SBI Life INSURANCE
With Us You're Sure

Product Code ☐☐ **Application No**

Product Name :_____

Plan Option:_____ (For SBI Life - Smart Elite, SBI Life - Smart Horizon and wherever applicable)

COMMON ULIP PROPOSAL FORM

SBI LIFE INSURANCE COMPANY LTD.

Corporate Office: "Natraj", M. V. Road, & Western Express Highway Junction, Andheri (East), Mumbai - 400 069.
Registered Office: State Bank Bhavan, Madame Cama Road, Nariman Point, Mumbai - 400021. IRDA Registration No. 111

"IN CASE OF UNIT LINKED INSURANCE POLICIES THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER"

To be filled by Sales Representative:

☐ Agency ☐ Bancassurance ☐ Broking ☐ Corporate Agency ☐ Corporate Solutions ☐ Direct ☐ Others (Pls Specify) _____

IA/ CIF/ Broker/ CA Name:_____

Bank/ Broker/ CA Code: ☐☐☐☐☐☐☐☐☐ IA/CIF/SP Code: ☐☐☐☐☐☐☐☐☐

Sourcing Branch Name: _____ Sourcing Branch Code: ☐☐☐☐☐☐☐☐☐

For Institutional Alliances only: File No. ☐☐☐☐ - ☐☐☐☐ Reference No. ☐☐☐☐ - ☐☐☐☐

Instructions for filling up Proposal Form

(1). This form is to be filled by the Proposer in BLOCK LETTERS in BLACK INK. In case the Proposer is unable to fill in the form, the person filling in the form must complete the declaration in vernacular section of this form. (2). Please tick a box ☑ where appropriate & all Questions should be answered. (3). The Proposer must authenticate any cancellation or alterations in this form. (4). Insurance is a contract of utmost good faith, which requires all material facts to be disclosed to the Insurer. In case of any doubt as to whether a fact is material or not, the fact should be disclosed. (5). All documents submitted with this Proposal Form must be self attested by the Proposer. (6). Please attach an extra sheet, where ever additional information is to be given.

1. ARE YOU AN EXISTING SBI LIFE CUSTOMER? ☐ Yes ☐ No

If Yes, provide Customer ID/ Policy No.:

☐☐☐☐☐☐☐☐☐☐☐

2. WHETHER PROPOSAL IS UNDER (please tick relevant option):

☐ Employer Employee Scheme ☐ HUF ☐ NRI
☐ Insurance Advisor's Own Life ☐ State Bank Group Staff

If any option is selected, please submit relevant questionnaire/annexure/ supporting documents along with the Proposal Form as applicable

3. SIMULTANEOUS PROPOSALS (IF ANY)

1) Proposal No. ☐☐☐☐☐☐☐☐☐☐

2) Proposal No. ☐☐☐☐☐☐☐☐☐☐

3) Proposal No. ☐☐☐☐☐☐☐☐☐☐

4. ASSIGNMENT (Not available for Pension Plans)

Do you want to assign this Policy on issuance? ☐ Yes ☐ No

If Yes, please submit relevant documents/annexure with the Proposal Form

5. PREFERRED LANGUAGE FOR COMMUNICATION

☐ English ☐ Marathi ☐ Hindi ☐ Bengali ☐ Gujarati ☐ Oriya ☐ Tamil ☐ Telugu ☐ Malayalam ☐ Kannada ☐ Punjabi

6. DETAILS OF PROPOSER/ LIFE TO BE ASSURED/HUF KARTA ☐ Mr. ☐ Ms. ☐ Mrs.

First Name :

Middle Name :

Last Name :

Father's Name :

Maiden Name : (for female proposers only):

Date of Birth : ☐☐☐☐☐☐☐☐ (DDMMYYYY) Gender : ☐ Male ☐ Female Nationality :

Passport No. : ☐☐☐☐☐☐☐☐☐☐ Date of Issue : ☐☐☐☐☐☐☐☐ (DDMMYYYY)

Valid upto : ☐☐☐☐☐☐☐☐ (DDMMYYYY) Country of Residence:

FOR OFFICE USE ONLY

STAMP	STAMP	STAMP	STAMP
STAMP	STAMP	STAMP	STAMP

Please go through the checklist provided at the last page.

