



COMMON PROPOSAL FORM
IN CASE OF UNIT-LINKED POLICY THE INVESTMENT RISK IN
INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER.

For Regular/Limited Premium
Not applicable for policies sourced
through Online modes

Signature of Proposer

Important Guidelines: 1. This form is to be filled by the proposer him/her self. 2. If the proposer is unable to fill the form due to inability to read or understand English language, help of a person other than the insurance advisor/IndusInd Nippon Life Insurance Company Limited (INLIC/Company) employee or insurance intermediaries may be used. 3. For details on risk factors, terms and conditions please refer the product brochure before concluding a sale. 4. Premium paid for offline policies through banking instruments, of which cheques should be only "Account Payee", shall be subject to realization 5. For offline policies cash should be deposited with INLIC branch only. Cash handed over to the INLIC Advisor or any unauthorised employee is at the customer's own risk. 6. Enclose proof of mailing & permanent address (both) if different & attach complete address details. 7. Enclose self attested address proof, identity proof & income proof, PAN Card copy as applicable. 8. Enclose signed cancelled cheque/self attested passbook copy. 9. Premium for policies sourced through online modes shall be paid through online mode only and subject to credit in to INLIC account.

1. PERSONAL DETAILS OF LIFE TO BE INSURED

Full Name [Grid with letters F, I, R, S, T, L, A, S, T]

Father's Name [Grid with letters F, I, R, S, T, L, A, S, T]

Mother's Name [Grid with letters F, I, R, S, T, L, A, S, T]

Gender [Male] [Female] [Transgender] Date of Birth [D][D][M][M][Y][E][A][R]

Marital Status [Single] [Married] [Widower] [Divorcee]

Education [Post Graduate & above] [Graduate] [Diploma] [12th Pass] [Others] SPECIFY

Annual Income ₹ [Grid] Source of Funds/Income [Grid]

Residence of Life Assured for Tax Purposes in Jurisdiction(s) outside India [Yes] [No] (If "YES" then mandatorily to fill the FATCA/CRS declaration)

Purpose of Insurance [Grid]

Bank [Grid] Branch [Grid]

Account No. [Grid] IFSC code [Grid]

Bank Account Proof [Cancelled Cheque] [Passbook Copy] Citizenship with country code [IN- Indian] [Others (ISO 3166 Country Code)]

Residential Status [Resident Individual] [NRI] [PIO] [Foreign National]

Employee No. (Salary Deduction Scheme) [Grid]

CKYC Number (Mandatory for KYC update request) [Grid]

PAN Card Number [Grid] (Please provide Form 60 if PAN Card is not available)

Occupation Type [S - Service (Private Sector, Public Sector, Government Sector)] [B - Business/Self employed (Professional, Proprietor, Partnership, Director)] [O - Others (Retired, Housewife, Student, Machine operator, Farmer, Landlord, Working in coal mines, Armed forces, Unemployed, Others)]

Name of Employer [Grid with letters F, I, R, S, T, L, A, S, T]

Nature of Duties/Job Description [Grid]

Address Type [Residential/ Business] [Residential] [Business] [Registered Office] [Unspecified]

Proof of Address (tick any one) [Passport] [Driving License] [Voter Id Card] [Bank Certificate] [Electricity/ Telephone Bill] [Employer Certification] [Others]

Identity Proof (Select any one) [A- Passport Number] [B- Voter ID card] [C- PAN Card] [D- Driving Licence] [Z- Others (any document notified by the central government)] Identification No. [Grid]

Age Proof (tick any one) [Defence ID Card] [Valid Passport] [Driving Licence] [PAN Card] [Others] SPECIFY

Ayushman Bharat Health Account (ABHA) no. [Grid] (Note: In case of generation of ABHA no., kindly visit https://healthid.ndhm.gov.in/register)

Details of communication Address/Usual place of residence \*C/o. [Grid with letters F, I, R, S, T, L, A, S, T] [BUILDING / HOUSE] [ROAD NAME / NO.] [DISTRICT / TALUKA] [LANDMARK] [CITY / VILLAGE] [STATE]

Pincode [Grid]



Ayushman Bharat Health Account (ABHA) no.  [ABHA] no.(Note: In case of generation of ABHA no., kindly visit <https://healthid.ndhm.gov.in/register>)Relationship of the Proposer with Life to be Insured Details of communication Address/Usual place of residence (if different from Life Insured) \*C/o.  F I R S T  L A S T 

