

RELIANCE**NIPPON LIFE
INSURANCE****COMMON PROPOSAL FORM FOR LIFE INSURANCE
IN CASE OF UNIT-LINKED POLICY THE INVESTMENT RISK IN
INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER.**

Application No.

WA383440

If Regular Premium

Please do not sign here for Single Premium

Signature of Proposer

Important Guidelines: 1. This form is to be filled by the proposer him/her self. 2. If the proposer is unable to fill the form due to inability to read or understand English language, help of a person other than the insurance advisor/Reliance Nippon Life Insurance Company Limited (RNLIC) employee or insurance intermediaries may be used. 3. For details on risk factors, terms and conditions please refer to the respective product brochure before concluding a sale. 4. Premium paid through banking instruments, of which cheques should be only "Account Payee", shall be subject to realization. 5. Cash should be deposited with RNLIC branch only. Cash handed over to the RNLIC Advisor is at the customer's own risk. 6. Enclose proof of mailing & permanent address (both) if different & attach complete address details. 7. Enclose self attested address proof, identity proof & income proof, PAN Card copy, as applicable. 8. Enclose signed cancelled cheque/self attested passbook copy.

PERSONAL DETAILS

1.	Life to be Assured (LA)	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	Full Name	F	I	R	S	T											L	A	S	T																					
	Father's Name	F	I	R	S	T														L	A	S	T																					
	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth	D	D	M	M	Y	E	A	R									Marital status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widow(er)																				
	Education	<input type="checkbox"/> Post Graduate & above	<input type="checkbox"/> Graduate	<input type="checkbox"/> Diploma	<input type="checkbox"/> 12th Pass	<input type="checkbox"/> 10th Pass	<input type="checkbox"/> Below 10th	<input type="checkbox"/> Uneducated	<input type="checkbox"/> Others	SPECIFY																																		
	Annual Income ₹												Source of Funds/Income									Purpose of Insurance																						
	Bank												Branch																															
	Account No.												IFSC code																															
	Bank Account Proof	<input type="checkbox"/> Cancelled Cheque	<input type="checkbox"/> Passbook Copy	Nationality	<input type="checkbox"/> Indian	<input type="checkbox"/> NRI	<input type="checkbox"/> Others	SPECIFY																																				
	Employee No. (Salary Deduction Scheme)																																											
	Occupation	<input type="checkbox"/> Salaried	<input type="checkbox"/> Professional	<input type="checkbox"/> Student	<input type="checkbox"/> Housewife	<input type="checkbox"/> Retired	<input type="checkbox"/> Landlord	<input type="checkbox"/> Machine Operator	<input type="checkbox"/> Farmer	<input type="checkbox"/> Armed Force																																		
		<input type="checkbox"/> Business	<input type="checkbox"/> Self employed	<input type="checkbox"/> Working in Coal Mines	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Others	SPECIFY																																					
	Nature of Duties/Job Description																																											
	Address Proof (tick any one)	<input type="checkbox"/> Bank Certificate	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> Electricity/Telephone Bill	<input type="checkbox"/> Passport	<input type="checkbox"/> Employer Certification	<input type="checkbox"/> Society Maintenance Bill																																					
		<input type="checkbox"/> Others	SPECIFY																																									
	Identity Proof (tick any one)	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> Voter ID Card	<input type="checkbox"/> Passport	<input type="checkbox"/> PAN Card	<input type="checkbox"/> Bank Certification	<input type="checkbox"/> Defence ID Card	<input type="checkbox"/> Employer Certification																																				
		<input type="checkbox"/> Others	SPECIFY																																									
	Age Proof (tick any one)	<input type="checkbox"/> School Cert./Transfer Cert./Mark Sheet	<input type="checkbox"/> Baptism Cert.	<input type="checkbox"/> Marriage Cert.	<input type="checkbox"/> Employer Cert.	<input type="checkbox"/> Valid Passport	<input type="checkbox"/> Defence ID Card																																					
		<input type="checkbox"/> Aadhar Card	<input type="checkbox"/> Govt.Pension Orders	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> Municipal Birth Certificate	<input type="checkbox"/> PAN Card	PAN CARD NO.																																					
		<input type="checkbox"/> Others	SPECIFY																																									
	Details of communication Address/Usual place of residence *C/o.	F	I	R	S	T														L	A	S	T											F	L	A	T	N	O.					
		B	U	I	L	D	I	N	G	/	H	O	U	S	E																			R	O	A	D	N	A	M	E	/	N	O.
		D	I	S	T	R	I	C	T	/	T	A	L	U	K	A																			L	A	N	D	M	A	R	K		
		C	I	T	Y	/	V	I	L	L	A	G	E																			S	T	A	T	E								
	Pincode												Mobile	M	O	B	I	L	E	1									M	O	B	I	L	E	2									
	Landline	STD	ISD	Code	L	A	N	D	L	I	N	E									E-mail	EMAIL ADDRESS																						
2.	Proposer	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	(If different from Life to be Assured)	F	I	R	S	T											L	A	S	T																					
	Father's Name	F	I	R	S	T														L	A	S	T																					
	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth	D	D	M	M	Y	E	A	R									Marital status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widow(er)																				
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	Employee No. (Salary Deduction Scheme)																																											
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		<input type="checkbox"/> Others	SPECIFY																																									
	Identity Proof (tick any one)	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> Voter ID Card	<input type="checkbox"/> Passport	<input type="checkbox"/> PAN Card	<input type="checkbox"/> Bank Certification	<input type="checkbox"/> Defence ID Card	<input type="checkbox"/> Employer Certification																																				
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	Age Proof (tick any one)	<input type="checkbox"/> School Cert./Transfer Cert./Mark Sheet	<input type="checkbox"/> Baptism Cert.	<input type="checkbox"/> Marriage Cert.	<input type="checkbox"/> Employer Cert.	<input type="checkbox"/> Valid Passport	<input type="checkbox"/> Defence ID Card																																					
		<input type="checkbox"/> Aadhar Card	<input type="checkbox"/> Govt.Pension Orders	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> Municipal Birth Certificate	<input type="checkbox"/> PAN Card	PAN CARD NO.																																					
		<input type="checkbox"/> Others	SPECIFY																																									