Application No

Age Proof : ☐ Driving Licence ☐ School/College Cert ☐ PAN Card ☐ Passport ☐ Birth Cert ☐ Others (Pls. Specify)_____

Identity Proof : ☐ Voters I.D. Card ☐ Letter from Recognized Public Authority or Public Servant with Photograph verifying the identity & residence
☐ PAN Card ☐ Driving Licence ☐ Aadhar Card ☐ Passport ☐ Others (Pls. Specify) _____

Qualifications : ☐ Illiterate ☐ SSC ☐ HSSC ☐ Under Graduate ☐ Graduate ☐ Post Graduate
☐ CA / MBA / Medicine / Engineer (tick which ever is applicable) ☐ Others (Pls. Specify) _____

Marital Status : ☐ Single ☐ Married ☐ Divorced ☐ Widow/Widower

Occupation : ☐ Business ☐ Service ☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife
☐ Student ☐ Agriculturalist ☐ Construction Labour ☐ Farm Labour ☐ Others (Pls. Specify) _____

Name & Address of Employer / Business Organisation / Workplace:	
Specify the exact nature of your duties:	

Are you exposed to any special hazard associated with your occupation (e.g. chemical factory, mines, explosives, corrosives, combative duties, oil exploration, high sea voyage etc.) which may render you susceptible to injuries or illnesses? ☐ Yes ☐ No
If Yes, please give details _____

Are you a "Politically Exposed Person" (PEP) or a close relative of PEP ☐ Yes ☐ No
PEPs are individuals who are or have been entrusted with prominent public functions, i.e. heads / ministers of central / state govt., senior politicians, senior govt, judicial or military officials, senior executives of govt. companies, important political party officials, immediate family member of above persons (would include spouse, parents, siblings, children, spouses parents or siblings and close associates of PEPs.)

Do you have any history of conviction under any criminal proceedings in India or abroad. ☐ Yes ☐ No
If yes please give details, _____

Please indicate whether you or your spouse is working/ retired from State Bank Group ☐ Yes ☐ No

If YES, please state: ☐ Self: PF/ Pension Index/ Employee No.: _____ ☐ Spouse: PF/ Pension Index/ Employee No. : _____

Annual Income : ₹ ☐☐☐☐☐☐☐☐☐☐ Source of Income:_____ PAN *: ☐☐☐☐☐☐☐☐☐☐

Income Proof : ☐ I. T. Return/ Assessment Order/ Employers Cert ☐ Others (Pls. Specify) _____

*Please submit self attested copy of PAN Card or PAN Exemption Form if Annualised Premium under this proposal is above ₹ 1 Lakh
If Total Premium paid by you is ₹ 1 lakh and above please submit documents to show the fund source

Domicile : ☐ Rural (Population less than 5000) ☐ Urban Aadhar No: (Unique Identification No.) ☐☐☐☐☐☐☐☐☐☐☐☐

Communication Address:

House No. & Bldg/ Society Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Road/ Sector & Landmark: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

City/ Village & Taluka/ District: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

State: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Pin: ☐☐☐☐☐☐

Country: ☐☐☐☐☐☐☐☐☐☐☐☐ Tel. No. (Home)#: STD PHONE NO

Mobile No#.: ☐☐☐☐☐☐☐☐☐☐ Tel. No. (Office): STD PHONE NO

Email ID: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Address Proof: ☐ Telephone Bill ☐ Ration Card ☐ Electricity Bill ☐ Bank A/C Statement
☐ Letter from Recognized Public Authority ☐ Others (Pls. Specify)_____

Indian Permanent Address (It is optional and applicable only for NRI) **:**

House No. & Bldg/ Society Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Road/ Sector & Landmark: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

City/ Village & Taluka/ District: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

State: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Pin: ☐☐☐☐☐☐

Address Proof: ☐ Telephone Bill ☐ Ration Card ☐ Electricity Bill ☐ Bank A/C Statement
☐ Letter from Recognized Public Authority ☐ Others (Pls. Specify)_____

7. DETAILS OF MINOR/ LIFE TO BE ASSURED / HUF MEMBER (If different from the Proposer): ☐ Mr. ☐ Ms. ☐ Mrs.

Full Name : ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Address : ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Date of Birth : ☐☐☐☐☐☐☐☐ (DDMMYYYY) Gender: ☐ Male ☐ Female Relationship with the Proposer_____

Age Proof : ☐ Driving Licence ☐ School/College Cert ☐ PAN Card ☐ Passport ☐ Birth Cert ☐ Others (Pls. Specify) _____

8. NOMINEE DETAILS: ☐ Mr. ☐ Ms. ☐ Mrs. (Nomination is not applicable for Minor or HUF Member)

Full Name : ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Address : ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Date of Birth : ☐☐☐☐☐☐☐☐ (DDMMYYYY) Gender: ☐ Male ☐ Female Relationship with the Proposer_____

8.1 APPOINTEE DETAILS: ☐ Mr. ☐ Ms. ☐ Mrs. (Applicable in case Nominee is a Minor)

Full Name : ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Address : ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Date of Birth : ☐☐☐☐☐☐☐☐ (DDMMYYYY) Gender: ☐ Male ☐ Female

Relationship with the Life to be Assured:_____

Relationship to the Nominee: _____

Signature of Appointee:

(Please sign in black Ink only)
Signature/ Left Hand Thumb Impression

Important: Incase you have not, please provide your mobile number to help us serve you better.
Incase you do not have a mobile, please provide your landline telephone number.

