

Details of communication Address/Usual place of residence (if different from Life Insured)

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

Pincode

Details of Permanent Address

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

Proof 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

PLAN DETAILS (Questions 5 - 10)

5.	Product / Rider Name	Plan Option	Policy Term (Yrs)	Premium Payment Term (Yrs.)	Sum Assured (₹)	Installment Premium (₹)	GST (₹)	Total Premium Instalment Premium +GST (₹)
	Base Plan Product Name							
	Rider Name	NA						
	Rider Name	NA						
	Rider Name	NA						
	Total Installment Premium (₹)							

6. Other Option Enhanced Coverage Benefit Option7. Premium Payment Details Cash/Cheque/DD No. Date Drawn on 8. Premium Frequency Yearly Half Yearly Quarterly Monthly9. Premium Payment Mode 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.

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

LIFE TO BE INSURED - FAMILY HISTORY

11. 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:

YES NO

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.)

12. 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:

YES NO

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

13. 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

YES NO

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

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

YES NO

14. 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?

15. 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

16. Do you smoke/consume or have you smoked/consumed tobacco/nicotine product in any form in the past 24 months?

Cigarettes e-Cigarettes Beedis Gutkha/Tobacco Cigars Qty per day Duration Years

17. Do you consume or have you consumed any form of alcohol?

If yes, please specify Beer Wine Hard liquor Qty per week Duration Years

18. Do you consume or have you consumed any form of Narcotics, e.g. Heroine, Cocaine, Cannabis/Ganja, LSD, etc?

19. Please specify your height in cm Weight in Kg

20. 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?

21. 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 during the last 2 years for more than 5 days or are you currently incapable of working?

22. 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?

23. 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)

24. Have you ever suffered from drug or alcohol addiction or been advised by a doctor to reduce your alcohol/drug intake?

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.

In accordance with regulatory requirement, we will send soft copy of policy document to your registered email ID. In addition to this, You have an option to receive the physical copy, if required, by sending a request from your registered email ID to customerservice@indusindnipponlife.com or call us at 1800 102 1010 (toll free no) from your registered mobile number.

I would like to receive my insurance policy(s) and all the information related to the proposed insurance policy(s) through insurance repository? Yes No

If yes, choose any one Insurance Repository: CAMSRep - CAMS Insurance Repository & Services NDML - NSDL Data Management Services limited
 KARVY CIRL - Central Insurance Repository Limited

If you already have an e-Insurance Account (e-IA) number, kindly provide

I understand that this is a Regular/Limited premium payment policy and I would need to pay premiums for _____ (in words) _____ years

"I am aware that in order to enable the Company to assess the risk, the Life Insured needs to undergo medicals as per Indusind Nippon Life Insurance Company Ltd. requirements and the same has been explained to me/us by the Advisor/Sales Manager" Yes No

I authorize IndusInd Nippon Life Insurance Company Limited and/or its representative to call me/us and/or notify me on all services rendered by the Company for this proposal or resulting policy(s). Yes No

The communication address provided above will be used for GST purposes.

(Not applicable for policies sourced through Online mode)

This is an auto generated application form authenticated through OTP sent to _____ on mobile no. _____, on _____ at _____ and does not require any customer signature

 Signature of Witness
 Name:
 Relationship with
 Life to be Insured:
 Mobile No.
 Date:
 Address:

 Signature / Thumb Impression of Proposer
 Name:
 Mobile No.
 Date:
 Address:

 Signature / Thumb Impression of
 Life to be Insured
 Name:
 Mobile No.
 Date:
 Address:

Applicable only for policies sourced through Online modes:
 This is an auto generated application form submitted on date, _____ time _____ and does not require any customer signature.

DECLARATION FOR SIGNING IN VERNACULAR OR FOR UNEDUCATED PERSONS/ IF YOU HAVE AFFIXED A THUMB IMPRESSION (Not applicable for policies sourced through Online modes) OR ON BEHALF OF PERSONS WITH DISABILITY

I (declarant), hereby declare that I have fully explained the questions and contents of the proposal form to the Proposer in _____ language, and I have truthfully recorded the answers given by the Proposer. The Proposer has affixed the thumb impression or sign in the vernacular language below after fully understanding the contents thereof.

I (Proposer), certify that the contents of the form have been fully explained to me by (full name of declarant): _____ and I have understood the importance of giving complete and accurate information to every question in the proposal form and the importance of each declaration in the proposal form.

 Signature / Thumb Impression of the Proposer
 Name
 Mobile No.
 Date
 Address

 Signature of Declarant
 Name
 Mobile No.
 Date
 Address

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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CIN: U66010MH2001PLC167089

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.

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 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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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.