B	U	I	L	D	I	N	G	/	H	O	U	S	E		
D	I	S	T	R	I	C	T	/	T	A	L	U	K	A	
C	I	T	Y	/	V	I	L	L	A	G	E				

R	O	A	D	N	A	M	E	/	N	O.			
L	A	N	D	M	A	R	K						
S	T	A	T	E									

Pincode Details of Permanent Address \*C/o.  F I R S T  L A S T 

B	U	I	L	D	I	N	G	/	H	O	U	S	E		
D	I	S	T	R	I	C	T	/	T	A	L	U	K	A	
C	I	T	Y	/	V	I	L	L	A	G	E				

R	O	A	D	N	A	M	E	/	N	O.			
L	A	N	D	M	A	R	K						
S	T	A	T	E									

Pincode  Mobile  M O B I L E 1  M O B I L E 2 Landline  STD ISD Code  L A N D L I N E  E-mail  EMAIL ADDRESSProof of contactability (tick any one)  Residence Landline Telephone Bill  Mobile Postpaid Bill  Any other contact proof  SPECIFY

## 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

## 5. PLAN DETAILS (Questions 5 - 19)

Product Name	Plan Option	PT	PPT	DP	IP	Sum Assured (₹)	Instalment Premium (₹)	Total Instalment Premium + GST (₹)
Base Plan Name								
Rider Name								
Rider Name								
Rider Name								
Rider Name								
Rider Name								
Total Installment Premium (₹)								

(PT: Policy Term (Yrs), PPT: Premium Payment Term (Yrs), DP Deferment Period (Yrs), IP: Income Period (Yrs))

The treatment of vesting benefits under Pension products are as per IRDAI approved product F&amp;U, IRDAI Regulation/Government / Pension guidelines issued from time to time

Fund Name	Allocation (%)	Fund Name	Allocation (%)	Fund Name	Allocation (%)
Life Equity Fund 3		Life Balanced Fund 1		Smart Pension Fund 1	
Life Pure Equity Fund 2		Life Corporate Bond Fund 1		Life Large Cap Equity Fund	
Make in India Fund		Life Money Market Fund 1		Life Midcap Fund 2	

6. Investment Option  Self Managed Option  Target Maturity Option  Life Stage Option  Trigger Portfolio Option
7. Systematic Transfer Plan  (If available under the base plan)
8. Premium Payment Type  Regular  Single  Limited
9. Premium Payment Details Cash/Cheque/DD No.  Date         Drawn on
10. Death benefit option (If Applicable)  Option I/A  Option II/B
11. Premium Frequency  Yearly  Half Yearly  Quarterly  Monthly
12. Income Payout Frequency^  Annual  Semi-annual  Quarterly  Monthly
13. Option to receive Cash Bonus\*  A - Immediate Payout  B - Convert into Paid Up Addition (if 'B' is chosen, then upto attained age (in years) \_\_\_\_\_)
14. Opt for Accumulation of Survival Benefits#  Yes  No
15. Opt to convert Survival Benefit into PUA#  Yes  No (If Yes, then upto attained age (in years) \_\_\_\_\_)
16. Opt for Flexi-Wallet  Yes  No
17. Premium Offset#  Yes  No
18. 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 only to be used for paying premiums for all premium payment frequencies, where applicable. 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.

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

\*Applicable for INL Smart Zindagi Plus only  
 ^Applicable for INL Smart Total Advantage Return only  
 ^For INL Guaranteed Advantage Income Plan only Annual and Monthly frequencies are available  
 §Applicable for selected plans

**ANNUITY DETAILS (Mandatory incase of Pension Product)**

20. Annuity Payout Option  Life Annuity  Life Annuity with return of purchase price Life Annuity guaranteed for  5 years  10 years  15 years and payable for life thereafter
- Annuity Payout Mode  Annual  Half Yearly  Quarterly  Monthly Annuity Payments by  Post Dated Cheques  Credit to your Saving Bank A/c

**LIFE TO BE INSURED - FAMILY HISTORY**

21. Have either of your parents or any brothers or sisters suffered from or died under the age of 60 due to any of the following conditions: Heart problems, diabetes, stroke, hypertension, raised cholesterol, cancer, or any hereditary disease? If yes, please give full details below:
- |                          | Life Insured             |                          | Proposer^                |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                          | YES                      | NO                       | YES                      | NO                       |
| <input type="checkbox"/> |

Life to be Insured

Relationship	Exact cause of death or details of illness, e.g.: Heart Attack, Diabetes, Cancer, etc.	If alive, Current Age	If deceased Age at Death

Proposer^

Relationship	Exact cause of death or details of illness, e.g.: Heart Attack, Diabetes, Cancer, etc.	If alive, Current Age	If deceased Age at Death

**DETAILS OF LIFE INSURANCE POLICIES HELD/PROPOSALS APPLIED WITH LIFE INSURANCE COMPANIES (Including existing policies with IndusInd Nippon Life Insurance Company Ltd.)**

