

3. NOMINEE DETAILS

Personal Details

Sr no.	Nominee Name	Nominee Gender	Nominee Date of Birth	Relationship of the Nominee with Life to be Insured	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

4. 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

PLAN DETAILS (Questions 5 - 8)

5. Plan Name 6. Plan Option chosen Silver Option Gold Option Little Star Option

Policy Term (Yrs)	Premium Paying Term (Yrs)	Basic Sum Insured (₹)	Installation Premium (₹)	GST (₹)	Total Premium (₹) [Installation Premium & GST]

8. Premium Frequency Yearly Half Yearly Quarterly Monthly

PAYMENT DETAILS (QUESTIONS 9 - 11)

9. Premium Payment Details Cash/Cheque/DD No. Date Drawn on 10. Mode of Deposit Cash Cheque Auto Debit Credit Card Debit Card Net Banking ECS/ NACH E-Wallet

Note: Quarterly and Monthly frequencies are allowed only through ECS/NACH/Auto Debit/Debit Card/Credit Card. Debit Card/ Credit Card of Proposer or Premium payor only to be used for paying premiums for all premium payment frequencies. First two months premium will be collected in advance for monthly frequency. The Goods and Services Tax will be charged on the installment premium at the rate declared by the Government from time to time. Online payments made by third party credit/debit cards, e-wallets, net banking are not allowed.

11. Do you want to receive all communications through electronic medium in place of receiving physical copy? Yes No

HEALTH DETAILS OF LIFE TO BE INSURED (Questions 12 - 21) (Please tick Yes or No to each question except question 11)

	YES	NO
12. Please specify your height in cm <input type="text"/> <input type="text"/> <input type="text"/> Weight in Kg <input type="text"/> <input type="text"/> <input type="text"/>		
13. Has any of your insurance application or reinstatement application on life, accident, medical or health, critical illness, or disability ever been declined, postponed or accepted at extra premium or modified terms or have you made any critical illness claim from any of your policy?	<input type="checkbox"/>	<input type="checkbox"/>
14. In the past 12 months have you smoked cigarette/Beedi or consumed tobacco in any form?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you currently have, or are you currently receiving treatment for any symptoms, medical conditions or disability, or have you ever been hospitalized due to illness or injury for a continuous period of more than 5 days or received medical treatment for a continuous period of more than 6 days during the last five-year period for any reason other than for pregnancy or pregnancy related or minor illnesses such as cold, fever?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you undergone any of the aforementioned investigations/diagnostic tests/procedures in the last one year other than those done as a part of executive health check-up or routine investigation like ultra sound, endoscopy/colonoscopy, CT scan, MRI, Biopsy, PAP smear, mammography, blood tests for cancer diagnosis (tumour marker) or taken any prescribed medical treatment or been advised to have such consultation, test or treatment for any reason or are considering to have any medical consultation or test for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
17. In the last 12 months have you suffered from (other than for normal flu and cough) had any medical consultation or investigated for recurrent cough, hoarseness of voice or difficulty in swallowing for a continuous period of 15 days, loss of blood or unusual discharge from any of the body opening, or any persistent head ache, epileptic, fits, sudden vision loss, or hearing loss or had any unexplained weight loss for more than 5 Kg in the last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you ever had, or been told to have, or been investigated for cancer, tumour, or abnormal growth of any kind, or ever had or received medical advice for Hepatitis B, Hepatitis C, HIV infection, Aids-related or any other sexually transmitted disease?	<input type="checkbox"/>	<input type="checkbox"/>
19. Have any of your parents or siblings or more than one member of your second-degree relatives (i.e. grandparents, siblings of your parents) ever been diagnosed with cancer of any kind prior to the age of 60?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you ever been or currently being investigated, charge sheeted, prosecuted or convicted or acquitted or having pending charges in respect of any criminal/civil offences in any court of law in India or abroad? If Yes, give details <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Whether the Life to be Insured/Proposer/Nominee(s)/Appointee(s) is/are Politically Exposed Person(s)*? If Yes, give details <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions. PEP norms may also be applied to the accounts of the family members or close relatives of the above referred individuals.

FOR OFFICE USE ONLY

FOS/Advisor Code				POS/Advisor Code				Inward Date				Proposal Date											
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	D	D	M	M	Y	E	A	R	D	D	M	M	Y	E	A	R
Client No. of the Life to be Insured				Client No. of the Nominee				Client No. of the Proposer				Backdating Date (except ULIP)											
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	D	D	M	M	Y	E	A	R				
Contract No.	<input type="text"/>	Amount Deposited	<input type="text"/>	Bank Code	<input type="text"/>																		
Receipt No.	<input type="text"/>	SDS Code	<input type="text"/>	Occupation Code	<input type="text"/>																		
CDA/CA/BM Code	<input type="text"/>	CA Exec/SM Code	<input type="text"/>	First Insurance with IndusInd Nippon Life Insurance	<input type="text"/>																		
				Subsequent Insurance with IndusInd Nippon Life Insurance	<input type="text"/>																		
				Urban	<input type="text"/>																		
				Rural	<input type="text"/>																		
Simultaneous application number						<input type="text"/>	<input type="text"/>	<input type="text"/>															

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 INLC. 1.2. "First Premium" shall mean the first premium towards policy along with application form. 2. "INLC" 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 INLC 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 INLC, 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 INLC'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 it's 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 INLC 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 INLC 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 INLC 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 INLC. 21. The Policyholder expressly understands and agrees that if any one payment/instruction are not received/honored, INLC reserves the right to automatically cancel/withdraw the facilities forthwith without notice. 22. The policyholder further agrees that INLC 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 INLC and/or authorized Service Provider. 23. The Policyholder expressly understands and unconditionally agrees that he/she will not hold INLC 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 INLC 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 INLC 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 INLC 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.

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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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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Place

Signature _____

Date

D	D	M	M	Y	E	A	R
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Mktg/RKL/Common Cancer Proposal Form/V4.3/Jan26