Signature_____

9. DETAILS OF THE INSURANCE COVER PROPOSED:

9.1 BASIC PLAN DETAILS

Plan Type : ☐ Single Premium ☐ Regular Premium ☐ Limited Premium Plan Option : _____

Premium Frequency[5]: ☐ Yearly ☐ Half-yearly ☐ Quarterly ☐ Monthly

Objective of taking this policy : ☐ Saving ☐ Protection ☐ Both ☐ Others (Pls. Specify) _____

[5]For Monthly mode, 3 months premium to be paid in advance and Renewal Premium Payment through Electronic Clearing System (ECS) or Standing Instructions (where payment is made either by Direct Debit of Bank Account or Credit Card)

Plan/Rider/Option Benefit (Refer respective Product Sales Brochure for riders/options applicable)	Policy Term (Yrs.)	Premium Paying Term (Yrs.)	SAMF	Sum Assured (₹)	Premium Payable (₹)
Basic Plan Name					
Rider/Option Name			N.A.		
Rider/Option Name			N.A.		
Rider/Option Name			N.A.		
Rider/Option Name			N.A.		
Modal Premium Payable (₹)					

Rider Premium is inclusive of service tax. The service tax applicable is subject to any change in the tax rate

9.2 FUND DETAILS

For SBI Life - Smart Performer: ☐ Secure Plan ☐ Secure and Grow Plan

For SBI Life - Smart Horizon : Please Choose any One from the two options given below: You can choose either Plan A or Plan B (but not both).

(i) Plan A & Plan C:	Percentage of Allocation	Plan A	Plan C**	Total
				100%

(ii) Plan B & Plan C:	Percentage of Allocation	Plan B	Plan C**	Total
				100%

Min. Allocation to any Plan/ Funds is Nil, Max. 100%

Plan Name	Fund Options (allocation % should total to 100%)
☐ SBI Life - Unit Plus Super ☐ SBI Life - Smart Scholar ☐ _____	☐☐☐ Index Fund ☐☐☐ Equity Fund ☐☐☐ Equity Optimiser Fund ☐☐☐ Top 300 Fund ☐☐☐ P/E Managed Fund ☐☐☐ Growth Fund ☐☐☐ Balanced Fund ☐☐☐ Bond Fund ☐☐☐ Money Market Fund
☐ SBI Life - Saral Maha Anand ☐ SBI Life - Smart Horizon Plan C*	☐☐☐ Index Fund ☐☐☐ Equity Fund ☐☐☐ Balanced Fund ☐☐☐ Bond Fund
☐ SBI Life - Smart Elite	☐☐☐ Index Fund ☐☐☐ P/E Managed Fund ☐☐☐ Equity Elite Fund II ☐☐☐ Balanced Fund ☐☐☐ Bond Fund ☐☐☐ Money Market Fund
☐ SBI Life - Smart Wealth Assure	☐☐☐ Equity Fund ☐☐☐ Bond Fund ☐☐☐ Return Guarantee Fund ☐☐☐ P/E Managed Fund
☐ SBI Life - Smart Pension	1 0 0 Guaranteed Pension Fund
_____ _____ _____	☐☐☐ _____ ☐☐☐ _____ ☐☐☐ _____ ☐☐☐ _____ ☐☐☐ _____ ☐☐☐ _____ ☐☐☐ _____ ☐☐☐ _____ ☐☐☐ _____

Allocation to different Plans/ Funds should be in multiple of 1% .If the allocation percentage is not equal to 100%, the Proposal form will be returned to define new allocation.

