



Application No. input field

Master proposal form for IndusInd Nippon Life Group Jan Suraksha Kavach. UIN - 121N147V01

Note: Please strikeout whichever is not applicable

Employer-Employee Group [] / Non Employer-Employee Group [] Compulsory Group [] Voluntary Group []
Rural [] Social []

1. Policy Owner Details

Name, Postal Address, Email, Telephone, Fax, Nature of business input fields

Bank Name, Account Number input fields

IFSC Code input field

Policy Holder's Address Proof input field

Relationship with Group Members (tick any one) :

[] Employer - Employee [] Non Employer - Employee

Organization Category (Please submit relevant document as proof)

- [] RBI regulated Scheduled Commercial Banks (including Co-Operative Banks)
[] NBFC having Certificate of Registration from RBI
[] National Housing Bank (NHB) regulated Housing Finance Companies
[] National Minority Development Finance Corporation (NMDFC) and its State Channelizing Agencies
[] Small Finance Banks Regulated by RBI
[] Mutually Aided Cooperative Societies formed & registered under applicable State Act concerning such societies
[] Microfinance companies registered under section 8 of Company's Act 2013
[] Any other category as approved by Authority

Policy Holder's Identity Proof (tick any one) :

[] PAN Card [] Bank Certification [] Registration/Incorporation Certificate

Policy Holder's PAN Card No (tick any one) : input field

Note: Please provide PAN number or submit Form 60 if the annualized premium under this proposal exceeds ₹50,000/-"

2. Scheme Details

a. The initial number of members proposed input field

b. Type of Scheme [] Lender - Borrower [] Others -

c. In case of Lender-borrower (type of loan covered under this scheme)

- [] Home loan [] Personal loan [] Car loan [] Agriculture loan [] Credit Card [] Education loan
[] Other loans (please specify)

d. Specify the percentage of premium payable by Master policyholder and Member % by Master policyholder % by Member

e. Date of commencement of Master policy DDMMYYYY

f. Entry Age (in years) Minimum Maximum

3. Plan Details

a. Premium Payment term [] Single Pay [] One Year Renewable Term (OYRT)

b. Premium Payment Frequency (Applicable for OYRT).

c. Available Policy Term (Applicable for Single pay)

d. Joint Life Cover Option (Applicable for Lender Borrower)

Do you want Policy document in physical form? Yes No

4. Payment Details

Details of deposit paid: Cheque/DD Cash RTGS

Amount in ₹ _____

Cheque / DD No.: _____

Cheque / DD Date | D | D | M | M | Y | Y | Y | Y |

Bank Name _____

Source of money _____

If the payment is from a third party, following AML/KYC documents will be required.

Income Proof: (Any one of these Income proofs can be submitted)

- 1) Recent Income Tax Assessment Orders or Income Tax Returns.
- 2) Current year's Audited P & L account and Balance sheet.
- 3) Audited accounts (for the last fiscal).

KYC Documents:

1) **Address proof:** (Any one of these Address proofs can be submitted)

- a) Certificate of Registration issued by the Registrar of trust/Registered trust deed
- b) Copy of Form 18
- c) Electricity Bill (last 6 months)
- d) Telephone (Landline) Bill (last 6 months)

2) **ID proof:** (Any one of these ID proofs can be submitted)

- a) PAN Card
- b) Certificate of Registration

5. Contribution Frequency (Applicable for OYRT)

Yearly Half Yearly Quarterly Monthly

6. Policy Commencement Date

| D | D | M | M | Y | Y | Y | Y |

7. List of mandatory documents required to be submitted along with the proposal form

- | | |
|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> Duly filled in application form with authorised signature with seal | <input type="checkbox"/> Member data (To be attached, in the prescribed format) |
| <input type="checkbox"/> At work certificate (applicable for employer-employee group only) | <input type="checkbox"/> No claim certificate |
| <input type="checkbox"/> Self attested copy of PAN Card | <input type="checkbox"/> Client confirmation on premium quotation |
| <input type="checkbox"/> Self attested copy of address proof | |

8. Associated Employer (If Applicable)

Do you wish to nominate any associated employer to participate in the Policy? No. Go to 7 Yes. Provide details and signature below.