Relationship of the Proposer with Life to be Assured

WA383440

Details of communication Address/Usual place of residence *C/o.

F I R S T										L A S T										F L A T N O.									
B U I L D I N G / H O U S E										R O A D N A M E / N O.																			
D I S T R I C T / T A L U K A										L A N D M A R K																			
C I T Y / V I L L A G E										S T A T E																			

Pincode Mobile M O B I L E 1 M O B I L E 2

Landline STD ISD Code L A N D L I N E E-mail EMAIL ADDRESS

Proof of contactability (tick any one) ☐ Residence Landline Telephone Bill ☐ Mobile Postpaid Bill ☐ Any other contact proof SPECIFY

NOMINEE* / APPOINTEE DETAILS (*For more than one nominee details, fill up the Nomination Form)

3. Nominee's Name ☐ Mr. ☐ Ms. F I R S T L A S T

4. Date of Birth D D M M Y E A R Relationship of the Nominee with the Life to be Assured

5. Appointee's Name (If Nominee is a minor) ☐ Mr. ☐ Ms. F I R S T L A S T

6. Appointee's signature 7. Appointee's Date of Birth D D M M Y E A R

8. Relationship with the Nominee

9. Address Proof, if different from Proposer (tick any one) ☐ Electricity/Telephone Bill ☐ Passport ☐ Employer Certification ☐ Society Maintenance Bill ☐ Bank Certificate ☐ Driving Licence ☐ Voter ID Card ☐ Others SPECIFY

10. Identity Proof (tick any one) ☐ Driving Licence ☐ Voter ID Card ☐ Passport ☐ PAN Card ☐ Bank Certification ☐ Defence ID Card ☐ Employer Certification ☐ Others SPECIFY

11. Address of the Nominee (Appointee, if Nominee is Minor) F L A T N O. B U I L D I N G R O A D N A M E / N O. C I T Y / V I L L A G E S T A T E PINCODE

PLAN DETAILS (Questions 12 - 19)

12. Plan applied for

Product Name	Policy Term (Yrs)	Premium Payment Term (Yrs.)	Sum Assured (₹)	Sum Assured on Death (₹)	Installment Premium (₹)	Fund Name	Allocation (%)
Base Plan Name						Life Equity Fund 3	
Rider Name						Life Pure Equity Fund 2	
Rider Name						Make in India Fund	
Rider Name						Life Balanced Fund 1	
Rider Name						Life Corporate Bond Fund 1	
Rider Name						Life Money Market Fund 1	
Total Installment Premium (₹)						Smart Pension Fund 1	

The treatment of vesting benefits under Pension products are as per IRDAI approved product F&U, IRDAI Regulation/Government / Pension guidelines issued from time to time

14. Investment Option ☐ Self Managed Option ☐ Target Maturity Option ☐ Life Stage Option ☐ Systematic Transfer Plan ☐ STP (Please tick box if you wish to avail of this facility)

16. Premium Payment Details Cash/Cheque/DD No. Date D D M M Y E A R Drawn on

17. Premium Payment Type ☐ Regular ☐ Single ☐ Limited 18. Death benefit option (If Applicable) ☐ Option I ☐ Option II

19. Premium Frequency ☐ Yearly ☐ Half Yearly ☐ Quarterly ☐ Monthly

20. Mode of Deposit ☐ Cash ☐ Cheque ☐ Auto Debit ☐ Credit Card ☐ Debit Card ☐ Internet ☐ ECS/NACH

Note: Quarterly and Monthly frequencies are allowed only through ECS/NACH/Auto Debit/Debit Card/Credit Card of the proposer only. First two months premium will be collected in advance for monthly option. The premiums are exclusive of Goods & Service Tax. The Goods & Service Tax will be charged on the base premium and riders premium at the rate declared by the Government from time to time. For ULIP products, the Goods & Service Tax will be applicable on the charges only.

