

Member Enrollment Form for IndusInd Nippon Life Group Credit Protection Plus (UIN: 121N151V01)

The insurance cover mentioned herein will be issued based on the facts provided in this Member Enrollment Form. If any of the details provided are not factual or are not fully disclosed, the coverage issued is liable to be cancelled with immediate effect by paying the surrender value. Subject to Section 45 of the Insurance Act, 1938, as amended from time to time.

Master Policyholder Code: _____

Master Policyholder Name: _____

MEMBER / CO-BORROWER DETAILS:

Type of Borrower: Single / Co-borrower Joint Life

Life to be Assured Mr. Ms. Full Name: _____

Gender: Male Female Transgender Date of Birth: (dd/mm/yyyy): _____ Marital status: Single Married Widow(er)

Details for communication: Mailing Address: _____

_____ City: _____

PIN Code: _____ State: _____

Mobile No.: _____ Email ID: _____

Nationality: Indian NRI Others (Specify): _____ PAN Details: _____ Submit Form 60 in absence of PAN

Occupation: Self-employed Salaried Student Housewife Others: _____ Education: _____

Name of Firm: _____ Nature of Job: _____ Annual Income (Rs): _____

Address Proof (tick any one): Bank Certificate Driving Licence Electricity/Telephone Bill Passport Rent Agreement Society Maintenance Bill

Others: _____

Age Proof (tick any one): School Cert./Transfer Cert./Mark Sheet Baptism Cert. Marriage Cert. Employer Cert. Valid Passport Defence ID Card

Aadhar Card Govt. Pension Orders Driving Licence Municipal Birth Certificate PAN Card Others: _____

In case of co-borrowers, separate member enrollment form for each co-borrower should be filled.

JOINT LIFE MEMBER DETAILS (IF APPLICABLE):

Life to be Assured Mr. Ms. Full Name: _____

Gender: Male Female Transgender Date of Birth: (dd/mm/yyyy): _____ Marital status: Single Married Widow(er)

Details for communication: Mailing Address: _____

_____ City: _____

PIN Code: _____ State: _____

Mobile No.: _____ Email ID: _____

Nationality: Indian NRI Others (Specify): _____ PAN Details: _____ Submit Form 60 in absence of PAN

Occupation: Self-employed Salaried Student Housewife Others: _____ Education: _____

Name of Firm: _____ Nature of Job: _____ Annual Income (Rs): _____

Address Proof (tick any one): Bank Certificate Driving Licence Electricity/Telephone Bill Passport Rent Agreement Society Maintenance Bill

Others: _____

Age Proof (tick any one): School Cert./Transfer Cert./Mark Sheet Baptism Cert. Marriage Cert. Employer Cert. Valid Passport Defence ID Card

Aadhar Card Govt. Pension Orders Driving Licence Municipal Birth Certificate PAN Card Others: _____

Relation with Primary Member: Father Mother Son Daughter Spouse Others: _____

LOAN DETAILS:

Loan Account No.: _____ Loan effective date: _____

Type of Loan: Home Loan Personal Loan Vehicle Loan Education Loan Loan Against Property Others: _____

Moratorium Period: Yes No Interest Payable Interest Accumulated If yes, No. of months: _____

Loan Amount: _____ Loan Term: _____ months EMI Payable: _____

PLAN DETAILS:

Type of Coverage: Level Cover Reducing cover Cover Term: _____ months

Cover Amount: _____ Premium (Incl. of all taxes): _____ Interest rate provided by MPH for Cover Schedule: _____

*The initial cover amount should be less than or equal to 120% of the initial loan amount.

