

PROPOSAL FORM

Proposal Form Number: OM277597



PF103101

This Box is For Office Use Only

Please affix recent colour
Passport size photograph of
the Life to be Assured /
Proposer / Payer (as applicable)
and sign across the
photograph and
proposal form with a
Black Ball Point Pen
DO NOT STAPLE THE
PHOTOGRAPH

| | | | |
|---------------|----------------------|----------------------|----------------------|
| Advisor Code | <input type="text"/> | Branch Code | <input type="text"/> |
| PDA Number | <input type="text"/> | Branch Inward Date | <input type="text"/> |
| Client Number | <input type="text"/> | | |
| IBR Code | SC | PEC | TMC |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| CIF No. | <input type="text"/> | | |

INSTRUCTION FOR FILLING THIS APPLICATION FORM : 1. Complete the proposal form in **CAPITAL LETTERS** using a **Black Ball Point Pen**. 2. Please mark your selection by marking 'X' inside the box. 3. Please leave a blank space after each word, letter or initial. 4. Please write "NA" for questions which are not applicable. 5. DO NOT USE the '!' or ';' to identify your initial or separate the address line. 6. Submission of age proof is mandatory along with this proposal form.

IMPORTANT INSTRUCTIONS WITH REGARD TO DISCLOSURE OF INFORMATION: Insurance is a contract of **UTMOST GOOD FAITH** and it is required to disclose all material and relevant facts completely. **DO NOT suppress any facts in response to the questions in the proposal form. FAILURE TO PROVIDE COMPLETE AND ACCURATE INFORMATION OR MISREPRESENTATION OF THE FACTS COULD DECLARE THIS POLICY CONTRACT NULL AND VOID AFTER PAYMENT OF SURRENDER VALUE, IF ANY, SUBJECT TO SECTION 45 OF INSURANCE ACT, 1938 As AMENDED FROM TIME TO TIME.**

Section I- Details of the Life to be Assured

| | | | | | | |
|--|---|--|---|---|---|-----------------------------------|
| 1. Title | <input type="checkbox"/> Mr. | <input type="checkbox"/> Mrs. | <input type="checkbox"/> Miss | <input type="checkbox"/> Dr. | <input type="checkbox"/> Others (Specify) | <input type="text"/> |
| 2. First Name | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3. Surname | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4A. Father's Name | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4B. Mother's Name | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5. Date of Birth | D | D | M | M | Y | Y |
| 6. Gender | <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Transgender | | | |
| 7. Age Proof Submitted | <input type="checkbox"/> School Certificate | <input type="checkbox"/> Driving Licence | <input type="checkbox"/> Passport | <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> PAN Card | |
| 8. Marital Status | <input type="checkbox"/> Single | <input type="checkbox"/> Married | <input type="checkbox"/> Widow(er) | <input type="checkbox"/> Divorcee | | |
| 9. Spouse Name | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 10. Maiden Name (For married women) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 11A. Nationality | <input type="checkbox"/> Resident Indian National | <input type="checkbox"/> Non Resident Indian (NRI) | <input type="checkbox"/> Others (Specify) | <input type="text"/> | | |