21. Do you want to receive all communications through electronic medium in place of receiving physical copy? ☐ Yes ☐ No

ANNUITY DETAILS (Mandatory incase of Pension Product)

22. Annuity Payout Option ☐ Life Annuity ☐ Life Annuity with return of purchase price Life Annuity guaranteed for ☐ 5 years ☐ 10 years ☐ 15 years and payable for life thereafter

Annuity Payout Mode ☐ Annual ☐ Half Yearly ☐ Quarterly ☐ Monthly Annuity Payments by ☐ Post Dated Cheques ☐ Credit to your Saving Bank A/c

LIFE TO BE ASSURED - FAMILY HISTORY

23. Have either of your parents or any brothers or sisters suffered from or died under the age of 60 due to any of the following conditions: Heart problems, diabetes, stroke, hypertension, raised cholesterol, cancer, or any hereditary disease? If yes, please give full details below: ☐ Yes ☐ No

Life to be Assured/Proposer	Family Member	Exact cause of death or details of illness, e.g.: Heart Attack, Diabetes, Cancer, etc.	If alive, Current Age	If deceased Age at Death

DETAILS OF LIFE INSURANCE POLICIES HELD/PROPOSALS APPLIED WITH LIFE INSURANCE COMPANIES (Including existing policies with Reliance Nippon Life Insurance Company Ltd.)

24. Are you currently insured or applying for Life Insurance Cover, Critical Illness Cover, Accident Benefit Cover, not covered above? ☐ Yes ☐ No

If yes, please give full details below, with present status and terms of acceptance of all existing policies held/proposals applied for by the Life to be Assured

Name of Life to be Assured/Proposer	Name of Company	Contract/ Proposal No.	Basic Sum Assured	Sum Assured under Rider	Risk Commencement Date	Present Status & terms of acceptance
						<input type="checkbox"/> Declined <input type="checkbox"/> Postponed <input type="checkbox"/> Rated Up <input type="checkbox"/> Reject <input type="checkbox"/> Inforce <input type="checkbox"/> Lapsed <input type="checkbox"/> Applied

Additional sheets with relevant details signed by Life to be Assured may be added if space is insufficient.

25. Parents' insurance details - Total Sum Assured ₹	<div style="display: flex; justify-content: space-between;"> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> </div>	Applicable for life assured <18 years old	WA383440
26. Name of Husband/Parent (applicable for female L.A.)	<div style="display: flex; justify-content: space-between;"> <div><div>F</div><div>I</div><div>R</div><div>S</div><div>T</div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div>L</div><div>A</div><div>S</div><div>T</div></div> </div>		
27. Total Sum Assured on life of Husband/Parent (All Policies)	<div style="display: flex; justify-content: space-between;"> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> </div>		

LIFESTYLE QUESTIONS AND PERSONAL MEDICAL HISTORY OF THE LIFE TO BE ASSURED (Please tick Yes or No to each question)	YES	NO
28. Are you currently or Do you intend engaging in any hazardous occupation or hobbies, eg. Working at heights, underground or offshore, using explosives, flying other than as a fare-paying passenger, diving, mountaineering or any other dangerous activity?	<input type="checkbox"/>	<input type="checkbox"/>
29. Are you currently or do you intend to live or travel outside of India for more than 6 months? If yes, please provide full details of countries to be visited and purpose of visit and duration <div style="border: 1px solid black; width: 200px; height: 1.2em; display: inline-block;"></div>	<input type="checkbox"/>	<input type="checkbox"/>
30. a. Habits: Do you smoke or have you smoked more than 5 cigarettes/e-Cigarettes or beedis or 3 Pouches of Gutka or Chewable Tobacco per day. If yes, please indicate in which form <input type="checkbox"/> Cigarettes <input type="checkbox"/> e-Cigarettes <input type="checkbox"/> Beedis <input type="checkbox"/> Chew <input type="checkbox"/> Gutkha Qty per day <input type="text"/> Duration <input type="text"/> Years	<input type="checkbox"/>	<input type="checkbox"/>
30. b. Do you consume or have you consumed any form of alcohol / liquor exceeding 90ml or 3 Pegs of Hard Liquor or 2 glasses of beer/wine per week. If yes, please specify <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Hard liquor Qty per week <input type="text"/> Duration <input type="text"/> Years	<input type="checkbox"/>	<input type="checkbox"/>
31. Please specify your height in cm <input type="text"/> <input type="text"/> <input type="text"/> Weight in Kg <input type="text"/> <input type="text"/> <input type="text"/>		
32. Are you currently taking any medication or drugs, other than minor conditions, (e.g. colds and flu), either prescribed or not prescribed by a doctor, or have you suffered from any illness, disorder, disability or injury during the past 5 years which has required any form of medical or specialized examination (including chest x-rays, gynecological investigations, pap smear, or blood tests), consultation, hospitalization or surgery?	<input type="checkbox"/>	<input type="checkbox"/>
33. Do you have : congenital/birth defects, pain or problems in the back, spine, muscles or joint, arthritis, gout, severe injury or other physical disability and have you been incapable of working/attending the school during the last 2 years for more than 5 days or are you currently incapable of working/attending school?	<input type="checkbox"/>	<input type="checkbox"/>
34. Do you suffer from any medical ailments eg: diabetes, high blood pressure, cancer, respiratory disease (including asthma), Kidney, Liver Disease, Stroke, any blood disorder, Heart Problems, Hepatitis B, Tuberculosis, Psychiatric Disorder, Depression, HIV AIDS or a related infection?	<input type="checkbox"/>	<input type="checkbox"/>
35. Is any surgery planned or are you currently aware or have been advised, that you may need to seek medical advice within the near future? (Other than for medical examinations that may arise from this application)	<input type="checkbox"/>	<input type="checkbox"/>
36. Have you ever suffered from drug or alcohol addiction or been advised by a doctor to reduce your alcohol/drug intake?	<input type="checkbox"/>	<input type="checkbox"/>
37. For female applicants: Are you currently pregnant? If yes, please answer the following Number of months pregnant <input type="text"/> <input type="text"/> Expected delivery date <div style="display: flex; justify-content: space-between;"> <div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>E</div><div>A</div><div>R</div></div> </div>	<input type="checkbox"/>	<input type="checkbox"/>

