



IndusInd Nippon Life

Application No. \_\_\_\_\_

**Proposal Form for IndusInd Nippon Life Group Term Assurance Plus - Member**

The insurance mentioned herein will be issued based on the facts provided in this proposal form. If any of the details provided are not factual or are not fully disclosed, the policy issued is liable to be cancelled with immediate effect. Please fill this form your self after reading the Product Brochure and with the assistance of an Advisor or Manager-Sales Team.

**For office use only**

CDA/CA/BM Code	CA Exec/SM Code	FOS Code	POS/Advisor Code	Inward Date (ddmmyyyy)	Proposal date (ddmmyyyy)
Client No. of the Life to be Assured	Client No. of the Nominee	Client No. of the Proposer	Contract Number		
<input type="checkbox"/> First Insurance with IndusInd Nippon Life Insurance		<input type="checkbox"/> Subsequent Insurance with IndusInd Nippon Life Insurance		<input type="checkbox"/> Urban	<input type="checkbox"/> Rural

Important Guidelines: 1. This form is to be filled by the member him/her self. 2. If the member is unable to fill the form due to inability to read or understand English language, help of a person other than the insurance advisor/IndusInd Nippon Life Insurance Company Limited (INLIC) employee or insurance intermediaries or Master Policyholder may be used for filling up. 3. For details on risk factors, terms and conditions please refer to the respective product brochure before concluding a sale. 4. Premium paid through banking instruments, of which cheques should be only "Account Payee", shall be subject to realization 5. #Enclose proof of mailing & permanent address (both) if different & attach complete address details. 6. Enclose self attested address proof, identity proof & income proof, PAN Card copy, as applicable. 7. Enclose signed cancelled cheque/self attested passbook copy. 8. In the event, a member opts for Sum Assured above Free Cover Limit, the member has to submit personal statement for group cover life additionally which can be obtained from Master Policyholder or insurer.

**PERSONAL DETAILS**

Life to be Assured  Mr.  Ms. Full Name \_\_\_\_\_

Father's/Husband's Name: \_\_\_\_\_

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

Annual Income (Rs): \_\_\_\_\_ Nationality:  Indian  NRI  Others (Specify) \_\_\_\_\_

Occupation:  Business  Service  Professional  Retired  Farmer  Student  Housewife  Salaried  Unemployed  Labourer

Others \_\_\_\_\_ Nature of Duties/Job Description: \_\_\_\_\_

Address Proof (tick any one):  Bank Certificate  Driving Licence  Electricity/Telephone Bill  Passport  Employer Certification  Society Maintenance Bill  Others \_\_\_\_\_

Identity Proof (tick any one):  Driving Licence  Voter ID Card  Passport  PAN Card  Bank Certification  Defence ID Card  Employer Certification  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 \_\_\_\_\_

PAN Card No. \_\_\_\_\_

Details for communication: Mailing Address \_\_\_\_\_

City \_\_\_\_\_ PIN Code \_\_\_\_\_

State \_\_\_\_\_ Tel./Mobile No. \_\_\_\_\_ Email ID. \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ PIN Code \_\_\_\_\_

State \_\_\_\_\_

Proof of contactability (tick any one):  Residence Landline Telephone Bill  Mobile Postpaid Bill  Any other contact proof \_\_\_\_\_

Basic Sum Assured: \_\_\_\_\_ First Premium Rs. \_\_\_\_\_

Cover Start Date: D D M M Y Y Y Y Cover End Date: D D M M Y Y Y Y

Membership/Account. No.: \_\_\_\_\_ Loan Amount Rs. \_\_\_\_\_ Loan Term: \_\_\_\_\_

**MEMBER 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): \_\_\_\_\_

Appointee's Address: \_\_\_\_\_

Appointee's signature: \_\_\_\_\_ Appointee's Date of Birth (dd/mm/yyyy) \_\_\_\_\_

Relationship with the Nominee: \_\_\_\_\_

Nominee Mobile No. \_\_\_\_\_ Nominee Email ID. \_\_\_\_\_

Nominee Permanent Address: \_\_\_\_\_

Gender:  Male  Female  Transgender

**NOMINEE BANK DETAILS:**

Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Branch Name: \_\_\_\_\_ IFSC Code: \_\_\_\_\_

**MASTER POLICYHOLDER DETAILS**

MPH Name \_\_\_\_\_ MPH RO Name \_\_\_\_\_  
 MPH Branch Name \_\_\_\_\_ MPH Branch Code \_\_\_\_\_  
 MPH Staff Name \_\_\_\_\_ MPH Staff Employee Code \_\_\_\_\_  
 MPH Branch Manager Name \_\_\_\_\_ MPH Branch Manager Code \_\_\_\_\_