*For SBI Life - Smart Horizon - Plan C – the total allocation in funds should match with the percentage for Plan C above

9.3 DETAILS OF PREMIUM REMITTANCE^ :

If Premium is Remitted through Draft/ Cheque, then the same should be issued in favour of 'SBI Life Insurance Co. Ltd.- Proposal Form No._____'

Draft/ Cheque No.	Date	Amount (₹)	Drawn on (Bank/ Branch)

If Premium is Remitted by Electronic Fund Transfer (EFT), through State Bank Group (SBG) Branch, Please provide the Details Below :

Bank Name	Branch Name	Branch Code	Date of EFT	Customer A/c Number	Amount (₹)

^Please note that SBI Life branches and its sales team are not authorised to collect cash from its customers

Is deposit for premium under this proposal paid by you? ☐Yes ☐ No (If answer is NO, please provide required information under Point 19 of the proposal form)

10. MODE OF PAYMENT OF RENEWAL PREMIUM:

☐ Direct Remittance (Cheque/ DD) ☐ EFT (Available only through SBG Branches) ☐ Online Payment through SBI Life website (www.sbilife.co.in)

☐ Credit Card ☐ ECS (Note : Register for these facilities after receipt of Policy Document)

☐ Standing Instructions (Register with your Bank for this facility and ensure that the Bank remits the Renewal Premium to SBI Life on due dates)

☐ State Bank ATM (For State Bank ATM customers only, Register at State Bank ATM on receipt of Policy Document)

SBI LIFE shall not be responsible for the failure of any of the payment mechanisms, if any. It is the sole responsibility of the Proposer to ensure that the premium is received by SBI LIFE.

11. DO YOU HAVE ANY OTHER INDIVIDUAL LIFE INSURANCE POLICY OR HAVE YOU APPLIED FOR ONE? ☐ Yes ☐ No (If Yes,please provide details below)

Name of Insurance Co.	Policy / Proposal No.	Year of Issue	Product/Plan/ Rider / Option	Medical (Y/N)	Yearly Premium (₹)	Sum Assured (₹)	Self/Spouse/ Parent (Pls. specify)	Policy Status
								☐ Decline ☐ Postpone ☐ Rated Up ☐ Reject ☐ Inforce ☐ Lapsed ☐ Applied
								☐ Decline ☐ Postpone ☐ Rated Up ☐ Reject ☐ Inforce ☐ Lapsed ☐ Applied

Additional sheets with relevant details may be added if space is insufficient

12. FAMILY HISTORY OF THE LIFE TO BE ASSURED:

Relation	Alive/ Not Alive	Present Age / Age at Death	Have any of your parents, brothers or sisters died or suffered from any of the diseases / disorders specified below?***	
			Nature of Disorder***	Particulars, including date of diagnosis. If not alive, specify cause of death.
Father				
Mother				
Brother(s)				
Sister(s)				
Spouse				
No. of Children Sons ( ) Daughters ( )				

*** Heart disease, Hypertension, High Blood Pressure, Diabetes, Stroke, Cancer, Kidney disease, any Hereditary disease, if any other disease, pls. specify.

Important: Incase you have not, please provide your mobile number to help us serve you better.
Incase you do not have a mobile, please provide your landline telephone number. Ref: Page 3

Signature_____

13. MEDICAL AND OTHER DETAILS OF THE LIFE TO BE ASSURED:

(Please provide details of Life to be Assured. Incase Life to be Assured is Minor, please fill details of Minor Life)

i. Height ☐☐☐ (In cms) Weight ☐☐☐ (In kgs)

ii. Visible identification marks, if any: _____

		Tick	
iii.	During the last one year, has there been any increase / decrease in your weight over 5 kg?	Y	N
iv.	During the last 10 years, have you undergone or advised to undergo hospitalization or an operation or any investigation or tests or medical treatment?	Y	N
v.	During the last 5 years, whether you were under any medical treatment or regular monitoring for more than 14 consecutive days?	Y	N
vi.	During the last 5 years, have you remained absent from your place of work (Professional or Non Professional) on grounds of health, injury, mental condition or sickness for 30 consecutive days or more?	Y	N
vii.	Do you plan or have been advised to undergo any surgery or hospitalization or visit to a doctor or practitioner for any physical, mental or emotional condition, injury or sickness in near future?	Y	N
viii.	Do you have any physical deformity or congenital/acquired defect?	Y	N
ix.	Have you undergone any test for HIV? If YES, was HIV present? Y N	Y	N
x.	Have you undergone any test for Hepatitis A/B/C? If YES, was Hepatitis A/B/C present? Y N	Y	N
xi.	Have you met with any accident or suffered from any physical impairment /head injuries/ loss of consciousness due to any accident?	Y	N
xii.	Have you ever been tested or treated or have been advised to undergo investigation for a sexually transmitted disease?	Y	N
xiii.	Do you have High Blood Pressure or have you ever suffered or treated or have you been advised to undergo investigation for High Blood Pressure?	Y	N
xiv.	Do you have Diabetes or have ever suffered or treated or have you been advised to undergo investigation for Diabetes?	Y	N
xv.	Are you suffering from, or did you suffer or undergo investigation in the past from or have you been advised to undergo investigation or treatment for:	Y	N