IF YOU HAVE ANSWERED YES, TO ANY OF THE QUESTIONS BETWEEN 28 and 37 PLEASE PROVIDE THE DETAILS HERE

Life to be Assured/Proposer	Question No.	Complete details required: For Question Nos. 28 to 37, please provide details including health condition, date of diagnosis, treatment prescribed, name and address of the doctor (if applicable)
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38. Whether the Life to be Assured/Proposer/Nominee(s) is/are Politically Exposed Person(s)* ☐ Yes ☐ No
- Additional sheets with relevant details signed by life assured may be added if space is insufficient.
- *Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions. PEP norms may also be applied to the accounts of the family members or close relatives of the above referred individuals.

DECLARATION BY LIFE TO BE ASSURED/PROPOSER

I understand and agree that the statements in this proposal form shall be the basis of the contract between me and Reliance Nippon Life Insurance Company Limited ("the Company"). I agree that I will inform the Company if between the date of this proposal and the date of issuance of the policy about any change in my general health, occupation, financial position or if any other proposal or application to any other Insurance Company on my life is declined/postponed or accepted other than the standard terms so that the Company may consider the terms of acceptance. I agree that the Insurance protection shall only be provided effective from the date of acceptance of risk by the Company. I declare that I have answered the questions in the proposal form and have duly signed it after understanding its contents and terms and conditions. I further declare that the statements in this proposal are true and I have disclosed all information which might be material to the Company while issuing the policy contract. I declare that the premiums paid have not been generated from the proceeds of any criminal activities/ offences and I shall abide by and conform to the Prevention of Money Laundering Act, 2002 or any other applicable laws. In case of fraud, including the act of concealment of material facts, the policy contract shall be cancelled immediately by forfeiture of all premiums paid or in case of misrepresentation and suppression of material facts the policy contract shall be treated in accordance with the Section 45 of Insurance Act, 1938 as amended from time to time.

AUTHORIZATION BY LIFE TO BE ASSURED/PROPOSER

I hereby authorize the Company to conduct screening/confirmation/ reconfirmation of overall status of the Life to be Assured including the health status through medical examinations, if required, which may include Laboratory tests, Cardiac, Radiological investigations and other medical tests including blood tests to detect bacterial/viral/fungal infections. I hereby give my consent to undergo HIV1/2 test by ELISA method. I am aware that this test is only for screening purposes and not confirmatory for HIV/AIDS. In order to enable the Company to assess the risk under this proposal and any time thereafter, I hereby, authorize the past and present employer(s)/business associates/medical practitioner/hospital and medical source/any life and non-life insurance Company/organization to release to the Company the records of employment / business or other details as may be considered relevant for acceptance or otherwise of this proposal form. I agree that to underwrite the policy effectively, RNLIC may need to share my personnel information with a specialist service provider, who would keep the said information in secure and confidential manner. Payments will be made to the provided bank a/c, unless the bank a/c particulars are changed/modified by my written communication to RNLIC. I also hereby agree and authorise the Company to access my data maintained by the Unique Identification Authority of India (UIDAI) for KYC verification and other eKYC services purpose.

OPTIONAL:

I opt for issuance of the policy in electronic format ☐ Yes ☐ No

Note: A physical copy of policy document will also be issued along with the electronic policy document.

I would like to receive my insurance policy and all the information related to the proposed insurance policy through insurance repository? ☐ Yes ☐ No

If yes, choose any one Insurance Repository: ☐ CAMSRep - CAMS Insurance Repository & Services ☐ NDML - NSDL Data Management Services limited ☐ KARVY ☐ CIRL - Central Insurance Repository Limited

If you already have an e-Insurance Account (e-IA) number, kindly provide

I understand that this is a Regular/Limited premium payment policy and I would need to pay premiums for _____ (in words) years

"I am aware that in order to enable the Company to assess the risk, I need to undergo medicals as per Reliance Nippon Life Insurance Company Ltd. requirements and the same has been explained to me by the Advisor/Sales Manager" ☐ Yes ☐ No

I authorize Reliance Nippon Life Insurance Company Limited and/or its representative to call us/me for this proposal or resulting policy ☐ Yes ☐ No

Residence for Tax Purposes in Jurisdiction(s) outside India ☐ Yes ☐ No (If "YES" then mandatorily to fill the FATCA/CRS declaration)

The communication address provided above will be used for GST purposes.

