Policy Number _____

BAJAJ LIFE
LIFE GOALS. DONE.

PROPOSAL FORM FOR LIFE INSURANCE APPLICATION FOR TOP UP

GUIDE LINES FOR FILLING UP THE FORM

1. This form is to be filled up by the proposer. In case the proposer is unable to do so, the proposer may dictate the answers to questions in the proposal form to a scribe.
2. If any questions are not relevant, please state "N. A.". Any corrections or overwriting in this Proposal must be Signed by the proposer.
3. Insurance is a contract of utmost good faith, which requires the Proposer and the Life to be Insured to disclose all material facts. In case of any doubt as to whether a fact is material or not the fact should be disclosed.
4. Please tick a box thus ☑ where appropriate.

PS: The Company retains the right to call for additional information / form if required.

FSC / IC Name _____

FSC / IC Code ☐☐☐☐☐☐☐☐☐ Bank Ref. Code _____ FSC Branch _____

STM Name _____ STM Code ☐☐☐☐☐☐☐☐☐☐

Branch _____ Sector ☐ Urban ☐ Rural ☐ Social Receipt No. ☐☐☐☐☐☐☐☐☐☐

1. Proposed Insured

Mr./Mrs./Miss : _____ Name: _____

Father's/ Husband's Name : _____

Date of Birth: _____ Existing Policy Number: _____

Age Proof ☐ Birth Certificate ☐ SSC Certificate ☐ Passport ☐ Driving License ☐ Pan Other _____

Age ☐☐ Sex ☐ Male ☐ Female Height ☐☐☐ Cms. Weight ☐☐☐ Kg. E-Mail _____

Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed Annual Income _____

Address For Correspondence _____

_____

_____ City _____ State _____

Pin: _____ Telephone: _____ Mobile: _____

Address Proof _____

ID Proof ☐ Driving License ☐ Passport ☐ PAN Card ☐ Voters ID ☐ Letter from Public Authority ☐ Bank Confirmation Letter ☐ ID Cert. by Bajaj Life Insurance

Occupation ☐ Salaried ☐ Business ☐ Professional ☐ Agriculture ☐ Retired ☐ Student ☐ Unemployed ☐ Housewife

2. a) Proposal Deposit

☐ Cheque / DD ☐ Cash ☐ ECS ☐ Direct Debit

2. b) Bank details of Proposer

Account No ☐☐☐☐☐☐☐☐☐☐☐☐ Recurring Direct Debit Account No. ☐☐☐☐☐☐☐☐☐☐☐☐

Top - Up ₹ ☐☐☐☐☐☐☐☐☐☐ *Multiplier ☐☐☐ Sum Assured (In ₹) ☐☐☐☐☐☐☐☐☐☐☐☐

PAN Card No. _____ Source Of Funds _____

[$] Premium apportionment for Unit Linked

Name of Fund	%	Name of Fund	%
Total	100	Total	100

$ To be explained by sales person.

DECLARATION OF GOOD HEALTH

i.	Have you ever had a major medical condition such as any form of heart disease, stroke, cancer, hepatitis or mental illness?	☐ Yes	☐ No
ii.	Do you or have you ever suffered from any chronic or long term medical condition such as diabetes, hypertension, elevated cholesterol, colitis, kidney disease or HIV / AIDS?	☐ Yes	☐ No
iii.	Have you within the last 2 years taken any form of medication for more than 14 consecutive days to treat an illness or disease?	☐ Yes	☐ No
iv.	Have you been absent from work or taken leave on health grounds for more than 2 consecutive weeks in the last twelve months?	☐ Yes	☐ No
v.	Have you consulted any medical practitioner within the last 12 months for any condition other than minor impairments such as colds or flu?	☐ Yes	☐ No
vi.	Have you ever used tobacco in any form?	☐ Yes	☐ No
vii.	Have you ever used alcohol?	☐ Yes	☐ No
viii.	Have you ever taken narcotics or any addictive drugs or undergone any treatment for narcotics drugs?	☐ Yes	☐ No

DECLARATION

I do hereby agree and declare that the above statements and this declaration shall be the basis of the contract of assurance between me and Bajaj Life Insurance Limited and any concealment/ misrepresentation/ fraudulent misrepresentation/ averment/ assertion shall render the contract of insurance null and void in entirety. No partial enforcement of any claim shall be sought howsoever minor the concealment/ misrepresentation/ fraudulent misrepresentation/ averment/ assertion is with regards to any part of the contract. I hereby declare that I am not engaged in any hazardous occupation.

Notwithstanding anything to the contrary I hereby authorize the insurer to seek information from my employer, doctor, acquaintance, etc. Also herein expressly consent to their disclosing any requisite information to the insurer. Such authorization shall bind my heirs/executors/ assigns etc. I expressly undertake to notify the Insurer of any change in my occupation or any other adverse circumstance hereafter if any.

I hereby declare that I/the life to be insured has not suffered and am not suffering from cancer, tumors, diabetes, brain or nervous disorder, heart related diseases, high blood pressure, liver, blood or stomach related disorders, urinary or kidney related disorder, epilepsy, any congenital condition or from any physical or mental handicap or AIDS and am not to my knowledge HIV positive. I have not undergone any hospitalization during the last 5 years. I am currently not having any symptoms nor undergoing any treatment for any of the aforesaid ailments or any other medical condition. I am aware that this health declaration forms the basis of the insurance contract.

Signature of proposed insured

Place: _____

Date: D D M M Y Y Y Y

Name & Address of the Witness _____

Signature of the witness

Date: D D M M Y Y Y Y

Insurance Consultant / Financial Service Consultant - Report

Proposed Insured _____ Age ☐☐ Sum Assured _____

I hereby declare that I have personally seen the applicant and the life to be insured. On basis of my independent inquiries I certify that the particulars are the same as stated in the Proposal Form. I have explained the nature of questions contained in the proposal form to the applicant. I have also explained the features and benefits of the plan and riders to the applicant. I also confirm that I have not induced or coerced and that the applicant / life to be insured have responded in their free volition. To the best of my knowledge the applicant has not applied for life insurance through any other agent other than indicated in the proposal form.

IC / FSC Signature

Place: _____

IC / FSC Name _____

Date: D D M M Y Y Y Y

SECTION 41

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out 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 any rebate as may be allowed in accordance with the published prospectus or tables of the Insurer.

SECTION 45

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 statement 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.