a.	Cancer/ Leukemia/ Lymphoma	Y	N	h.	Bone/ Joint/ Back disease/ Arthritis etc	Y	N
b.	Kidney disease (Stones, Blood in urine etc)	Y	N	i.	Mental disorders (Depression, Anxiety etc)	Y	N
c.	Liver disease (Jaundice/ Hepatitis etc)	Y	N	j.	Chronic infections /Circulatory/Blood Disorder	Y	N
d.	Heart disease (Chest pain, Vascular disease, etc)	Y	N	k.	Brain/ Nervous System disease/ Stroke	Y	N
e.	Digestive disorder (Ulcer, Gastric bleeding etc)	Y	N	l.	Tumor/ Cysts/ Any other unusual growth/ Lumps	Y	N
f.	Lung/ Respiratory disease (TB, Asthma, Pneumonia, etc)	Y	N	m.	Eye disease/ Ear disorders	Y	N
g.	Goitre/ Thyroid/ Other Endocrine diseases	Y	N	n.	Skin disorders (Psoriasis, etc)	Y	N

If answers to any of the above Questions is Yes, please give details below:

Nature of Disease/Illness	Date of Diagnosis	Fully Recovered(Y/N)	Still on Treatment(Y/N),If Yes Give Details of Treatment	Name and Address of Doctor/Hospital

Please submit attending doctor's reports, or hospital reports along with the discharge summary, as applicable

xvi. Do you consume or have ever consumed Narcotic substances or addictive drugs in any form? Y N

Name of Drug: _____ Since When: _____

xvii. Do you consume or have ever consumed Tobacco in any form (Cigarettes / Beedis / Gutka / Cigar etc)? Y N

If YES, please state No. of Cigarette/Beedis/Cigars _____ per day Tobacco/Gutka: _____ gms per day

For how many years? _____

xviii. Do you consume or have ever consumed Alcohol in any form or have you suffered from complications due to alcohol consumption? Y N

_____ ml per day Since When: _____

14. FOR FEMALE LIVES ONLY:

i. Are you presently pregnant? Date of last delivery: ☐☐☐☐☐☐☐☐ (DDMMYYYY) Y N

ii. Have you ever had any abortion or miscarriage or undergone any caesarian operation(s)? (if so, enclose discharge summary and the gynaecological report) Y N

Number of occasions: _____ Date and Cause: _____

iii. Have you ever suffered / are you suffering from / undergone any investigation/received any medical advice / consulted a physician for any gynaecological problem related to uterus, cervix, ovary, breasts,etc or undergone surgical procedure like hysterectomy etc? Y N

If Yes, give details: _____

iv. Have you undergone a Family Planning Operation? Y N

v. Husband's Annual Income: ₹ ☐☐☐☐☐☐☐☐

vi. Husband's Insurance Details:

Name of Insurance Co.	Policy No.	Yearly Premium (₹)	Sum Assured (₹)

15. DETAILS OF HOBBIES AND PASTIMES:

Do you take part in any adventurous hobbies/activities that could be dangerous in any way, such as aviation (other than as a fare paying passenger), mountaineering, diving or any form of racing, etc.? Y N

If yes, give details: _____

Important: Incase you have not, please provide your mobile number to help us serve you better.
Incase you do not have a mobile, please provide your landline telephone number. Ref: Page 3

Signature_____

16. PROPOSER/LIFE TO BE ASSURED'S BANK ACCOUNT DETAILS

A/c No.#: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ A/c Type : ☐ NRE ☐ Savings ☐ Current

Bank Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Bank Branch Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

For State Bank Group Branches, please provide Bank Code: ☐☐☐ Branch Code: ☐☐☐☐☐☐

Name of the A/c Holder: ☐☐

MICR Code*: ☐☐☐☐☐☐☐☐☐ IFSC Code* : ☐☐☐☐☐☐☐☐☐☐☐

Do you wish to avail direct credit of any refunds/ payouts if any to this account? Y N

I declare that the information given above is true and correct. I shall not hold SBI Life responsible for non–credit/non-payment of payout or refund, if any, due to any reason including but not limited to incorrect/incomplete information. I hereby authorise SBI Life to directly credit payout/refund, if any, to the abovementioned account.

Place: _____ Date: ☐☐☐☐☐☐☐☐ (DDMMYYYY)

(Please sign in black Ink only)
Signature/ Left Hand Thumb Impression

Signature/ Left Hand Thumb impression of the Proposer

#Valid Resident Indian Account *Please submit copy of cancelled cheque/Authorisation Letter from Bank (In case cheque does not contain account holder name) along with Proposal Form. **(Giving bank account details will help speedy payment of payouts ,if any, from SBI Life.)**

Disclaimer: Please Note that account details provided above will be considered for direct credit of payout if any, however SBI Life reserves right to use any alternative payout option such as cheque/demand draft in spite of providing above information. Decision of SBI Life in this regard shall be final and binding upon Proposer/Life Assured. SBI Life shall not credit payout/refund,if any, to any third party account under any circumstances.