Signature of Witness

Name _____
Mobile No. _____ Date _____
Address _____

Signature / Thumb Impression of the Life to be Assured

Name _____
Mobile No. _____ Date _____
Address _____

Signature / Thumb Impression of the Proposer

Name _____
Mobile No. _____ Date _____
Address _____

I (declarant), hereby declare that I have fully explained the questions and contents of the proposal form to the proposer in _____ language, and I have truthfully recorded the answers given by the proposer. The proposer has affixed the thumb impression below after fully understanding the contents thereof."

I (proposer), certify that the contents of the form and documents have been fully explained to me by (full name of declarant): _____ and I have understood the significance of the proposed contract.

Signature / Thumb Impression of the Proposer

Name

Mobile No.

Date

Address

Signature of the Declarant

Name

Mobile No.

Date

Address

PROHIBITION OF REBATE (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 liable for a penalty which may extend to ten lakh rupees. Please refer to our website or contact our office for the details under the above mentioned Section 41.

POLICY NOT TO BE CALLED IN QUESTION AFTER THREE YEARS (SECTION 45 OF THE INSURANCE ACT, 1938, AS AMENDED FROM TIME TO TIME)

(1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later. (2) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based. (3) notwithstanding anything contained in sub-section(2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer:- Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive. (4) A policy of the life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of the fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued: Provided that the insurer shall have to communicate in writing to the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based: Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation. Mis-statement of or suppression of shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer, the onus is on the insurer to show that had the insurer been aware of the said fact no life insurance policy would have been issued to the insured. (5) Nothing in this section shall prevent the insurer from calling for proof of age at any time if it is entitled to do so, and no policy shall be deemed to be called in question merely because the term of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal. Please refer to our website or contact our office for the details under the above mentioned Section 45.

PHOTOGRAPHS AND PERMANENT ADDRESS OF PROPOSER/LIFE TO BE ASSURED

- 1) Please affix photograph and mention Permanent address of **Proposer**, where Proposer is different from Life to be Assured.
2) In the event Life to be Assured and Proposer are same persons the following needs to be filled in by the Life to be Assured.

Permanent Address												Signature of Proposer/Life to be Assured											
F L A T												B U I L D I N G											
R O A D												C I T Y / V I L L A G E											
S T A T E												P I N C O D E											

Affix photograph

CONFIDENTIAL REPORT (To be completed by the Sales Personnel/Advisor after receiving the completed proposal form)

Note: If the Proposer & Life to be Assured is related to the Advisor, this report should be countersigned by the Authorised Signatory

- Have you met the Proposer & Life to be Assured? ☐ Yes ☐ No
- Are you (Advisor/SM) related to the Life to be Assured? If Yes, to whom and what is the relationship? Yes ☐ Yes ☐ No
- Do you notice any disability, mental or physical deformity for any Life to be Assured? If Yes, give details ☐ Yes ☐ No
- Are you personally satisfied with the financial standing of the Proposer & Life to be Assured in relation to the proposed insurance? ☐ Yes ☐ No
Please estimate the income of the Proposer. _____
- Is the income proof verified by you? What is the type of income proof verified? ☐ Yes ☐ No
☐ Income Tax Return ☐ Form 16 ☐ Pay slip ☐ Balance Sheet ☐ P&L ☐ Others
- Is the age proof verified by you for all Life to be Assured? ☐ Yes ☐ No
- Is the Life to be Assured, presently, in good health? If No, give details ☐ Yes ☐ No
- How long have you known the Life to be Assured? Years Months

LIFE ADVISOR / EMPLOYEE CERTIFICATION

I certify that I have personally checked the identity of the Client/Life to be Assured and affixed his photograph. I certify that the client has understood the proposal form completely and the facts disclosed therein are true and correct to the best of my knowledge and belief, I have also verified the completeness of documentation. I further declare that to the best of my knowledge the premium amounts are not sourced from the proceeds of any criminal activities/offences listed in the Prevention of Money Laundering Act 2002 or under any other applicable laws. Should there be any adverse change in my opinion of the integrity or reputation of the applicant, I shall inform Reliance Nippon Life Insurance Company Limited immediately.

Signature of IRDA Licensed Advisor/SP

Name

SP/Advisor Code

Date

Place

Signature of Sales Manager

Name

CA Exec/SM Code

Date

Place

Authorised Signatory

Name

SAP Code

Date

Place

Authorised Signatory

Name

Designation

Date

Place

FOR OFFICE USE ONLY

FOS/Advisor Code

POS/Advisor Code

Inward Date

Proposal Date

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D	D	M	M	Y	E	A	R
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D	D	M	M	Y	E	A	R
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Client No. of the Life to be Assured

Client No. of the Nominee

Client No. of the Proposer

Backdating Date (except ULIP)

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D	D	M	M	Y	E	A	R
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Contract No. Amount Deposited Bank Code Receipt No. SDS Code Occupation Code CDA/CA/BM Code CA Exec/SM Code First Insurance with Reliance Nippon Life Insurance ☐ Subsequent Insurance with Reliance Nippon Life Insurance ☐ Urban ☐ RuralSimultaneous application number