PAYMENT DETAILS:

Bank Name: _____ Amount: _____

Payment Details: _____ Date: _____

FATCA/ CRS Declaration: Is the Member / Co-borrower Tax residence in jurisdiction (s) outside India? Yes No (If "YES" then mandatorily to fill the FATCA/CRS declaration)

MEMBER / CO-BORROWER BANK DETAILS:

Bank Name: _____ Account Number: _____

Branch Name: _____ IFSC Code: _____

NOMINEE DETAILS:

Name of the Nominee	Nominee Address	Date of Birth	Gender	Relationship with Primary Member	Percentage Share
				Total	100%

Appointee's Name (If Nominee is a minor): [REDACTED]

Appointee's Address: [REDACTED]

Gender: Male Female Transgender

Appointee's signature: [REDACTED] Appointee's Date of Birth (dd/mm/yyyy): [REDACTED]

Relationship with the Nominee: [REDACTED]

NOMINEE BANK DETAILS:

Bank Name: [REDACTED] Account Number: [REDACTED]

Branch Name: [REDACTED] IFSC Code: [REDACTED]

NOTICE OF ASSIGNMENT AND SPLIT PAYMENT AUTHORIZATION

I/We hereby authorize the Company to make the payment of outstanding loan balance amount to the Mater Policyholder by deducting from the claim proceeds payable on the happening of the contingent event covered under the scheme/policy and to pay the balance proceeds (if any) to my nominee(s)/legal heir(s) (as applicable).

Note:(1) The claim should be found admissible by the Company (2) In case there is no outstanding loan balance owed to the Master Policyholder, this authorization shall be deemed to be lapsed, ineffective, unenforceable and invalid from the date of settlement of my outstanding dues to Master Policyholder.

Notice is hereby given that I, [REDACTED] the member of the master Insurance policy, assign my rights and benefits of the said life insurance cover subsequent to its issuance, to the extent of outstanding loan amount payable, to [REDACTED], whose registered office is at [REDACTED]

Assignee name: [REDACTED]

Date & Place: [REDACTED] Signature of Member / Co-borrower: [REDACTED] Signature of Joint Insured Member: [REDACTED]

Witness: [REDACTED] Relationship: [REDACTED] Signature: [REDACTED]

(i) Assignment for the life insurance cover will be upto the outstanding loan amount payable to the Assignee. (ii) This assignment will be governed by the terms and conditions of this assignment and Section 38 of the Insurance Act, 1938 as amended from time to time.

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 Member in [REDACTED] language and endeavored to ensure that the contents have been fully understood. I have truthfully recorded the answers as given by the Member. The Member 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 Member

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.

DECLARATION OF THE MEMBER:

I/We 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 ("the Company"). I/We agree that I/We will inform the Company if, between the date of this proposal and the date of issuance of the policy about any change in my general health, occupation, financial position or if any other proposal or application to any other Insurance Company on my life is declined/postponed or accepted other than the standard terms so that the Company may consider the terms of acceptance. I/We understand that if I/We fail to disclose the information sought by the Company, then the Company may void the contract at its sole discretion without giving any further explanation and the consequence thereof shall follow. I/We agree that the Insurance protection shall only be provided effective from the date of acceptance of risk by the Company. I/We further declare that the statements in this proposal form are true and I/We have disclosed all information which might be material to the Company while issuing the policy contract. I/We declare that I/We have read the sales literature of the proposed plan and understood the Terms and Conditions of the plan along with the associated risks and benefits which I/We propose to take. I/We declare that the premiums paid have not been generated from the proceeds of any criminal activities/offences and I/We shall abide by and conform to the Prevention of Money Laundering Act, 2002 or any other applicable laws. I/We declare that the Company has disclosed and explained all the information related to this product and riders to me and I/We declare that I/We have understood the same before signing this proposal form. In case of fraud the policy contract shall be cancelled immediately by forfeiture of all premiums paid or in case of misrepresentation the policy contract shall be cancelled immediately by refund of all premiums paid, subject to the fraud or misrepresentation being established by the insurer in accordance with Section 45 of the Insurance Act, 1938 as amended from time to time.