\*Master policyholder

Are you currently insured or applied for any other Group Insurance Plan of IndusInd Nippon Life Insurance Company Limited?  
 (If yes, please provide details below)

Contract/Proposal No.	Basic Sum Assured	Sum Assured Under Rider	Year of Commencement	Current Status & terms of acceptance
				<input type="checkbox"/> Declined <input type="checkbox"/> Postponed <input type="checkbox"/> Rated Up <input type="checkbox"/> Rejected <input type="checkbox"/> Inforce <input type="checkbox"/> Lapsed <input type="checkbox"/> Applied

Additional sheets with relevant details signed by life assured may be added if space is insufficient.

Do you suffer from any medical ailments eg: diabetes, high blood pressure, cancer, respiratory disease (including asthma), Kidney or Liver Disease, Stroke, any blood disorder, Heart Problems, Hepatitis B or C, Tuberculosis, Psychiatric Disorder, Depression, Paralysis and HIV AIDS or a related infection AND/OR Have you consulted any medical practitioner and/or 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, gynaecological investigations, pap smear, or blood tests), consultation, hospitalization or surgery? AND/OR Do you have any form of physical impairment, disability, handicap or defect & is any surgery planned or are you currently aware that you may need to seek medical advice with in the near future? (Other than for medical examinations that may arise from this application.)

Yes  No

If you have answered Yes to the question above, please provide following details: Complete Details required: Including health condition, date of

diagnosis, treatment prescribed, name/address of doctor-if applicable

\_\_\_\_\_

**DECLARATION BY LIFE TO BE ASSURED**

I agree that I will inform the Company if between the date of this proposal and the date of the issuance of policy;

1. If there is any change in my general health, occupation, or financial position or,
2. 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 understand that if I 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 agree that the Insurance protection shall only be provided effective from the date of acceptance of risk by the Company.

I declare that the statements in this proposal are true and I have disclosed all information which might be material to the Company while issuing the policy contract.

I declare that I have read the sales literature of the proposed plan and understood the terms and conditions of the plan along with the associated risk and benefits which I propose to take.

I declare that the premiums paid have not been generated from the proceeds of any criminal activities/offences and I shall abide by and conform to the Prevention of Money Laundering Act 2002 or any other applicable laws.

I declare that the Company has disclosed and explained all the information related to this product and riders to me and I declare that I have understood the same before signing this proposal form.

I authorize IndusInd Nippon Life Insurance Company to share my personal information with a specialist service provider, who would keep the said information in secure and confidential manner.

For lender - borrower insurance policy, I hereby authorize the Company to make the payment of outstanding loan balance amount to the Master Policyholder by deducting from the claim proceeds payable on the happening of the contingent event covered under the scheme/policy.

\_\_\_\_\_

Signature of Life to be Assured

Date:

Place:

\_\_\_\_\_

Signature of the Witness

Name of the witness:

Date:

Place:

**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 Member in \_\_\_\_\_ 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. \_\_\_\_\_, 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 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.

## AUTHORISATION CLAUSE FROM ENTITY

This is certify to IndusInd Nippon Life Insurance Company Limited (INLIC) that particulars: Name, Address, occupation, declaration of good health, witness details, age and other particulars of the Life to be Assured as contained above in this form are true, complete and accurate and we would indemnify INLIC of any losses that INLIC may suffer on account of placing IndusInd on the above information supplied. This is to further certify that the above Life to be Assured owes monies / sums to us, in the normal course of our lending and that the benefits and entitlements of the Life to be Assured in the above mentioned insurance policy, if any, would be adjusted against the dues of Life to be Assured and we undertake to pay the balance monies of the beneficiaries, if any, back to the Beneficiaries full towards discharge of dues of INLIC to the beneficiaries. We further undertake to furnish claim related documents of the beneficiaries including identification documents to INLIC in respect of the claims, if any.

\_\_\_\_\_  
Signature Authorised signatory of the Entity

Name:

Date:

Address:

\_\_\_\_\_  
Signature of the Witness

Name of the witness:

Date:

Place:

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

## OFFERING OR ACCEPTING REBATE IS PROHIBITED BY LAW

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.

## POLICY IS NOT TO BE CALLED IN QUESTION ON GROUND OF MIS-STATEMENT AFTER 3 YEARS

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 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 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](http://www.indusindnipponlife.com) 3. Email us at [groupservice@indusindnipponlife.com](mailto: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 Term Assurance Plus: 12IN104V02.

**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.