



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.

Full Name																															
Postal Address																															
Pincode							Mobile																								
Landline							E-mail																								
Nature of business																															
Number of employees to be covered under this scheme																															

Trust (Policy Owner's) Name																																	
Scheme Name																																	
Scheme		<input type="checkbox"/>	Gratuity							<input type="checkbox"/>	Leave Enchashment							<input type="checkbox"/>	Other Benefit Scheme with savings element							<input type="checkbox"/>	Superannuation						
Product Name		<input type="checkbox"/>	INL Group Employee Benefit Plus (UIN: 121N150V01)														<input type="checkbox"/>	INL Group Employee Benefits Plan (UIN: 121N138V02)															
		<input type="checkbox"/>	Group Traditional Superannuation Plus (UIN: 121N152V01)																														

(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	EMAIL ADDRESS																								
Do you want Policy document in physical form?																														Yes					No						

[illegible]

(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																														
	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																		
Landline	STD ISD Code		L	A	N	D	L	I	N	E							E-mail	EMAIL ADDRESS																	

[illegible]

(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								

4. MASTER POLICYHOLDER ADDRESS PROOF

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

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

[illegible]

Signature of the Authorised Signatory

[illegible]

Signature of the Authorised Signatory

*Please attach relevant identity proof and address proof

7. BENEFIT DETAILS

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

The Master Policyholder can opt for additional life coverage for its employees/members through IndusInd Nippon Life Group Term Assurance Plus. For further details on all the conditions, exclusions related to this product please read the sales brochure before concluding sale.

8. 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)

*Applicable for Group Employee Benefit Plus and Group Traditional Superannuation Plus only

9. PAYMENT DETAILS

[illegible]

(If "YES" then mandatorily to fill the FATCA/CRS declaration)

3) Audited accounts of the trust (for the last fiscal).

d) Telephone/ Mobile Bill (not more than 2 months old)

b) Certificate of Registration issued by the Registrar of trust

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

☐ Beneficial Owner Documents

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

d) This is to certify that there are no death claims for the period

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 till

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 with respect to this proposed policy with IndusInd Nippon Life Insurance Company Limited.

[illegible][illegible]

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

[illegible][illegible]

Date

D

D

M

M

Y

Y

Y

Y

12. DECLARATIONS

We acknowledge the following:

- i. that the information provided herewith is true and correct and this proposal together with the certified (self attested) copy of the Scheme Rules along with other requisite documents shall be the basis of the contract for effecting the proposed IndusInd Nippon Life Group Employee Benefit Plus / Group Employee Benefits Plan Policy / Group Traditional Superannuation Plus.
- ii. 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.
- iii. 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.
- iv. benefits will be as per Scheme Rules.
- v. 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. that we will undertake to supply such information as may be reasonably required for underwriting purposes.
- vii. That we understand and agree that if any untrue statement is contained in the proposal form (including any addendum(s) thereto) / or any of the documents, statements information etc. provided to the Company in connection therewith or if there has been a non-disclosure of material fact, or in case of fraud, then in any such event the Company shall have the right to, in respect of a / all member(s) to revise the premiums / vary the benefits / treat the master policy as per the provisions of Section 45 of the Insurance Act, 1938 as amended from time to time
- viii. That we provide consent to the company to share the details to a specialist service provider contracted by the company for policy and claims related services which includes third party administrators, claim investigators, data analytics etc.. We further provide consent to company to share my details to regulated entities and includes Insurance Information Bureau, Insurance Repositories, CERSAI.

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.

13. 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:

14. 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.

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 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.