| 11B. Country of Birth | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 12. Education | <input type="checkbox"/> Postgraduate / Doctorate | <input type="checkbox"/> Graduate | <input type="checkbox"/> 12th std. Pass | <input type="checkbox"/> 10th std. Pass | <input type="checkbox"/> Below 10th std. | |
| 13. Address for communication | <input type="checkbox"/> Illiterate / Uneducated | <input type="checkbox"/> Others (Specify) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Landmark | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| City | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Pin Code | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Address Proof | <input type="checkbox"/> Passport | <input type="checkbox"/> Driving Licence | <input type="checkbox"/> Voter ID | <input type="checkbox"/> Bank Statement | <input type="checkbox"/> Utility Bill | <input type="checkbox"/> Others |
| 14. Permanent Address | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Landmark | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| City | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Pin code | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Address Proof | <input type="checkbox"/> Passport | <input type="checkbox"/> Driving Licence | <input type="checkbox"/> Voter ID | <input type="checkbox"/> Bank Statement | <input type="checkbox"/> Utility Bill | <input type="checkbox"/> Others |
| 15. Contact Details | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Mobile | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Office / Business | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| E-mail | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Preferred mode: | <input type="checkbox"/> Letter | <input type="checkbox"/> E-mail | | | | |
| Preferred Language for Letter (other than English): | <input type="checkbox"/> Hindi | <input type="checkbox"/> Kannada | <input type="checkbox"/> Tamil | <input type="checkbox"/> Telugu | <input type="checkbox"/> Malayalam | <input type="checkbox"/> Gujarati |
| | <input type="checkbox"/> Bengali | <input type="checkbox"/> Oriya | <input type="checkbox"/> Marathi | | | |
| 16. Occupation | <input type="checkbox"/> Salaried-Govt / PSU | <input type="checkbox"/> Salaried-other | <input type="checkbox"/> Self Employed Professional | <input type="checkbox"/> Agriculturist / Farmer | <input type="checkbox"/> Part Time Business | |
| | <input type="checkbox"/> Retired | <input type="checkbox"/> Landlord | <input type="checkbox"/> Student (Current Std.) | <input type="checkbox"/> Others (Specify) | <input type="text"/> | |
| 17. Full Name of the Employer/ Business/ School/ College | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 18. Designation & Exact nature of Work / Business | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 19. Annual Income in Figures (₹) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 20. Annual Income of Husband / Father (for female and minor lives) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 21. Exact nature of work / business of Husband / Father for female and minor lives | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |



| | | | | | | | | |
|---|---|---|---|------------------------|------------------------------|------------------------|------------------------------------|-------|
| If Exide Life Sanjeevani | Choose | <input type="checkbox"/> Option A: Cardiovascular Conditions | <input type="checkbox"/> Option B: Cardiovascular and Cancer Conditions | | | | | |
| For Exide Life Assured Gain Plus: | If Entry Age is 45 years and above, choose life cover multiple: | <input type="checkbox"/> 7 times the Annual Premium | <input type="checkbox"/> 10 times the Annual Premium | | | | | |
| *Not applicable for Single Premium Option | | | | | | | | |
| For Exide Life Star Saver: | If Entry Age is 51 years and above, choose life cover multiple: | <input type="checkbox"/> 7 times the Annualized premium | <input type="checkbox"/> 10 times the annualized premium | | | | | |
| If Exide Life My Assured Income Plan | Choose Variant | <input type="checkbox"/> Uniform Income Benefit | <input type="checkbox"/> Enhanced Income Benefit | | | | | |
| If Entry Age is 45 years and above choose life cover multiple | | <input type="checkbox"/> 7 times the Annualized Premium | <input type="checkbox"/> 10 times the Annualized Premium | | | | | |
| Choose the Income Payout Frequency | | <input type="checkbox"/> Annual | <input type="checkbox"/> Monthly | | | | | |
| If Exide Life Wealth Builder | Choose your Basic Sum Assured | Up to Entry Age 43 <input type="checkbox"/> 1.25 times <input type="checkbox"/> 10 times | Entry Age 44 <input type="checkbox"/> 1.25 times | | | | | |
| | | | Entry Age 45 & Above <input type="checkbox"/> 1.25 times <input type="checkbox"/> 1.10 times | | | | | |
| If Exide Life Guaranteed Savings Plan: | Choose Variant | <input type="checkbox"/> Regular | <input type="checkbox"/> Child | | | | | |
| If Regular Variant Chosen, select out of 3 options : | | <input type="checkbox"/> Lump Sum Option | <input type="checkbox"/> Uniform Income Option | | | | | |
| If Deferment Option chosen, select deferment period: | | <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years | <input type="checkbox"/> 4 years <input type="checkbox"/> 5 years | | | | | |
| Choose death benefit option | | <input type="checkbox"/> Enhanced | <input type="checkbox"/> Regular | | | | | |
| 45. For Exide Life Wealth Maxima, please select the product variant <input type="checkbox"/> Maxima Invest <input type="checkbox"/> Maxima Family <input type="checkbox"/> Maxima Child | | | | | | | | |
| For Exide Life Wealth Maxima and Exide Life Wealth Elite | | | | | | | | |
| If Entry Age is 45 years and above, choose Basic Sum Assured multiple ² : | | <input type="checkbox"/> 7 times the Annualized Premium | <input type="checkbox"/> 10 times the Annualized Premium | | | | | |
| Please select the investment strategy (please tick any one) | | | | | | | | |
| For Exide Life Wealth Elite | | | | | | | | |
| <input type="checkbox"/> Self-Managed Option <input type="checkbox"/> Automatic asset re-balancing strategy (from Exide Life Prime Equity Fund) | | | | | | | | |
| <input type="checkbox"/> Systematic Transfer Plan (to Exide Life Prime Equity Fund with Annual Mode only) | | | | | | | | |
| <input type="checkbox"/> Automatic asset re-balancing strategy (from Exide Life Midcap Fund) <input type="checkbox"/> Systematic Transfer Plan (to Exide Life Midcap Fund with Annual Mode only) | | | | | | | | |
| For Exide Life Wealth Maxima | | | | | | | | |
| <input type="checkbox"/> Self-Managed Option <input type="checkbox"/> Automatic asset re-balancing strategy <input type="checkbox"/> Systematic Transfer Plan (with Annual Mode only) | | | | | | | | |
| For Exide Life Prospering Life Plus/Exide Life Prospering Life Plus SP, <input type="checkbox"/> Self-Managed Option <input type="checkbox"/> Automatic asset re-balancing strategy | | | | | | | | |
| For Exide Life Wealth Builder | | | | | | | | |
| <input type="checkbox"/> Self-Managed Option <input type="checkbox"/> Automatic asset re-balancing strategy (from Exide Life Prime Equity Fund) | | | | | | | | |
| <input type="checkbox"/> Systematic Transfer Plan (to Exide Life Prime Equity Fund) | | | | | | | | |
| <input type="checkbox"/> Automatic asset re-balancing strategy (from Exide Life Midcap Fund) <input type="checkbox"/> Systematic Transfer Plan (to Exide Life Midcap Fund) | | | | | | | | |
| <input type="checkbox"/> Automatic asset re-balancing strategy (from Exide Life Capped Nifty Index Fund) <input type="checkbox"/> Systematic Transfer Plan (to Exide Life Capped Nifty Index Fund) | | | | | | | | |
| 46. For Self Managed Strategy in Exide Life Wealth Maxima, Exide Life Wealth Elite, Exide Life Prospering Life Plus /SP and Exide Life Wealth Builder, please select from following applicable fund options (Allocation % should total to 100%) | | | | | | | | |
| Exide Life Preserver Fund | Exide Life Secure Fund | Exide Life Balanced Fund | Exide Life Active Asset Allocation Fund | Exide Life Growth Fund | Exide Life Prime Equity Fund | Exide Life Midcap Fund | Exide Life Capped Nifty Index Fund | Total |
| | | | | | | | | 100% |

