms & conditions or alterations thereto, his/her sole and exclusive remedy is to discontinue the use of the facilities. 27. The Policyholder agrees that the laws of India shall govern this Agreement and in case of a dispute the matter will be settled as per the provisions of The Arbitration and Conciliation Act, 1996. The venue of Arbitration shall be in Mumbai and the language for Arbitration shall be English. 28. It is agreed by the Policyholder that the onus and liability to make all premium payments within the due dates specified in the relevant Policy Contract(s) vests solely and absolutely with the Policyholder. 29. In the event the Policyholder opts for premium frequency change. The ECS/NACH shall automatically align to the new premium dates. 30. The ECS/Direct Debit shall be discontinued in the event of receipt of information of death of the Life insured or maturity date or surrender or request for cancellation of the ECS/Direct Debit mandate.

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CIN: U66010MH2001PLC167089

Instructions to fill Mandate

1. UMRN is auto generated during mandate creation and is mandatory to be updated during amendment and cancellation of mandate (Maximum Length - 20 Alpha Numeric Characters) 2. Date is in DD/MM/YYYY format 3. Sponsor bank IFSC/MICR code, left padded with zeroes where necessary. (Maximum Length-11 Alpha Numeric Characters) 4. Utility Code of the Service Provider. (Maximum length-18 Alpha Numeric Characters) 5. Name of Service Provider 6. Tick on box to select type of action to be initiated 7. Tick on box to select type of account to be affected 8. Customer's legal account number, (Maximum length-35 Alpha Numeric Characters) 9. Name of Bank 10. IFSC/MICR code of customer bank. (Maximum length-11 Alpha Numeric Characters for IFSC & 9 Numeric for MICR code) 11. Amount payable for service or maximum amount per transaction that could be processed in words. 12. Amount in figures, similar to the amount mentioned in words. (Maximum length-13 digit Numeric, in paise) 13. Service Provider generated consumer reference number 14. Service Provider generated Scheme/Plan reference number 15. Tick on box to select frequency of transaction 16. Validity of mandate with dates in DD/MM/YYYY format 17. Name of Customer/s and signature/s as well as seal of company (where required) (Maximum length of Name - 40 Alpha Numeric Characters) 18. Undertaking by customer 19. Permanent ID of customer e.g. PAN/Aadhaar No 20. Telephone no. with STD code of customer 21. 10 digit mobile number of customer 22. Mail ID of customer

I have understood that the bank where I have authorised the debit ,may levy onetime mandate processing charges as mentioned in their latest schedule of changes published by the bank.

I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/ Corporate or the bank where I have authorized the debit

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I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/ Corporate or the bank where I have authorized the debit

Place

Signature _____

Date

D	D	M	M	Y	E	A	R
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