



PROPOSAL FORM FOR IndusInd NIPPON LIFE GROUP UNIT LINKED EMPLOYEE BENEFITS PLAN

121L081V03

INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER.

Please feel free to use additional pages for additional information. Please make sure that all the signatories signing the proposal form have also signed the additional page(s) with company seal.

1. PRINCIPAL EMPLOYER'S DETAILS

Full Name	F I R S T				L A S T			
Postal 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	E M A I L A D D R E S S			
Nature of business								
Number of employees to be covered under this scheme								

2. GRATUITY SCHEME'S DETAILS (Applicable for Gratuity Schemes only)

Trust (Policy Owner's) Name (as per the trust deed and rules)								
Scheme Name (as per the trust deed and rules)								

(Please fill in following details only if the trust has it's office at a different location than principal employer's office)

Postal 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	E M A I L A D D R E S S			
Do you want Policy document in physical form?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				

3. TRUSTEE'S DETAILS (Applicable for Gratuity Schemes only)

Trustee 1: Name								
(Please fill in following details only if the trustee has his / her office at a different location than trust's office)								
Postal 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	E M A I L A D D R E S S			

Trustee 2: Name								
(Please fill in following details only if the trustee has his / her office at a different location than trust's office)								
Postal 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	E M A I L A D D R E S S			

4. MASTER POLICYHOLDER ADDRESS PROOF

<input type="checkbox"/> Bank Certificate / Pass Book (showing entries for last 3 months) / Statement (for last 3 months)	<input type="checkbox"/> Electricity / Telephone (Landline) Bill		
<input type="checkbox"/> Society / Establishment Maintainance Bill	<input type="checkbox"/> Leave and Licence Agreement	<input type="checkbox"/> Certificate of Enrollment	<input type="checkbox"/> Trust Deed
<input type="checkbox"/> Others (Please specify) <input type="text"/>			

5. BANK DETAILS OF MASTER POLICY HOLDER & PAN CARD NUMBER

Bank Name: <input type="text"/>	Account Number: <input type="text"/>
IFSC Code: <input type="text"/>	PAN Card No. <input type="text"/>

6. DETAILS OF THE AUTHORISED SIGNATORIES (Please provide minimum two authorised signatories)

We authorise IndusInd Nippon Life Insurance Company Limited to accept the following persons as 'authorised signatories' on behalf of the trustees/Company 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 employment and authority to pay benefits for these members in the event that a benefit is payable in accordance with the trust deed and rules/board resolution, and
3. Provide any other information deemed necessary by IndusInd Nippon Life Insurance Company Limited to assist in maintaining accurate member records and to calculate benefits.

Authorised Signatory 1*: Name

Designation E-mail EMAIL ADDRESS

Mobile MOBILE 1 MOBILE 2

Name of Witness

Signature of the Authorised Signatory

Signature of Witness

Authorised Signatory 2*: Name

Designation E-mail EMAIL ADDRESS

Mobile MOBILE 1 MOBILE 2

Name of Witness

Signature of the Authorised Signatory

Signature of Witness

*Please attach relevant identity proof and address proof

7. BENEFIT DETAILS

Normal Retirement Age Years State briefly the benefits required LAST

Death Benefit Structure Flat Cover: ₹ OR Salary Based (Please provide following details)

If salary based: With Cap of ₹ OR Without Cap (At actuals)

OR Future Service Liability

Gratuity/Leave Encashment Benefits will be payable as per Scheme Rules.

8. INVESTMENT CHOICE DETAILS

The contributions are to be invested as per the proportions mentioned against the funds:

Group Investment Fund	Allocation of contribution at commencement of policy	Allocation of future contributions
Group Money Market Fund 2	<input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> %
Group Corporate Bond Fund 3	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
Group Equity Fund 4	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
Group Balanced Fund 4	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
Group Large Cap Equity Fund	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %

9. CONTRIBUTION FREQUENCY

Yearly Half Yearly Quarterly Monthly

10. PLEASE INDICATE THE AMOUNT OF INITIAL CONTRIBUTION

Aggregation Option (Applicable in case you have multiple policies under this product. Please provide the necessary documentation to avail this option)

11. POLICY COMMENCEMENT DATE

D	D	M	M	Y	Y	Y	Y
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12. PAYMENT DETAILS

Bank Name _____

Entity's country of tax residence in Jurisdiction(s) outside India. Yes No

Important: Please mandatorily fill FATCA/CRS declaration also as a part of this declaration.

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 of the trust.
- 2) Current year's Audited P & L account and Balance sheet of the trust.
- 3) Audited accounts of the trust (for the last fiscal).

KYC Documents:

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 of the trust
b) Certificate of Registration issued by the Registrar of tru

3) FATCA/CRS declaration Form

Please note: In case the payment is forwarded by a company on behalf of its Gratuity Trust, AML/KYC document's requirement will be applicable for the company.