22. Are you currently insured or have applied for Life Insurance Cover, Critical Illness Cover, Health Insurance Cover, Accidental Benefit Cover etc. If yes, please give full details below:
- |                          | Life Insured             |                          | Proposer^                |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                          | YES                      | NO                       | YES                      | NO                       |
| <input type="checkbox"/> |

Life to be Insured

Name of Company	Contract/ Proposal No.	Basic Sum Assured	Sum Assured under Rider	Risk Commencement Date	Status		
					Inforce	Lapsed	Applied
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Proposer^

Name of Company	Contract/ Proposal No.	Basic Sum Assured	Sum Assured under Rider	Risk Commencement Date	Status		
					Inforce	Lapsed	Applied
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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23. Have you ever had an application refused, withdrawn, postponed, declined or offered with revised benefits/rated up or made any claim under any insurance policy. If yes, please give details below

Life Insured		Proposer^	
YES	NO	YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Life to be Insured

Name of Company	Contract/ Proposal No.	Basic Sum Assured	Sum Assured under Riders	Reason

Proposer^

Name of Company	Contract/ Proposal No.	Basic Sum Assured	Sum Assured under Riders	Reason

24. Parent's insurance details - For minor lives/student lives (major) -Total Sum Assured ₹

25. Name of Husband/Parents (applicable for all non earning lives/Female lives)  F I R S T  L A S T

26. Spouse Insurance/Parents Insurance (applicable for all non earning lives/Female lives)  F I R S T  L A S T

**LIFESTYLE QUESTIONS AND PERSONAL MEDICAL HISTORY OF THE LIFE TO BE INSURED** (Please tick Yes or No to each question)

	Life Insured	Proposer^
	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
27. Are you currently or Do you intend engaging in any hazardous occupation or hobbies, eg. Working at heights, underground or offshore, using explosives, flying other than as a fare-paying passenger, diving, mountaineering or any other dangerous activity?	<input type="checkbox"/>	<input type="checkbox"/>
28. Are you currently or do you intend to live or travel outside of India for more than 6 months? If yes, please provide full details of countries to be visited and purpose of visit and duration (Life Insured as well as Proposer^)	<input type="checkbox"/>	<input type="checkbox"/>
29. Have you smoked or consumed tobacco or nicotine products in any form? If Yes, please specify For Life Insured <input type="checkbox"/> Cigarettes <input type="checkbox"/> e-Cigarettes <input type="checkbox"/> Beedis <input type="checkbox"/> Gutkha/ Tobacco <input type="checkbox"/> Cigars Qty per day <input type="text"/> Duration <input type="text"/> Years For Proposer^ <input type="checkbox"/> Cigarettes <input type="checkbox"/> e-Cigarettes <input type="checkbox"/> Beedis <input type="checkbox"/> Gutkha/ Tobacco <input type="checkbox"/> Cigars Qty per day <input type="text"/> Duration <input type="text"/> Years	<input type="checkbox"/>	<input type="checkbox"/>
30. Do you consume or have you consumed any form of alcohol? For Life Insured, If yes, please specify <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Hard liquor Qty per week <input type="text"/> Duration <input type="text"/> Years For Proposer^, If yes, please specify <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Hard liquor Qty per week <input type="text"/> Duration <input type="text"/> Years	<input type="checkbox"/>	<input type="checkbox"/>
31. Do you consume or have you consumed any form of Narcotics, e.g. Heroine, Cocaine, Cannabis/Ganja, LSD, etc?	<input type="checkbox"/>	<input type="checkbox"/>
32. Life Insured - Please specify your height in cm <input type="text"/> Weight in Kg <input type="text"/> Proposer^ - Please specify your height in cm <input type="text"/> Weight in Kg <input type="text"/>		
33. Are you currently taking any medication or drugs, other than minor conditions, (e.g. colds and flu), either prescribed or not prescribed by a doctor, or have you suffered from any illness, disorder, disability or injury during the past 5 years which has required any form of medical or specialized examination (including chest x-rays, gynecological investigations, pap smear, or blood tests), consultation, hospitalization or surgery?	<input type="checkbox"/>	<input type="checkbox"/>
34. Do you have : congenital/birth defects, pain or problems in the back, spine, muscles or joint, arthritis, gout, severe injury or other physical disability and have you been incapable of working/attending the school during the last 2 years for more than 5 days or are you currently incapable of working/attending school?	<input type="checkbox"/>	<input type="checkbox"/>
35. Do you suffer from any medical ailments - diabetes, high blood pressure, abnormal lipids/cholesterol levels, cancer, respiratory disease (including asthma), Kidney, Liver Disease, Stroke, any Nervous system disorder, any disorder of digestive system, Abnormality of thyroid, any blood disorder, Heart Problems, Hepatitis B, Tuberculosis, Psychiatric Disorder, Depression, Mental, Emotional disorder, Genito - Urinary disorders, HIV AIDS or a related infection?	<input type="checkbox"/>	<input type="checkbox"/>
36. Is any surgery planned or are you currently aware or have been advised, that you may need to seek medical advice within the near future? (Other than for medical examinations that may arise from this application)	<input type="checkbox"/>	<input type="checkbox"/>
37. Have you ever suffered from drug or alcohol addiction or been advised by a doctor to reduce your alcohol/drug intake?	<input type="checkbox"/>	<input type="checkbox"/>
38. For female applicants: Are you currently pregnant? If yes, please answer the following Number of months pregnant <input type="text"/> Expected delivery date <input type="text"/> D D M M Y E A R	<input type="checkbox"/>	<input type="checkbox"/>