17. DECLARATION BY THE PROPOSER/ HUF KARTA/ LIFE TO BE ASSURED:

I hereby declare that the foregoing statements and answers have been given by me after fully understanding the questions and the same are true and complete in every manner and that I have not withheld any information. Further, I have not provided any false information in reply to any question. I understand and agree that the statements in this proposal constitute warranties. I do hereby agree and declare that these statements and this declaration shall be the basis of the contract of assurance between me and SBI Life Insurance. Co.Ltd (Company) and that if there is any mis-statement or suppression of material information or if any untrue statements be contained therein the said contract shall be absolutely null and void and all moneys which shall have been paid in respect thereof shall stand forfeited to the Company. I also understand and agree to the various charges like Mortality Charges, Policy Administration Charges, Premium Allocation Charges, etc. which will be recovered by the Company by way of cancellation of units/by deductions from the Premium at the rates approved by IRDA.I also understand and agree that the company shall additionally levy or recover all the applicable taxes like Service Tax, Surcharges, Cess etc. which are necessitated by various enactments of Central and/or State Legislatures from time to time.

I understand and agree that the Net Asset Value per Unit of the Investment Fund may increase or decrease as per the performance of the financial market and other risks.

Notwithstanding the provision of any law, usage, custom or convention for the time being in force prohibiting any doctor, hospital and/or employer from divulging any knowledge or information about me concerning my health, employment on the ground of secrecy, I, my heirs, executors, administrators and assignees or any other person or persons having interest of any kind whatsoever in the policy contract issued to me, hereby agrees that such authority, having such knowledge or information, shall at any time be at liberty to divulge any such knowledge or information to the Company.

I further agree that if after the date of submission of this proposal but before the issue of the premium receipt by the Company (i) if there are any adverse circumstances connected with the general health of myself, or (ii) if a proposal for assurance of my life made to any other insurance company has been withdrawn or dropped or accepted at an increased premium or on terms other than as proposed by me, or (iii) if there is any change in my occupation, I shall forthwith intimate the same to SBI Life Insurance Co Ltd. in writing to reconsider the terms of acceptance of this proposal. Any omission on my part to do so shall render the contract of assurance invalid.

In the event that this proposal is not converted into a policy, I agree that the Company has the right to recover from me, medical expenses (if any) incurred by the Company. I understand and agree that SBI Life will not be responsible for any delay in premium payment irrespective of any mode for remittance opted.

I understand that the contract will be governed by the provisions of the Indian Insurance Act 1938, and other applicable Statutes and prevailing laws in India and that the risk cover will not commence until a written acceptance of this proposal is issued by the Company and that the risk cover and other benefits under the policy shall be subject to the terms and conditions contained in the contract of assurance. I also agree that the amount held in proposal/policy deposit shall not earn any interest.

I further state that the product features and the terms and conditions of the policy have been thoroughly explained to me and that I consent to the same.

"I hereby declare that the deposit for this proposal has been paid from my own source/ income"***

***** (Strike off in case 'DECLARATION TO BE GIVEN IF THE PERSON/ORGANISATION PAYING THE PREMIUM IS DIFFERENT FROM THE PROPOSER' is applicable)**

For Regular /Limited Premium Policyholders only - Please Note - _____ Product Name _____ is a Regular Premium/Limited Premium Policy and I am aware that I would need to pay premium for _____ years (Premium Payment Term)

(Please sign in black Ink only)
Signature/ Left Hand Thumb Impression

Signature/Left Thumb impression of the Proposer/Life to be Assured In case Proposer and Life to be Assured are one and the same person

(Please sign in black Ink only)
Signature/ Left Hand Thumb Impression

Signature/Left Thumb impression of the Proposer in case different than Life to be Assured

Affix a recent self signed photograph

Signature of the Witness : _____

Name and Address of Witness : _____

Place: _____ Date: ☐☐☐☐☐☐☐☐ (DDMMYYYY)

Please submit KYC documents of witness if other than State Bank Group Staff or our authorised Representative

18. DECLARATION WHEN THE PROPOSAL FORM IS FILLED BY A PERSON OTHER THAN THE PROPOSER/PROPOSER SIGNS IN A VERNACULAR LANGUAGE/ PROPOSER IS ILLITERATE:

I hereby declare that I have read out and explained the contents of this proposal form and all other documents incidental to availing the insurance policy from SBI Life Insurance Company Ltd. to the Proposer and that he/she said that he/she has understood the same and that he/she agrees to abide by all the terms and conditions of the same.