Mandate for Credit of Policy Payouts in Bank Account

Please find below my bank account details and I authorize the company to credit into it the policy payouts as per terms and conditions of the product chosen.

| | |
|---|------------------------------------|
| Account Holder Name** Bank Name Account Number Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Cash Credit <input type="checkbox"/> NRO | Bank Branch IFSC Code UPI ID |
|---|------------------------------------|

**as in Bank records, should match with proposer name

Note: Please provide a cancelled personalized cheque of the above mentioned account or recent bank statement (within last 3 months).

Signature of Proposer _____

| | | | | | |
|--|---|----------------------------------|---|-------------------------|---|
| 47. Installment Premium in INR (Including Rider Premium) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | 48. Premium Payment Term (Years) | <input type="text"/> <input type="text"/> | 49. Policy Term (Years) | <input type="text"/> <input type="text"/> |
|--|---|----------------------------------|---|-------------------------|---|

For Exide Life Elite Term Insurance Plan, have you opted for an Extended term option ☐ Yes ☐ No

If Yes, choose the number of years for your Extended Term ☐ 5 Years ☐ 10 Years

Particulars of First Premium Deposit: Mode of Deposit ☐ Cash ☐ Cheque / DD

Amount(in INR) Cheque / DD No.

Bank

Is the premium paid by a person other than Proposer (If yes, please submit third party declaration): ☐ Yes ☐ No

Source of Funds: ☐ Salary ☐ Business Income ☐ Sale of Assets ☐ Inheritances ☐ Others (Specify) _____

| | | | | | |
|-----------------------|---|-------------------|---|------------|---|
| 50. Name of the Rider | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Rider Sum Assured | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Rider Term | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|-----------------------|---|-------------------|---|------------|---|



51. Frequency of payment ☐ Monthly* ☐ Quarterly ☐ Half-Yearly ☐ Yearly ☐ Single
52. Do you wish to pay renewal premium through ECS / SI mode ☐ Yes ☐ No (if you have chosen payment option as Credit Card / ECS / SI, then please complete appropriate mandate)
- *For Exide Life Wealth Elite/Exide Life Elite Term Insurance Plan in case of monthly mode policies, only automated modes of premium payment are allowed.

Section IV - Details of Existing / Simultaneously Applied Insurance Cover on the Life to be Assured

53. Are you an existing customer of Exide Life Insurance Company Limited? ☐ Yes ☐ No
54. Have you concurrently / simultaneously applied for any life, health insurance cover with us or any other life, health insurance company which is still under consideration? ☐ Yes ☐ No
55. Have you concurrently / simultaneously applied for revival of your lapsed policies with us or any other life, health insurance company which is still under consideration? ☐ Yes ☐ No
56. Please provide details of existing insurance cover on your life in the below table. If you do not have any existing insurance on your life, please mention 'NIL' in Sum Assured column below. Please include any Keyman Insurance, Partnership Insurance & Employer Employee Insurance cover as well. If answer to question 53 to 55 is YES, then please provide the complete details in the below mentioned table.

| Policy / Proposal / Application No. | Year of Issue/ Submission | Company Name | Sum Assured | Decision (Standard. Other than Standard terms) | Status (In - Force, Lapsed, Surrendered, Paid up, Applied for) | Type of Policy (Life, Health, Accident) |
|-------------------------------------|---------------------------|--------------|-------------|--|--|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |

57. Has any insurance (life, health) cover on your life ever been declined, postponed or accepted with modified terms?(If Yes, please provide the necessary details in the below mentioned table) ☐ Yes ☐ No

| Company Name | Year of application | Decision (decline, postpone, modified terms) | Actual reason for such a decision |
|--------------|---------------------|--|-----------------------------------|
| | | | |
| | | | |

Section V - Insurance details of family members

58. Details of Existing / Simultaneously Applied Insurance Cover on Family Members.

| Relationship | Policy / Proposal / Application No. | Year of Issue / Submission | Name of the Company (ies) | Sum Assured |
|--------------|-------------------------------------|----------------------------|---------------------------|-------------|
| | | | | |
| | | | | |
| | | | | |

Section VI - Details of family history, habits, build, occupation, hobbies and travel of the Life to be Assured

59. Has any of your parents, brothers, sisters suffered / suffering from, or died to any of the following conditions: Heart diseases, diabetes, stroke, high blood pressure, cancer, kidney disease or any other hereditary disorders? If yes, please give full details below. ☐ Yes ☐ No

| Family member | Exact cause of death or Details of illness suffered / suffering | If alive-current Age | If deceased- Age at death |
|---------------|---|----------------------|---------------------------|
| | | | |
| | | | |
| | | | |

60. Number of children Please specify age of each child

61. What is your exact height (cms) 62. What is your exact weight(kgs)

63. Do you consume or have you consumed any form of tobacco, guthka, paan masala in the last 24 months? ☐ Yes ☐ No

64. Please state your smoking habits: (number of cigarettes / bides per day)
- ☐ Non Smoker ☐ 1-5 ☐ 6-10 ☐ 11-20 ☐ 21-40 ☐ more than 40

65. Please state your alcohol drinking habits (past / present): (Quantity per week)
- ☐ Does not drink ☐ Beer (Number of Bottles) ☐ Wine (Number of Bottles) ☐ Hard liquor/any other form of alcohol (ml)

- 66A. Are you involved or do you intend to involve in any hazardous occupation or pursuits? e.g. working at heights, underground or offshore, using explosives, flying other than as a fare-paying passenger, diving, mountaineering or any other dangerous activity. ☐ Yes ☐ No