**IF YOU HAVE ANSWERED YES, TO ANY OF THE QUESTIONS BETWEEN 27 and 38 PLEASE PROVIDE THE DETAILS HERE**

Life to be Insured	Question No.	Complete details required: For Question Nos. 27 to 38, please provide details including health condition, date of diagnosis, treatment prescribed, name and address of the doctor (if applicable)
<hr/>		

Proposer^	Question No.	Complete details required: For Question Nos. 27 to 38, please provide details including health condition, date of diagnosis, treatment prescribed, name and address of the doctor (if applicable)
<hr/>		

Additional sheets with relevant details signed by Life to be insured may be added if space is insufficient

<b>39.</b> 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="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		

<b>40.</b> Whether the Life to be Insured/Proposer/Nominee(s)/Appointee(s) is/are Politically Exposed Person(s)*? If Yes, give details	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		

\*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.

^Applicable for INL Milestone Plan - Life Plus Option

**DECLARATION BY LIFE TO BE INSURED / PROPOSER**

I hereby declare, on my behalf and/or on behalf of the Life 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 authorised to propose on behalf of the Life Insured. (applicable where the Proposer and Life Insured are different). I understand and agree that the statements in this proposal form shall be the basis of the contract between me and IndusInd Nippon Life Insurance Company Limited. I understand that the information provided by me 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 further declare that I will inform any change occurring in the occupation or general health of the life to be insured/proposer financial position or if any other proposal or application to any other Insurance Company on the Life to be Insured's life is declined/postponed or accepted other than the standard terms, after the proposal has been submitted but before communication of the risk acceptance by the Company so that the Company may consider the terms of acceptance. I declare that I consent to the Company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from Government repositories (like Ayushman Bharat Health Account - ABHA) or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement. I authorize the Company to share information pertaining to my proposal including the medical records of the insured/proposer 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 declare that I have answered the questions in the proposal form and have duly signed it after understanding its contents. I declare that the premiums paid have not been generated from the proceeds of any criminal activities/ offences and I 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 knowledge and I 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 understand that the policy contract shall be void and all premiums paid thereon shall be forfeited by the Insurer. I 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.

**AUTHORIZATION BY LIFE TO BE INSURED / PROPOSER**

I hereby authorize the Company to conduct screening/confirmation/ reconfirmation of overall status of the Life to be Insured including the health status through medical examinations, if required, which may include Laboratory tests, Cardiac, Radiological investigations and other medical tests including blood tests to detect bacterial/viral/fungal infections. I hereby give my consent to undergo HIV1/2 test by ELISA method. I am aware that this test is only for screening purposes and not confirmatory for HIV/AIDS. In order to enable the Company to assess the risk under this proposal and any time thereafter, I hereby, authorize the past and present employer(s)/business associates/- medical practitioner/hospital and medical source/any life and non-life insurance Company/organization to release to the Company the records of employment / business or other details as may be considered relevant for acceptance or otherwise of this proposal form. I agree that to underwrite the policy effectively, INLIC may need to share my personal information with a specialist service provider, who would keep the said information in secure and confidential manner. I further provide my consent to the Company to share my details to specialised service providers contracted by the Company for policy, underwriting and claims related services including but not limited to Third Party Administrators, claim investigators, data analytics etc. I further provide my consent to the Company to share my details to regulated entities and with any other institution as authorized by the IRDAI including but not limited to Insurance Information Bureau, Insurance Repositories, CERSAI. Payments will be made to the provided bank a/c, unless the bank a/c particulars are changed/modified by my written communication to INLIC.





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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](http://www.indusindnipponlife.com) 3. Email us at [customerservice@indusindnipponlife.com](mailto: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.

**BEWARE 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.

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 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 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.

**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.

**BEWARE 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.

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 changes 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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