Associated Employer name _____

Signature of the Authorised Official _____

Date _____

9. Benefit Details

Death Benefit formula _____

10. Details of Authorised Officials

Signatory

Name _____ Designation _____ Signatory _____

Name _____ Designation _____ Signatory _____

Name _____ Designation _____ Signatory _____

Signed at _____ on ____/____/____

11. Declarations

• **We acknowledge the following:**

- i. We hereby propose to IndusInd Nippon Life Insurance for insurance under IndusInd Nippon Life Group Jan Suraksha Kavach.
 - ii. This proposal and allied statements concerning the persons to be insured under this policy shall be the basis of the contract for effecting the proposed insurance.
 - iii. We undertake to supply such information as may be reasonably required to determine the extent of the cover and the premiums payable under this Policy.
 - iv. We declare that we have read the sales literature of the proposed plan and fully understood the terms and conditions of the plan along with the associated risk and benefits which we propose to take.
 - v. We declare that the Company has disclosed and explained all the information related to this product to us and we declare that we have understood the same before signing this proposal form.
 - vi. We undertake to collect member level records including AML/KYC documents and maintain the same at our office. We also undertake to provide the member records to the insurance company in the event of any payouts and also is and when required by the insurance company.
 - viii. Insurance company shall have the right to audit/inspection of member records maintained by us.
 - ix. Benefits will be as per scheme rules
- We authorize IndusInd Nippon Life Insurance Company to share the information with a specialist service provider, who would keep the said information in secure and confidential manner.
- In order to save environment and avoid cutting of trees for papers, we agree to receive communications from IndusInd Nippon Life Insurance Company Limited through electronic mode.

12. DECLARATION FOR SIGNING IN VERNACULAR LANGUAGE OR FOR UNEDUCATED PERSONS OR ON BEHALF OF PERSONS WITH DISABILITY

I, Mr. Ms. _____, hereby declare that I have fully explained the questions and contents of proposal form to the Master Policyholder in _____ language and endeavored to ensure that the contents have been fully understood. I have truthfully recorded the answers as given by the Master Policyholder. The Master Policyholder has affixed the thumb impression or signed in the vernacular language below after fully understanding the contents thereof.

I, Mr. Ms. _____, hereby certify that the contents of the form and all the information related to the product have been fully explained to me by Mr. Ms. _____, and I have understood the importance of providing complete and accurate information of the enrolment Form and the significance of each declaration mentioned herein.

Signature / Thumb Impression of the Master Policyholder
Name
Mobile No.
Address:
Date

Signature of Declarant in English
Name
Mobile No.
Address:
Date

Note: The Declarant cannot be Employee/Advisor/SP of IndusInd Nippon Life Insurance Company Limited.

13. Authorised signatory of the Policy Owner

We authorise IndusInd Nippon Life Insurance Company Limited to accept the following persons as 'authorised signatories' on behalf of the trustees/administrator for the following purposes:

1. Admit new members into the scheme and provide membership details as required by IndusInd Nippon Life Insurance Company Limited.
2. To give IndusInd Nippon Life Insurance Company Limited notice of members who cease to be members and assist in maintaining accurate member records and to calculate benefits

Authorised Signatories

Name _____ Signatory _____

Name _____ Signatory _____

Signed at _____ []/[]/[]

In case fraud or misrepresentation, the policy shall be cancelled immediately by paying the surrender value if any, subject to the fraud or misrepresentation being established by the insurer in accordance with section 45 of the Insurance Act, 1938

Section 41 of the Insurance Act, 1938, as amended by The Insurance Laws (Amendment) Ordinance, 2014

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the Policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.

Please refer to our website or contact our office for the details under the above mentioned Section 41.

Section 45 of the Insurance Act, 1938, as amended by The Insurance Laws (Amendment) Ordinance, 2014

(1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.

(2) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud:

Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based.

(3) notwithstanding anything contained in sub-section(2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer:-

Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.

(4) A policy of the life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of the revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of the fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued:

Provided that the insurer shall have to communicate in writing to the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based:

Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.

Mis-statement of or suppression of shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer, the onus is on the insurer to show that had the insurer been aware of the said fact no life insurance policy would have been issued to the insured.

(5) Nothing in this section shall prevent the insurer from calling for proof of age at any time if is entitled to do so, and no policy shall be deemed to be called in question merely because the term of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

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 groupservice@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. Tax laws are subject to change, consulting a tax expert is advisable. For more details on risk factors, terms and conditions, please read sales brochure carefully before concluding a sale. UIN for IndusInd Nippon Life Group Jan Saraksha Kavach. UIN - 121N147V01

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.