13. LIST OF MANDATORY DOCUMENTS REQUIRED TO BE SUBMITTED ALONG WITH THE PROPOSAL FORM

- Duly filled in application form with signatures of minimum two trustees with trust seal (Gratuity)/two authorised signatories with company seal (Leave Encashment)
- At work certificate signed by 2 authorised signatories with trust seal/company seal
- Self attested copy of PAN Card*
- Self attested copy of address proof as per section number 4 of this proposal form*
- Self attested copy of Trust deed and rules* (for Gratuity Schemes)/Board Resolution*(for Leave Encashment Schemes)
- Self attested copy of Deed of variation(s) (if any)*
- Member data
- No claim certificate on trust letter head in IndusInd Nippon Life Insurance Company Limited prescribed format if the policy is to be commenced from the date prior to premium / contribution deposit date (Applicable for Gratuity Scheme)
- Documents related to payment instrument
- Valuation (summary & member data) certified with signatures of 2 trustees signing the application form with trust seal (Gratuity) two authorised signatories signing the application form with company seal (Leave Encashment)
- Actuarial quotation copy signed as received and accepted with trust seal/Company seal by authorised signatories

*Self attestation by signatures of the trustees signing the application form with trust seal/company seal

The documents ticked above shall be submitted to IndusInd Nippon Life Insurance Company Limited representative in original.

14. SPECIFIC DECLARATION TO MEMBER DATA

Employer's Certificate: Particulars of all our eligible employees to join this scheme from the effective date are attached as member data to this application form. We certify that the particulars as provided by us in the attached member data are true and correct as per our records and we wish to admit these employees to the scheme.

We also certify that the listed employees in the member data

a) are whole time confirmed employees.

b) are entitled to benefits as defined in the Scheme Rules/Trust Deed.

c) were not absent from duty on grounds of sickness on the policy commencement date.

d) this is to certify that there are no death claims for the period till with respect to this proposed policy with IndusInd Nippon Life Insurance Company Limited.

Authorised Signatory 1 :

Signature

Name

Place

Date

Authorised Signatory 2 :

Signature

Name

Place

Date

15. DECLARATIONS

- We hereby propose to IndusInd Nippon Life Insurance Company Limited for IndusInd Nippon Life Group Unit Linked Employee Benefits Plan to commence from the policy period as stated in section number 11 of this application form
- We acknowledge the following:
 - that the information provided herewith is true and correct and this proposal together with the certified (self attested) copy of the Trust Deed and Scheme Rules along with other documents as per Clause 13 of our IndusInd Nippon Life Group Unit Linked Employee Benefits Plan (as attached) shall be the basis of the contract for effecting the proposed IndusInd Nippon Life Group Unit Linked Employee Benefits Plan Policy.
 - that we will undertake to supply such information as may be reasonably required to determine the extent of the benefits and the contributions payable under this policy.
 - that IndusInd Nippon Life Insurance Company Limited reserves the right to vary charges at any time and three months notice of such change will be provided to us in writing.
 - benefits will be as per Trust Deed and Scheme Rules.
 - 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.
 - that we will undertake to supply such information as may be reasonably required for underwriting purposes.
- 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.

16. SIGNATURES OF THE TRUSTEES WITH TRUST SEAL/AUTHORISED SIGNATORIES WITH COMPANY SEAL

Minimum 2 trustees/Authorised Signatories should sign this proposal form. However, if more number of trustees/authorised signatories wish to sign the proposal form, additional pages can be used to provide required details and signatures thereof. The authorised signatories should be the same as approved by the Board Resolution.

Trustee 1/Authorised Signatory 1 :

Signature

Name

Place

Date

Trustee 2/Authorised Signatory 2 :

Signature

Name

Place

Date

Trust Seal/Company Seal:

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

I, Mr. Ms. [REDACTED], hereby declare that I have fully explained the questions and contents of proposal form to the Master Policyholder in [REDACTED] 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. [REDACTED], 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. [REDACTED], 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.

LIFE ADVISOR / EMPLOYEE CERTIFICATION

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

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

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

Authorised Signatory
Name
SAP Code
Date
Place

Authorised Signatory
Name
Designation
Date
Place

Authorised Person
Name
Designation
Date
Place

SECTION 41 OF INSURANCE ACT , 1938, AS AMENDED FROM TIME TO TIME

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out 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.

POLICY NOT TO BE CALLED IN QUESTION AFTER THREE YEARS (SECTION 45 OF THE INSURANCE ACT, 1938, AS AMENDED FROM TIME TO TIME)

(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. Please refer to our website or contact our office for the details under the above mentioned Section 45.

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.

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

Group Balanced Fund 4 (SFIN: ULGF02105/06/13GBALANCE04121), Group Equity Fund 4 (SFIN: ULGF02205/06/13GEQUITY04121),
Group Corporate Bond Fund 3 (SFIN: ULGF02305/06/13GCORBOND03121), Group Money Market Fund 2 (SFIN: ULGF00930/09/08GMONMRKT02121),
Group Large Cap Equity Fund (SFIN: ULGF02401/12/19GLARGCAPEQ121)