Reliance Nippon Life Insurance Company Limited (formerly known as Reliance Life Insurance Company Limited). IRDAI Registration No: 121. Registered Office: H Block, 1st Floor, Dhirubhai Ambani Knowledge City, Navi Mumbai, Maharashtra 400 710. Corporate Office: Reliance Centre, 5th Floor, Off Western Express Highway, Santacruz East, Mumbai - 400 055. Trade logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited & Nippon Life Insurance Company and used by Reliance Nippon Life Insurance Company Limited under license. For more information or any grievance, 1. Call us between 9am to 6pm, Monday to Saturday on Call Centre number - 3033 8181 (Local call charges apply) or our Toll Free Number 1800 300 08181 or 2. Visit us at www.reliancenipponlife.com or 3. Email us at: mlife.customerservice@relianceada.com or 4. Fax: 022 3303 5662.

Beware of spurious phone calls and fictitious/fraudulent offers IRDAI clarifies to public that 1. IRDAI or its officials do not involve in activities like sale of any kind of insurance or financial products nor invest premiums. 2. IRDAI does not announce any bonus. Public receiving such phone calls are requested to lodge a police complaint along with details of phone call, number.

ISO 9001:2008
CERTIFIED COMPANY

1. Definitions:

1.1. "Electronic Clearing Services (ECS)/National Automated Clearing House (NACH)" shall mean the mandate of the policyholder to automatically pay the premium (other than the First Premium) by debit to the bank account specified by the policyholder on the due date of payment of the premium or any such other date as may be decided by RNLIC. 1.2. "First Premium" shall mean the first premium towards policy along with application form. 2. "RNLIC" shall mean Reliance Nippon Life Insurance Company Limited, a Company registered with IRDAI for carrying out Life insurance business in India. 3. No extra cost will be charged to the Policyholder for this facility. 4. By opting for the Electronic (ECS/NACH) facility/facilities, as per T & C the Policyholder chooses to make the payment to RNLIC from the Policyholder's Bank Account through any authorized service provider that the Company may tie with from time to time. 5. The Policyholder agrees to abide by the terms & conditions of the ECS/NACH facility of Reserve bank of India (RBI). 6. On the Policyholder electing the option/mode to pay the Premium (other than First Premium and one time Top-up), the same, unless revoked and/or modified by him/her subsequently by a minimum 15 days prior written notice to RNLIC, shall be valid and binding on the Policyholder. 7. The Policyholder agrees that he/she shall remain liable for all the instructions and transactions that have been submitted by him/her or processed under his/her account prior to the date of Policyholder obtaining RNLIC's acknowledgment to the said Notice. 8. Any Outstanding amount prior to 30 days from mandate date should be paid by the customer through the normal mode of payment (Cash/Cheque/DD). In case of Regular Pension Plan, ECS/NACH deduction will be effected based on mandate irrespective of outstanding amounts are paid or not. 9. The debit to Policyholder's Bank Account shall be presented on Preferred debit date or next day (if the day happens to be holiday, next working day). The actual debit depends on banking clearance cycle. 10. I, authorize Reliance Nippon Life Insurance Company Limited, to represent the ACH/direct debit/ECS instruction for outstanding payments, in the event of debit failure. 11. The Policyholder agrees that in the event, where there is a ACH/direct debit/ ECS failure the company reserves the right to represent the instructions for outstanding payments. 12. The policyholder agrees that in the event, where there is a transaction failure, the company reserves the right to represent the instructions for outstanding payments. 13. Modification/-Cancellation of ECS/Direct Debit facility: A written request shall be given to the company for any modification/cancellation of ECS/NACH facility and the same will be effected within a minimum of 3 weeks of the receipt of the request. The Company will not be responsible for any delays in effecting this which are beyond it's control. 14. Only Annual Premium Paid Certificate will be issued instead of individual receipts for all premium paid through ECS/NACH 15. No reminder notices for payment of Premium shall be sent during the terms of ECS/NACH 16. The records of RNLIC and/or its authorized Service Provider, on the Premium (other than First Premium and one time Top-up) payments, maintained through computer systems or otherwise, shall be accepted as conclusive and binding for all purpose and shall be conclusive proof of the genuineness and accuracy of the same and binding for all purposes and can be used as evidence in any proceedings. 17. The Policyholder acknowledges that he/she is eligible to avail the facilities and agrees to provide true, accurate, correct and complete information as required by RNLIC and to keep the same updated and current at all times. Incorrect, incomplete, ambiguous forms will not be accepted. 18. At present, ECS facility is offered to the customer having bank accounts in the SELECTED cities. 19. The Policyholder agrees that the facilities will be available to him/her, subject to and upon receipt of confirmation by RNLIC and/or its authorized Service Provider from the Policyholder's Bank details furnished by him/her in this application. 20. The policyholder agrees that it shall be solely be his/her responsibility to schedule his/her premium (other than First Premium) payments in a manner that the Company receives the Premiums (other than First Premium and one time Top-up) within the due dates as specified in the relevant Policy Contract(S) and that in the event of a late payment he/she shall be liable for the late payment charges and other consequence as may be enforced by RNLIC. 21. The Policyholder expressly understands and agrees that if any one payment/instruction are not received/honored. RNLIC reserves the right to automatically cancel/withdraw the facilities forthwith without notice. 22. The policyholder further agrees that RNLIC and/or its authorized Service Provider shall not be responsible or liable if it is unable to effect any of his/her payment instructions owing to (a) incomplete, inaccurate, invalid or delayed submission of details by Policyholder (b) insufficient funds to cover Policyholder's transactions (c) Encumbrance or charge on Policyholder's account or (d) Events beyond the control of RNLIC and/or authorized Service Provider. 23. The Policyholder expressly understands and unconditionally agrees that he/she will not hold RNLIC and/or its authorized Service Provider disclaims all warranties of any kind whether express or implied including without Limitation any representation or warranty regarding the use of the result of the facilities in terms of its correctness, accuracy, reliability, usefulness, completeness, continuity uninterrupted access, timeliness or otherwise. Policyholder expressly understands and unconditionally agrees that he/she assumes total responsibility and risk for his/her access and use of the facilities. 24. Policyholder expressly understands and unconditionally agrees that he/she will not hold RNLIC and/or its authorized Service Provider liable for any direct, indirect, punitive, incidental, special or consequential damages whatsoever, including but not limited to damages or losses resulting from (a) the use or performance or inability to use or non-performance of the facilities(b) the provision of failure to provide the facilities (c) the unauthorized access to or alteration of the transmission or data (d) such transactions that are carried out on the Policyholder's instructions in good faith (e) any loss or damage incurred or suffered by the Policyholder due to any defect, error, failure or interruption in the provision of the facilities or (f) any other matter related to the facilities. 25. The Policyholder agrees that the RNLIC and/or its authorized Service Provider may from time to time make alterations, additions or deletions to these terms and conditions and that these shall be binding upon Policyholder and take effect from such date as may be intimated by RNLIC and/or its authorized Service Provider. The Policyholder further agrees that he/she shall be deemed to have agreed, accepted and be bounded by such altered terms & conditions. 26. The Policyholder agrees that in event he/she is dissatisfied with any portions of the facilities or with the terms & conditions or alterations thereto, his/her sole and exclusive remedy is to discontinue the use of the facilities. 27. The Policyholder agrees that the laws of India shall govern this Agreement and in case of a dispute the matter will be settled as per the provisions of The Arbitration and Conciliation Act, 1996. The venue of Arbitration shall be in Mumbai and the language for Arbitration shall be English. 28. It is agreed by the Policyholder that the onus and liability to make all premium payments within the due dates specified in the relevant Policy Contract(s) vests solely and absolutely with the Policyholder. 29. In the event the Policyholder opts for premium frequency change. The ECS/NACH shall automatically align to the new premium dates. 30. The ECS/Direct Debit shall be discontinued in the event of receipt of information of death of the Life insured or maturity date or surrender or request for cancellation of the ECS/Direct Debit mandate.