I hereby declare that I have fully explained to the Proposer the answers to the questions that form the basis of the contract of insurance and that if any untrue statement is contained herein, the company shall have the right to vary the benefits that may be payable, and further, if there has been non-disclosure of a material fact that the policy may be treated as void and all the premiums paid under the policy may be forfeited by the company.

I hereby declare that I have explained the contents of this form to the Proposer in_____ Language, that I have truly and correctly recorded the answers given by the Proposer and that the Proposer has affixed his/her thumb impression on the proposal form in my presence, after fully understanding the contents thereof.

Signature of the Person making the Declaration: _____

Name and Address: _____

_____

_____

(Please sign in black Ink only)
Signature/ Left Hand Thumb Impression

Place: _____ Date: ☐☐☐☐☐☐☐☐ (DDMMYYYY)

Signature/ Left Hand Thumb impression of the Proposer

19. DECLARATION TO BE GIVEN IF PERSON / ORGANISATION PAYING THE PREMIUM IS DIFFERENT FROM THE PROPOSER:

Please submit KYC documents of the person /organization paying premium

Date: ☐☐☐☐☐☐☐☐ (DDMMYYYY)

I Mr. /Mrs./Ms. _____ Name of Proposer/Life to be Assured _____ husband/wife/father/mother/partner/employer of _____ have given the cheque/DD towards the consideration amount under this policy and have also submitted the income proof.

Designation : _____

Address: _____

_____

(Please sign in black Ink only)
Signature/ Left Hand Thumb Impression

Signature/ Left Hand Thumb impression of the Person/ Organisation Paying the Premium

Important: Incase you have not, please provide your mobile number to help us serve you better.
Incase you do not have a mobile, please provide your landline telephone number. Ref: Page 3

Signature_____

Section 41 of the Insurance Act, 1938:

(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:

Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.

(2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees

Section 45 of the Insurance Act, 1938:

" No policy of life insurance effected before the commencement of this Act shall after the expiry of two years from the date of commencement of this Act and no policy of life insurance effected after the coming into force of this Act shall, after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer , or referee , or friend of the insured, or in any other document leading to the issue of the policy,was inaccurate or false,unless the insurer shows that such statements was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policyholder and that the policyholder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose;

Provided that nothing in this secton shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal."

CONFIDENTIAL REPORT OF SALES REPRESENTATIVE

(To be completed by the Sales Representative after receiving the completed Proposal Form)

Proposal No.		Name of the Life to be Assured	
Bank Name (For CIF Only)	Branch Name Address (For CIF Only)	Address	Tel. No./ Fax No.
Bank Code (For CIF Only)	Branch Code (For CIF Only)		

Name of the Sales Representative	Sales Representative Code No.

1. Have you fully explained the terms and conditions of the Proposed Insurance plan to the Proposer ?	Y	N
2. Have you discussed the replies to all questions in the proposal form with the Proposer ?	Y	N
3. How long has the Proposer been a customer of the branch or known to the branch ? Years ☐☐		
4. Financial status of the Proposer:		
a. Gross Annual Income b. Source of Income ₹ ☐☐☐☐☐☐☐☐☐☐		
(Salary/ Business/ Other Sources please specify) _____		
c. Are you personally satisfied with the financial standing of the Proposer ?	Y	N
5. a. What is the general state of health of the Life to be Assured ? _____		
b. Does he/ she have any physical deformity or mental retardation ?	Y	N
c. Has he/ she undergone hospitalization or any surgery:	Y	N
If yes, give full particulars _____		
6. Are you aware of any other factors not indicated in the proposal form that are likely to add to the risk ?	Y	N
If yes, give full particulars _____		
7. Does the Proposer seem to be overweight/ underweight in relation to his/her height ?	Y	N
8. Identification Mark: _____		
9. Have you verified the authenticity and correctness name and address mentioned in all the documents and as stated in the proposal form ?	Y	N
10. Whether the Proposer/ Life to be Assured is an NRI?	Y	N
11. if yes give details whether the Proposer/ Life to be Assured is a Politically Exposed Person (PEP) or family member/ close relative of any PEP?	Y	N

I do hereby confirm that the above proposal is canvassed by me and that I am satisfied with the identity of the party. I also declare that the foregoing statements are true and correct to the best of my belief and knowledge.I hereby confirm that I have followed and completed all the Know Your Customer (KYC) norms as prescribed in the Anti Money Laundering Policy of SBI Life and in the IRDA Anti Money Laundering Guidelines. I also certify that I have taken all possible precautions to ensure compliance with the Anti Money Laundering Guidelines and the Anti Money Laundering Policy of the Company and have verified to the best of my knowledge that the prospect is not an anonymous, fictitious and / or a benami person. Further, I certify that I have not accepted any premium or deposit towards procuring insurance in cash.