- 66B. Is your occupation associated with exposure to chemicals(e.g. benzene, nickel compounds, vinyl chloride, etc.), ionizing radiations, mining, dusts (e.g. leather or wood dusts, silica, asbestos, etc.), industrial processes (aluminium production, iron and steel founding, etc.) ☐ Yes ☐ No

67. Do you consume or have ever consumed any form of narcotic substance? ☐ Yes ☐ No

68. Are you suffering from any alcohol related disease or advised to reduce consumption by any medical practitioner? ☐ Yes ☐ No

69. Are you employed in the armed, para military, police forces or any other similar establishment? ☐ Yes ☐ No

70. Apart from normal family holiday do you intend to stay away from your country of citizenship / residence in the next one year? ☐ Yes ☐ No



Section VII- Health Details of the Life to be Assured

71. Within the last twelve months has there been any unusual weight gain or loss of more than 7 kgs? ☐ Yes ☐ No
72. Are you currently taking any medication or drugs, either prescribed or not prescribed by a doctor? ☐ Yes ☐ No
73. Have you been absent from work for more than 10 days in the last two years due to health reasons? ☐ Yes ☐ No
74. Have you suffered from any illness, disorders, disability, or injury during the past 5 years which has required any form of medical or specialized examination (including chest X-rays, ECG, Stress Test, Angiography, MRI / CT Scan or blood tests), consultation, hospitalization or surgery? ☐ Yes ☐ No
75. Do you have any form of congenital / acquired impairment, disease, disability or deformity? ☐ Yes ☐ No
76. Is any surgery planned or are you currently aware that you may need to seek medical advice within the next 6 months? ☐ Yes ☐ No
77. Have you ever been diagnosed or have suffered from any of the following:
- a) Hypertension, High Blood Pressure, Diabetes, Elevated Blood Sugar, Elevated Cholesterol / Lipids ☐ Yes ☐ No
 - b) Heart Attack, chest pain, palpitations, irregular heart beats, heart valve disease, heart murmur, rheumatic heart disease, shortness of breath or any other cardiovascular disease or disorders. ☐ Yes ☐ No
 - c) Stroke, Transient Ischemic Attack (TIA), hemorrhage, dizziness, fainting, giddiness, blackouts, loss of consciousness, double vision or any other cerebrovascular disease or disorders. ☐ Yes ☐ No
 - d) Anaemia, Thalassemia, Leukemia or any other blood disorder including blood cancer. ☐ Yes ☐ No
 - e) Asthma, bronchitis, tuberculosis, persistent / recurrent cough, hoarseness of voice or difficulty in swallowing, pneumonia or any other respiratory disease or disorders ☐ Yes ☐ No
 - f) Cyst, growth, pre-cancerous conditions, non-healing ulcer, cancer or tumour of any kind (throat, lung, colon, breast cancer, cancer of reproductive organs etc.) ☐ Yes ☐ No
 - g) Gall bladder disorder, gastritis, gastric ulcer, bleeding from intestine, hernia, piles, fistula, jaundice, hepatitis, fatty liver or any other disease or disorder of digestive system. ☐ Yes ☐ No
 - h) Defective vision, blurred vision, hearing defect, defective speech, stammering or any other disease or disorders of Eye, Ear, Nose and Throat. ☐ Yes ☐ No
 - i) Depression, Anxiety, Multiple Sclerosis, Parkinsonism, Fits, Epilepsy, recurrent headache, Paralysis, numbness or any other disease or disorder of the brain, spinal cord or nervous system ☐ Yes ☐ No
 - j) Thyroid or any other hormonal disorder, Kidney disorders, Bladder disorder, urine abnormality or genital organ disorder. ☐ Yes ☐ No
 - k) Arthritis, prolapsed disc, recurrent back or neck pain, slipped disc or any other disease or disorder of spine, muscles, bones or joints. ☐ Yes ☐ No
 - l) Were you investigated for any persistent loss of blood or unusual discharge or pus from any body opening like nose, mouth, gums, rectum, breast, vagina, anus, etc. or blood in stools, urine, sputum? ☐ Yes ☐ No
78. Have you or your spouse ever tested positive for HIV / AIDS, hepatitis B or C, or any other sexually transmitted diseases? ☐ Yes ☐ No
79. Have you been suffered or are you currently suffering from any illness, impairment, or disability not yet mentioned above? ☐ Yes ☐ No