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Beware of spurious phone calls and fictitious/fraudulent offers IRDAI clarifies to public that 1. IRDAI or its officials do not involve in activities like sale of any kind of insurance or financial products nor invest premiums. 2. IRDAI does not announce any bonus. Public receiving such phone calls are requested to lodge a police complaint along with details of phone call, number.



CIN: U66010MH2001PLC167089

Instructions to fill Mandate

1. UMRN is auto generated during mandate creation and is mandatory to be updated during amendment and cancellation of mandate (Maximum Length - 20 Alpha Numeric Characters) **2.** Date is in DD/MM/YYYY format **3.** Sponsor bank IFSC/MICR code, left padded with zeroes where necessary. (Maximum Length-11 Alpha Numeric Characters) **4.** Utility Code of the Service Provider. (Maximum length-18 Alpha Numeric Characters) **5.** Name of Service Provider **6.** Tick on box to select type of action to be initiated **7.** Tick on box to select type of account to be affected **8.** Customer's legal account number, (Maximum length-35 Alpha Numeric Characters) **9.** Name of Bank **10.** IFSC/MICR code of customer bank. (Maximum length-11 Alpha Numeric Characters for IFSC & 9 Numeric for MICR code) **11.** Amount payable for service or maximum amount per transaction that could be processed in words. **12.** Amount in figures, similar to the amount mentioned in words. (Maximum length-13 digit Numeric, in paise) **13.** Service Provider generated consumer reference number **14.** Service Provider generated Scheme/Plan reference number **15.** Tick on box to select frequency of transaction **16.** Validity of mandate with dates in DD/MM/YYYY format **17.** Name of Customer/s and signature/s as well as seal of company (where required) (Maximum length of Name - 40 Alpha Numeric Characters) **18.** Undertaking by customer **19.** Permanent ID of customer e.g. PAN/Aadhaar No **20.** Telephone no. with STD code of customer **21.** 10 digit mobile number of customer **22.** Mail ID of customer

I have understood that the bank where I have authorised the debit ,may levy onetime mandate processing charges as mentioned in their latest schedule of changes published by the bank.

I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/ Corporate or the bank where I have authorized the debit

[illegible]

Signature _____

Date

D	D	M	M	Y	E	A	R
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Important Note:

- 1) Please read the terms & condition before completing this form.
- 2) Please ensure that this mandate form reaches the company at least 30 days prior to the next premium due date.
- 3) In case of applying for multiple policies, please fill separate mandate for each policy.

