

### Proposal Form for Reliance Group Leave Encashment Plus Plan

**INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER.**

Please feel free to use additional pages for additional information. Please make sure that all the signatories signing the proposal form have also signed the additional page(s) with company seal.

#### 1. PRINCIPAL EMPLOYER'S DETAILS

Name: \_\_\_\_\_

Postal Address: Flat / Shop / House / Floor / Plot Number / Name: \_\_\_\_\_

Building / Society Name: \_\_\_\_\_

Street Name: \_\_\_\_\_

Landmark: \_\_\_\_\_

Additional Address Line: \_\_\_\_\_

Locality / Village / Taluka: \_\_\_\_\_

City / District: \_\_\_\_\_

State: \_\_\_\_\_ Pin Code: \_\_\_\_\_

Email \_\_\_\_\_

Telephone 1 (with STD code) | 0 \_\_\_\_\_

Telephone 2 (with STD code) | 0 \_\_\_\_\_

Fax (with STD code) | 0 \_\_\_\_\_

Number of employees to be covered under the scheme \_\_\_\_\_

#### 2. POLICY OWNER'S ADDRESS PROOF:

- Bank Certificate / Pass Book (showing entries for last 3 months) / Statement (for last 3 months)  Electricity / Telephone (Landline) Bill
- Society / Establishment Maintenance Bill  Leave and Licence Agreement  Certificate of Enrollment  Trust Deed
- Others (Please specify) \_\_\_\_\_

#### 3. POLICY OWNER'S PAN CARD NUMBER:

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

#### 4. DETAILS OF THE AUTHORISED SIGNATORIES (Please provide minimum two authorised signatories):

We authorise Reliance Life Insurance Company Limited to accept the following persons as 'authorised signatories' on behalf of the Company for the following purposes:

- Admit new members into the group leave encashment scheme and provide membership details as required by Reliance Life Insurance Company Limited.
- To give Reliance Life Insurance Company Limited notice of members who cease employment and authority to pay benefits for these members in the event that a benefit is payable in accordance with the board resolution; and
- Provide any other information deemed necessary by Reliance Life Insurance Company Limited to assist in maintaining accurate member records and to calculate benefits.

**Authorised Signatory 1\*:** Name \_\_\_\_\_

Designation \_\_\_\_\_ Email \_\_\_\_\_

Telephone 1 (With STD code) | 0 \_\_\_\_\_

Telephone 2 (With STD code) | 0 \_\_\_\_\_

Fax (With STD code) | 0 \_\_\_\_\_ Signature of the Authorised Signatory \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Name of Witness \_\_\_\_\_

**Authorised Signatory 2\*:** Name \_\_\_\_\_

Designation \_\_\_\_\_ Email \_\_\_\_\_

Telephone 1 (With STD code) | 0 \_\_\_\_\_

Telephone 2 (With STD code) | 0 \_\_\_\_\_

Fax (With STD code) | 0 \_\_\_\_\_ Signature of the Authorised Signatory \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Name of Witness \_\_\_\_\_

\*Please attach relevant identity proof and address proof

**5. BENEFIT DETAILS:**

Normal Retirement Age:  Years State briefly the benefits required:

Death Benefit Structure:  Flat Cover: ₹  OR  Salary Based (Please provide following details)  
 If salary based:  With Cap of ₹  OR  Without Cap (At actuals)

Benefit at annual leave encashment:

Benefit on leaving service:

Benefit on retirement:

**6. INVESTMENT CHOICE DETAILS:**

The contributions are to be invested as per the proportions mentioned against the funds:

Group Investment Fund	Assets transferred in at commencement of policy	Future contributions
Group Money Market Fund 2	<input type="text"/> %	<input type="text"/> %
Group Corporate Bond Fund 3	<input type="text"/> %	<input type="text"/> %
Group Equity Fund 4	<input type="text"/> %	<input type="text"/> %
Group Balanced Fund 4	<input type="text"/> %	<input type="text"/> %

**7. CONTRIBUTION FREQUENCY:**

Yearly  Half Yearly  Quarterly  Monthly

**8. PLEASE INDICATE HOW MUCH WILL BE PAID INTO THIS POLICY AS AN INITIAL CONTRIBUTION:**

₹

**9. POLICY COMMENCEMENT DATE:****10. PAYMENT DETAILS:**

Details of contribution paid:  Cheque / DD  Cash  RTGS Amount in ₹

Cheque / DD No.:  Cheque / DD Date

Bank Name

If the payment is from a third party, following AML/KYC documents will be required.

**Income Proof:** (Any one of these Income proofs can be submitted)

- Recent Income Tax Assessment Orders or Income Tax Returns of the trust.
- Current year's Audited P & L account and Balance sheet of the trust.
- Audited accounts of the trust (for the last fiscal).