Section VIII - Additional Questions to be answered if the Life to be assured is Female

80. Have you ever suffered or are you suffering from any gynecological problems like Endometriosis, fibroids, any spotting or unusual/painful vaginal bleeding or discharge or any disease of the breast ☐ Yes ☐ No
81. Have you ever undergone or advised to undergo a mammogram / Pap smear test? ☐ Yes ☐ No
82. Have you ever had a miscarriage / medical termination or Pregnancy / Caesarean Section? ☐ Yes ☐ No
83. Are you pregnant at present? If yes, Please indicate duration in weeks _____ ☐ Yes ☐ No
84. Have you ever been diagnosed with pregnancy related increase in blood pressure, preeclampsia, elevated blood sugar levels, and any other complications of pregnancy in this or past pregnancy. ☐ Yes ☐ No

Section IX - Additional Questions to be answered if the Life to be assured is Minor

85. Except for the normal care at birth, has the child, in the past, required any specialists consultation, special medical investigation, and hospitalization for any illness? ☐ Yes ☐ No
86. Have all the minimum necessary vaccines (Oral Polio Vaccine, BCG, MMR, DPT, Chickenpox Vaccine, Hepatitis B) been administered as per the age of the child? ☐ Yes ☐ No

If answer to Question 63 to 86 is yes, please provide the complete details below



Section X - Declaration by the Parent (Proposer) for minor

I hereby declare that the proposed insured _____ is in sound health, and does not have any birth defects, congenital anomalies, physical defect, deformity or disability. The proposed insured has never suffered from, nor currently suffering from any medical conditions such as heart disorder; rheumatic fever; cancer or tumor; kidney disease; diabetes; musculo - skeletal disorder; blood disorder; liver disease; lung disease; digestive system disease or disorder; any mental or nervous system disease; HIV/AIDS or AIDS related complex. NO previous or concurrent application on the minor's life for life, accident, medical or health related insurance has been refused, withdrawn, declined, postponed or offered with restricted benefits or with an increased premium or any claim has been made under any such policy of insurance with Exide Life Insurance or any other insurer in India or abroad.

Section VII - General Declaration

87. Are you a Politically Exposed Person*?

(Politically exposed persons are individuals who are or have been entrusted with prominent public functions e.g., Heads of States or of Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc. Enhanced scrutiny and monitoring norms may also be applied to the accounts of the family members and/or close relatives of PEPs)

If yes, Nature of position held _____

☐ Yes ☐ No

88. Are you a family member or close relative of a PEP

If yes, nature of relationship with PEP _____

☐ Yes ☐ No

89. Whether the premium payable is from legally ascertainable sources?

(Income which can be substantiated through valid documentary evidence)

☐ Yes ☐ No

Section XII - Declaration

- 1) I/We declare that the answers and statements made by me/us in this Proposal Form have been made after understanding the nature of questions and the importance of disclosing all material information.
- 2) I/We further declare on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and have not withheld or suppressed any material fact and that I/We am/are authorized to propose on behalf of these other persons.
- 3) I/We understand that the information provided by me will form the basis of the insurance policy and will come into force after acceptance by the Insurance company.
- 4) I/we have made no statement/s to the Company, its advisor or to any person associated with the Company, which in any way modifies/contradicts the answers/statements in this Proposal form.
- 5) I/We also understand that the terms and conditions including the premium and the benefits under the Policy/Rider are subject to taxes/duties/charges in accordance with applicable laws. I confirm that all the premiums will be paid from bonafide sources.
- 6) I/We further declare that I/we will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- 7) The Company reserves the right to request additional health information or any other information on the basis of the responses given to questions in this Proposal Form. The medical report and its interpretations if any done by the medical examiner are not binding on the Company and the decision of the Company regarding issuance of the Policy/Rider will be final. I/We also declare and consent to the Company taking independent decision regarding the insurability of the life to be assured/proposer.
- 8) I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- 9) I/We authorize the company to share information pertaining to my personal data /proposal including the medical records for the purpose of underwriting, policy issuance and/or claim settlement and with any Governmental and/or Regulatory authority.
- 10) I/We understand that in case of fraud or misrepresentation the policy shall be treated in accordance with Section 45 of the Insurance Act, 1938 as amended from time to time.
- 11) I/We agree that the risk under the Policy/Rider shall not commence till the Company accepts this proposal.