Authorization of customer to pay insurance premium of Reliance Nippon Life Insurance Company Limited, through Direct Debit / ECS facility.

Instruction for filling up the Form:

- 1) This form is to be filled by the policyholder himself/herself in BLOCKLETTERS in black or blue ink.
- 2) Please tick box thus where appropriate.
- 3) Please strike out parts, which are not applicable and write 'N.A.' strokes of the pen, dots and dashes will not be accepted as replies.
- 4) The proposer must sign any cancellation or alteration.

Preferred Debit Date (Please mention DATE of the month on which you would like us to debit your premium. Example 05th or 23rd)

Note: In Case the preferred debit date is not opted, then the actual due date of the policy as per terms of the policy would be replaced as preferred debit date.

☐ **Yes, I have attached a blank cancelled cheque**

AUTHORIZATION OF THE BANK ACCOUNT HOLDER FOR ELECTRONIC CLEARING SYSTEM (ECS) / DIRECT DEBIT / NACH (To be signed by the account holder)

I/We wish to inform you that I/We have registered for Direct Debit Facility for my/our payments to Reliance Nippon Life Insurance Company Limited ("RNLIC") by debit to my/our abovementioned bank account: For this purpose, I/We authorize the Tech Process/ICICI Bank/HDFC Bank/SBI Bank/Axis Bank/Standard Chartered Bank (Hereinafter "Service Provider" of the RNLIC) to raise a debit on our above mentioned account with your branch. I/We hereby authorize you to honor all such requests received through the Service provider to debit my/our Account with the amount requested, for due remittance of the proceeds to the RNLIC. I/We shall not dispute or challenge any debit raised under this mandate or any ground whatsoever. I/We shall not have any claim against my/our Bank in respect of the amount so debited pursuant to the Mandate submitted by me/us. I/We shall keep my/our Bank jointly and or severally indemnified, from time to time against all claims, actions, suits, for any loss, damage, cost, charges and expenses incurred by my/our Bank by reason of their acting upon the instructions issues by the above named authorized signatories. This request for debit mandate is valid and may be revoked only through a written letter withdrawing the mandate signed by the authorized signatories and acknowledge at RNLIC Branch and giving reasonable notice to effect such withdrawal. I/Us authorize Reliance Nippon Life Insurance Company Limited to represent the Direct Debit/ECS instruction for outstanding payments, in the event of debit failure.

I agree and undersigned that my bank shall be informed of this authorization as per the details filled by me. I also understand that the above instruction can be withdrawn/cancelled after due intimation by giving an advance notice of two months and with the written consent to Reliance Nippon Life Insurance Company ("RNLIC") for the payment of premiums due. I am also agreeable for deduction of Goods & Service Tax, other charges and interest as and when required over and above the amount mentioned as premium. I/hereby declare that the particulars given are correct and complete. I shall not hold RNLIC responsible if the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, or non availability of sufficient funds in my account or for any other reason beyond the companies' control. If there is any delay in RNLIC's obtaining the credit for such amount or if RNLIC does not obtain credit for such amount for which the above mandate is issued I will be responsible and liable for the consequences and not hold the RNLIC liable or responsible. This mandate shall be treated as the requisite authorization by me to the representative carrying this ECS/Direct Debit mandate form to get it verified and executed and the bank named in the mandate to debit my bank account which such amounts as may be due as life Insurance Premium to be paid to RNLIC. I agree to discharge the responsibility expected of me as a participant under the scheme.

I authorize Reliance Nippon Life Insurance Company Limited to debit an amount of Rs. _____ towards collection of premium payments. I understand and agree that the premium amount to be debited may vary due to loadings charges on underwriting, if any, and changes in statutory taxes applicable from time to time and authorize Reliance Nippon Life to debit such changed premium from my account as may be requested by Reliance Nippon Life.

FOR OFFICE (RNLIC) USE ONLY

Policy Term Start date	Policy Term End date	Maximum Amount#

*Maximum amount not to exceed 120% of premium amount

Accountholder's Signature
(as per Bank records)

2nd Signature in case of Joint Holder
(as per Bank records)

Policy Holder's Signature
(If Account holder differs from policy holder)

Date

UMRN

Sponsor Bank Code

Utility Code

Tick(✓)

Create ☒
Modify ☐
Cancel ☐

I/We hereby authorize **Reliance Nippon Life Insurance Company Ltd** to debit (tick✓) A/C type ☐ Savings ☐ Current ☐ Other

Bank A/C number

with Bank

IFSC

MICR

Frequency ☒ Monthly ☒ Quarterly ☒ Half Yearly ☒ Yearly ☒ As & when presented

Debit type ☒ Fixed Amount ☒ Maximum Amount

Reference 1

Phone No

Reference 2

Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

Period

From

To

Or ☒ Until Cancelled

Signature of Account Holder

Signature of Account Holder

Signature of Account Holder

Name of Account Holder

Name of Account Holder

Name of Account Holder

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/ corporate to debit my account.
- I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/ amendment request to the User entity/corporate or the bank where I have authorized the debit.
- I also agree to receive the information/communication/notice related to this policy through electronic mode.