**KYC Documents:**

- Address proof:** (Any one of these Address proofs can be submitted)
  - Certificate of Registration issued by the Registrar of trust/Registered trust deed
  - Copy of Form 18
  - Electricity Bill (last 6 months)
  - Telephone (Landline) Bill (last 6 months)
- ID proof:** (Any one of these ID proofs can be submitted)
  - PAN Card of the trust
  - Certificate of Registration issued by the Registrar of trust

**Please note:** In case the payment is forwarded by a company on behalf of its 'Employee-Benefit' Trust, AML/KYC document's requirement will be applicable for the company.

## 11. LIST OF MANDATORY DOCUMENTS REQUIRED TO BE SUBMITTED ALONG WITH THE PROPOSAL FORM:

- Duly filled in application form with signatures of minimum two authorised signatories with company seal
- At work certificate signed by two authorised signatories with company seal
- Self attested copy of PAN Card\*
- Self attested copy of address proof as per section number 2 of this proposal form\*
- Self attested copy of Board resolution\*
- Member data
- Documents related to payment instrument
- Valuation (summary & member data) certified with signatures of two authorised signatories signing the application form with company seal
- Actuarial quotation copy signed as received and accepted with company seal by authorised signatories

\*Self attestation by signatures of the two authorised signatories signing the application form with company seal

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

## 12. SPECIFIC DECLARATION TO MEMBER DATA

**Employer's Certificate:** Particulars of all our eligible employees to join this scheme from the effective date are attached as member data to this application form. We certify that the particulars as provided by us in the attached member data are true and correct as per our records and we wish to admit these employees to the scheme.

We also certify that the listed employees in the member data

- a) are whole time confirmed employees.
- b) are entitled to leave encashment benefits in the event as defined in the rules of the scheme.
- c) were not absent from duty on grounds of sickness on the effective date.
- d) this is to certify that there are no death claims for the period | D | D | M | M | Y | Y | Y | Y | till | D | D | M | M | Y | Y | Y | Y | with respect to this proposed policy with Reliance Life Insurance Company Limited.

**Authorised Signatory 1:**

**Authorised Signatory 2:**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Place: \_\_\_\_\_

Place: \_\_\_\_\_

Date: | D | D | M | M | Y | Y | Y | Y |

Date: | D | D | M | M | Y | Y | Y | Y |

## 13. DECLARATIONS:

- We hereby propose to Reliance Life Insurance Company Limited for a Reliance Life Insurance Group Leave Encashment Plus Plan to commence from the policy period as stated in section number 9 of this application form
- We acknowledge the following:
  - i) that the information provided herewith is true and correct and this proposal together with the certified (self attested) copy of the Trust Deed and Rules along with other documents as per Clause 11 of our Reliance Group Leave Encashment Plus Plan (as attached) shall be the basis of the contract for effecting the proposed Reliance Group Leave Encashment Plus Policy.
  - ii) that we will undertake to supply such information as may be reasonably required to determine the extent of the benefits and the contributions payable under this policy.
  - iii) that Reliance Life Insurance Company Limited reserves the right to vary charges at any time and three months notice of such change will be provided to us in writing.
  - iv) benefits will be as per trust deed and rules.
  - v) we declare that we have read the sales literature of the proposed plan and fully understood the terms and conditions of the plan along with the associated risk and benefits which we propose to take.
  - vi) we declare that the Company has disclosed and explained all the information related to this product to us and we declare that we have understood the same before signing this proposal form.
- In order to save environment and avoid cutting of trees for papers, we agree to receive communications from Reliance Life Insurance Company Limited through electronic mode.

## 14. SIGNATURES OF THE AUTHORISED SIGNATORIES WITH COMPANY SEAL:

Minimum 2 authorised signatories should sign this proposal form. However, if more number of authorised signatories wish to sign the proposal form, additional pages can be used to provide required details and signatures thereof. The authorised signatories should be the same as approved by board resolution.

### Authorised Signatory 1:

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Place: \_\_\_\_\_  
Date: | D | D | M | M | Y | Y | Y | Y |

### Authorised Signatory 2:

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Place: \_\_\_\_\_  
Date: | D | D | M | M | Y | Y | Y | Y |

Company Seal:

### Freelook Period (15/30 day refund policy):

- The Freelook period starts from the date you receive the policy document. It is 15 days in case of non Distance marketing policies and 30 days in case of Distance marketing policies.
- During this period you are required to go through documents sent to you in the welcome kit. If you are not satisfied with the same, please return the policy document to the Company along with a request for cancellation within the period mentioned above.
- We will cancel the Policy and return the premium after deducting the proportionate mortality cover charges, stamp duty, expenses borne by the Company on medical examination, if any.

In case fraud or misrepresentation, the policy shall be cancelled immediately by paying the surrender value, 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 Insurance Act, 1938:** (1) 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 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 the section shall be punishable with fine which may extend to five hundred rupees.

### POLICY IS NOT TO BE CALLED IN QUESTION ON GROUND OF MIS-STATEMENT AFTER 2 YEARS

**Section 45 of 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 statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the Master Policyholder and that the Master 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 section 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.