AUTHORISATION FROM LIFE TO BE ASSURED (APPLICABLE FOR CONTRIBUTORY MEMBERSHIPS/LOAN ARRANGEMENT WITH MASTER POLICYHOLDER):

I hereby authorize the Company to charge any occupation/residential/age extra or reduce the sum assured on my proposal based on the information provided by me and the supporting documents submitted with this proposal form. I hereby authorize the Company to conduct screening/confirmation/reconfirmation of overall status of the Life to be Assured 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 or Life Insurance Association 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 IndusInd Nippon Life Insurance Company may need to share my personnel information with a specialist service provider, who would keep the said information in secure and confidential manner. Payments will be made to the provided bank a/c, unless the bank a/c particulars are changed/modified by my written communication to IndusInd Nippon Life Insurance Company Limited. I also hereby agree and authorized the Company to access my data maintained by the Unique Identification Authority of India (UIDAI) for KYC verification purpose. I agree that in order to assess the risk, I need to undergo medicals as per IndusInd Nippon Life Insurance Company Limited requirements and the same has been explained to me by the Advisor/Sales Manager" and "I authorize IndusInd Nippon Life Insurance Company Limited and/or its representative to call us/me for all policy and/or service related calls.

PROHIBITION OF REBATE (SECTION 41 OF THE INSURANCE ACT, 1938, AS AMENDED FROM TIME TO TIME)

1. 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.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

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.

HEALTH DETAILS : (Please tick the box for your answer)

Member / Co-borrower	Joint Life Member
Height in cms: _____	Height in cms: _____

Member / Co-borrower							
Substances consumed	Yes	No	Consumed as			Quantity	
Alcohol	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Beer	Wine	Spirits	Others	_____ ml / Week
Tobacco	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cigars	Cigarette	Bidis	Chewing Tobacco	_____ Units/Day

Joint Life Member							
Substances consumed	Yes	No	Consumed as			Quantity	
Alcohol	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Beer	Wine	Spirits	Others	_____ ml / Week
Tobacco	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cigars	Cigarette	Bidis	Chewing Tobacco	_____ Units/Day

Questionnaire		Member / Co-borrower	Joint Life Member
1.	Have you ever suffered or are currently suffering from chest pain, heart attack, disorder of the circulatory system, diabetes, elevated lipids, high blood pressure, cancer, tumour, abnormal tissue growth or cyst, paralysis, stroke, thyroid disorder, asthma, tuberculosis or other lung disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you suffered from Liver Disease, Stroke, any Nervous system disorder, any disorder of digestive system, abnormal lipids/cholesterol levels, respiratory diseases (including asthma), Heart problems (in place of heart attack), Genito – Urinary disorders, Psychiatric Disorder, HIV AIDS or a related infection	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you ever suffered or are currently suffering from blood disorder (e.g anaemia), diseases of the kidney or bladder, Prostate, stomach, pancreas, gall bladder, intestines, muscles, bones or joints?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever suffered from Liver diseases, Hepatitis B or C or HIV or sexually transmitted diseases, or diseases of the reproductive organ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Do you have any congenital disorder, physical deformity or epilepsy, depression or any mental or nervous disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Presently or in the last 5 years, have you been taking any medication or has a doctor ever attended you for any conditions, diseases or impairment not mentioned above (except for common cold or cough)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Do you engage or intend to engage in any hazardous occupation or in aviation (other than a fare paying passenger) or in any adventurous sports or hobbies? (like paragliding, mountaineering, deep sea diving , motor racing, bungee jumping etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Has more than one of your relatives e.g. parents, brothers, sisters suffered from or died before the age of 60 years as a result of heart attack, stroke, cancer, diabetes, blood pressure, kidney disease or any hereditary disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Have you ever been declined, deferred, and accepted at special terms, had cover reduced or had exclusion imposed for any life, health or accident insurance cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Are you currently consuming or have you ever consumed narcotics or any such other substance whether prescribed or not ? (For E.g. ganja, hashish, heroin, cocaine, charas, marijuana, etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	a. Female life only: Are you pregnant? b. Have you ever suffered from or currently suffering from diseases of breast, uterus, cervix or ovaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Are there any conviction or criminal proceedings against you in any court of law in India or abroad?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have answered "Yes" to any of the Questions between 1 to 12. Please provide the details including health condition, date of diagnosis, treatment prescribed, Name / Address of doctor if applicable

Question No.

Please take note that it is important to answer the above questions correctly. Any false information will lead to rejection of the application or the claim in future.

Date:

Place:

Signature/Thumb Impression of the Member / Co-borrower

Signature/Thumb Impression of the Joint Life Member

ISO 9001:2008

CERTIFIED COMPANY

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.

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