Date: ☐☐☐☐☐☐☐☐ (DDMMYYYY)

(Please sign in black ink only)

Signature of Sales Representative

Moral Hazard Report

(To be completed,based on the independent assessment, for Proposals with Sum Assured 5 lacs and above.)

- I have discussed the Proposal with the Sales Representative.
- I have scrutinized the Proposal Form the Sales Representative Report and on the basis of my independent enquiries, I recommend the Proposal for acceptance.

Name of the UM/BDM/Supervisory Sales Representative: _____

Date: ☐☐☐☐☐☐☐☐ (DDMMYYYY)

(Please sign in black ink only)

Signature of the UM/BDM/Supervisory Sales Representative

Important: Incase you have not, please provide your mobile number to help us serve you better. Incase you do not have a mobile, please provide your landline telephone number. Ref: Page 3

Signature_____

Application No

CHECK LIST

Dear Customer,

Please go through the following check list to ensure that the proposal form is appropriately and completely filled in. This will help in speedy processing of your proposal for insurance policy. Also ensure that any corrections/erasures/overwriting are countersigned.

Please tick a box ☑ against the proof attached/details provided

1. The Age proof attached to proposal form is self attested. ☐
2. The identity proof attached to proposal form is self attested. ☐
3. The address proof attached to proposal form is self attested. ☐
4. A self attested copy of PAN Card / PAN Exemption Form is submitted if annualized premium under the proposed policy is above ₹ 1 Lakh. ☐
5. Complete details of the Nominee are provided in the proposal form. ☐
6. Complete Appointee details are provided in case the nominee is minor. ☐
7. Your Bank Account details along with a cancelled cheque are given in the Bank Account details section of the proposal form. ☐
8. Your telephone or mobile number is given in the proposal form. ☐
9. Your Photograph is affixed at the appropriate place and signed across. ☐
10. Necessary Questionnaires/Addendums are enclosed in case of NRI or HUF proposals. ☐

Also note that you may be required to undergo medical examination, if required, as per the underwriting guidelines of the company. The details of medical tests to be conducted, if required, shall be communicated to you by SBI Life Branch.

The insurance cover shall commence only after the risk assessment and acceptance by the company and realization of the instrument(s).

PAY RENEWAL PREMIUMS AUTOMATICALLY

Automatic and easy ways to ensure your renewal premiums get paid on time through Electronic Clearance Service (ECS)

Now you can pay your SBI Life Premiums using your State Bank ATM cum Debit card at any of the 21,500+ SBI ATM's across India

Electronic Clearance Service (ECS) Mandate Form is available on our website:www.sbilife.co.in or at your nearest SBI Life branch.

For further details please call our Toll Free No. **1800 222 123 / 1800 425 9010** or write to us at **info@sbilife.co.in**

Electronic Clearance Service (ECS) available at 85 cities

- Agra
- Ahmedabad
- Allahabad
- Amritsar
- Anand
- Asansol
- Aurangabad
- Bangalore
- Belgaum
- Bhavnagar
- Bhilwara
- Bhopal
- Bhubaneshwar
- Bijapur
- Bikaner
- Burdwan
- Chandigarh
- Chennai
- Coimbatore
- Cuttack
- Davangere
- Dehradun
- Delhi
- Dhanbad
- Durgapur
- Erode
- Gadag
- Gantok
- Gorakhpur
- Gulbarga
- Guwahati
- Gwalior
- Haldia
- Hubli
- Hyderabad
- Indore
- Jabalpur
- Jaipur
- Jalandhar
- Jammu
- Jamnagar
- Jamshedpur
- Jodhpur
- Kakinada
- Kanpur
- Kochi
- Kolhapur
- Kolkata
- Kozhikode
- Lucknow
- Ludhiana
- Madurai
- Mandya
- Mangalore
- Mumbai
- Mysore
- Nagpur
- Nasik
- Nellore
- Panjim
- Patna
- Pondicherry
- Pune
- Raichur
- Raipur
- Rajkot
- Ranchi
- Salem
- Shimla
- Shimoga
- Sholapur
- Siliguri
- Surat
- Trivendrum
- Tirupati
- Tirupur
- Trichur
- Trichy
- Tumkur
- Udaipur
- Udipi
- Vadodara
- Varanasi
- Vijaywada
- Vizag

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Insurance is the subject matter of solicitation

Signature_____