Signature/ Thumb Impression of the Proposer

Date:

Place: _____

Signature/Thumb impression of Life to be assured (if major)

Date:

Place: _____

Signature of Advisor

Date:

Place: _____

If the Life to be Assured / Proposer is an illiterate or suffering from disability due to which writing is restricted or where the Life to be Assured / Proposer signs the form in vernacular language, then the following declaration is necessary from the person who has assisted the Life to be Assured / Proposer in filling up the form.

I, _____, hereby declare that I have truthfully recorded the replies given by the Life to be Assured and / or Proposer after fully explaining the contents of this form to the Life to be Assured and / or Proposer and he/she/they have fully understood the contents thereof.

I, _____, Life to be Assured / Proposer confirm that the contents in this proposal form have been fully explained to me and on understanding the substance I have provided my responses.

Signature / Thumb Impression of the Proposer signing in vernacular language or illiterate or disabled.

Signature / Thumb impression of Life to be assured (if Major) signing in vernacular language or illiterate or disabled.

Witness Signature in English*

In case the Proposer/Life to be Assured is illiterate, his or her thumb impression should be attested by a person of standing whose identity can be established, but unconnected with the Exide Life Insurance Company Limited and this declaration should be made by him/her.

Date:

Place: _____

Date:

Place: _____

Date:

Place: _____

* Name and Address of Witness: _____

Section XIII - Section 41 & 45 of the Insurance Act 1938

Prohibition of Rebate in accordance with provisions of 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 punishable with fine which may extend to ten lakh rupees.

Fraud, Misrepresentation and forfeiture

Fraud, Misrepresentation and forfeiture would be dealt with in accordance with provisions of Section 45 of the Insurance Act 1938 as amended from time to time.

[A Leaflet containing the simplified version of the provisions of Section 45 is enclosed in Annexure – (1) for reference]

Exide Life Insurance Company Limited is a wholly owned subsidiary of Exide Industries Limited. The trademark "Exide" is owned by Exide Industries Limited and licensed to Exide Life Insurance vide Trademark license agreement dated 30th October 2014. Exide Life Insurance Company Limited. IRDAI Registration number: 114, CIN: U66010KA2000PLC028273, Registered Office: Exide Life Insurance Company Limited, 3rd Floor, JP Techno Park, No. 3/1, Millers Road, Bengaluru - 560 001. Toll Free: 1800 419 8228; Visit: exidelife.in.

Beware of Spurious/ Fraud Phone Calls: IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.

**Section 45 - Policy shall not be called in question on the ground of mis-statement after three years**

Provisions regarding policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended from time to time. The extant provisions in this regard are as follows:

01. No Policy of Life Insurance shall be called in question **on any ground whatsoever** after expiry of 3 yrs from

- a. the date of issuance of policy or
 - b. the date of commencement of risk or
 - c. the date of revival of policy or
 - d. the date of rider to the policy
- whichever is later.

02. On the ground of fraud, a policy of Life Insurance may be called in question within 3 years from

- a. the date of issuance of policy or
 - b. the date of commencement of risk or
 - c. the date of revival of policy or
 - d. the date of rider to the policy
- whichever is later.

For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.

03. Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:

- a. The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
- b. The active concealment of a fact by the insured having knowledge or belief of the fact;
- c. Any other act fitted to deceive; and
- d. Any such act or omission as the law specifically declares to be fraudulent.

04. Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak.

05. No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.

06. Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the policy of life insurance is based.

07. In case repudiation is on ground of mis-statement and not on fraud, the premium collected on policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation.

08. Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance policy would have been issued to the insured.

09. The insurer can call 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 of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

[Disclaimer: This is not a comprehensive list of amendments. Policyholders are advised to refer to Section 45 of the Insurance Act, 1938, as amended from time to time for complete and accurate details.]