

Application No. AC

COMMON PROPOSAL FORM**IN CASE OF UNIT-LINKED POLICY THE INVESTMENT RISK IN
INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER.**For Regular/Limited Premium
Not applicable for policies sourced
through Online modes

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 the product brochure before concluding a sale. 4. Premium paid for offline policies through banking instruments, of which cheques should be only "Account Payee", shall be subject to realization. 5. For offline policies cash should be deposited with RNLIC branch only. Cash handed over to the RNLIC Advisor or any unauthorised employee 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. 9. Premium for policies sourced through online modes shall be paid through online mode only and subject to credit in to RNLIC account.

1. PERSONAL DETAILS OF LIFE TO BE INSURED

Full Name	F I R S T																								L A S T				
Father's Name	F I R S T																								L A S T				
Mother's Name	F I R S T																								L A S T				
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender	Date of Birth	D	D	M	M	Y	E	A	R																	
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widower	<input type="checkbox"/> Divorcee																									
Education	<input type="checkbox"/> Post Graduate & above	<input type="checkbox"/> Graduate	<input type="checkbox"/> Diploma	<input type="checkbox"/> 12th Pass	<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	Citizenship with country code	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code)																								
Residential Status	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> NRI	<input type="checkbox"/> PIO	<input type="checkbox"/> Foreign National																									
Employee No. (Salary Deduction Scheme)																													
CKYC Number (Mandatory for KYC update request)																													
PAN Card Number					(Please provide Form 60 if PAN Card is not available)																								
Occupation Type	<input type="checkbox"/> S - Service (<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector)																												
	<input type="checkbox"/> B - Business/Self employed (<input type="checkbox"/> Professional <input type="checkbox"/> Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Director)																												
	<input type="checkbox"/> O - Others (<input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Machine operator <input type="checkbox"/> Farmer <input type="checkbox"/> Landlord <input type="checkbox"/> Working in coal mines <input type="checkbox"/> Armed forces <input type="checkbox"/> Unemployed <input type="checkbox"/> Others)																												
Name of Employer	F I R S T																								L A S T				
Nature of Duties/Job Description																													
Address Type	<input type="checkbox"/> Residential/ Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Unspecified																								
Proof of Address (tick any one)	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving License	<input type="checkbox"/> Voter Id Card	<input type="checkbox"/> Bank Certificate	<input type="checkbox"/> Electricity/ Telephone Bill																								
	<input type="checkbox"/> Employer Certification	<input type="checkbox"/> Others																											
Identity Proof (Select any one)	<input type="checkbox"/> A- Passport Number																												
	<input type="checkbox"/> B- Voter ID card																												
	<input type="checkbox"/> C- PAN Card																												
	<input type="checkbox"/> D- Driving Licence																												
	<input type="checkbox"/> Z- Others (any document notified by the central government)																												
	Identification No.																												
Age Proof (tick any one)	<input type="checkbox"/> Defence ID Card	<input type="checkbox"/> Valid Passport	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> PAN Card																									
	<input type="checkbox"/> Others	SPECIFY																											
Details of communication Address/Usual place of residence *C/o.	F I R S T																								L A S T				
	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. PERSONAL DETAILS OF PROPOSER

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	F I R S T	L A S T
Father's Name	F I R S T	L A S T
Mother's Name	F I R S T	L A S T
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Date of Birth D D M M Y Y E A R	
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widower <input type="checkbox"/> Divorcee	
Education	<input type="checkbox"/> Post Graduate & above <input type="checkbox"/> Graduate <input type="checkbox"/> Diploma <input type="checkbox"/> 12th Pass <input type="checkbox"/> Others <input style="width: 100px;" type="text" value="SPECIFY"/>	
Annual Income ₹	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Purpose of Insurance	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Bank	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Branch
Account No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	IFSC code
Bank Account Proof	<input type="checkbox"/> Cancelled Cheque <input type="checkbox"/> Passbook Copy Citizenship with country code <input type="checkbox"/> IN- Indian <input type="checkbox"/> Others (ISO 3166 Country Code) <input type="text"/> <input type="text"/>	
Residential Status	<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> Foreign National	
Employee No. (Salary Deduction Scheme)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
CKYC Number (Mandatory for KYC update request)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
PAN Card Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Occupation Type	<input type="checkbox"/> S - Service (<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector) <input type="checkbox"/> B - Business/Self employed (<input type="checkbox"/> Professional <input type="checkbox"/> Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Director) <input type="checkbox"/> O - Others (<input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Machine operator <input type="checkbox"/> Farmer <input type="checkbox"/> Landlord <input type="checkbox"/> Working in coal mines <input type="checkbox"/> Armed forces <input type="checkbox"/> Unemployed <input type="checkbox"/> Others <input style="width: 100px;" type="text" value=""/>)	
Name of Employer	F I R S T	L A S T
Nature of Duties/Job Description	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Address Type	<input type="checkbox"/> Residential/ Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified	
Proof of Address (tick any one)	<input type="checkbox"/> Passport <input type="checkbox"/> Driving License <input type="checkbox"/> Voter Id Card <input type="checkbox"/> Bank Certificate <input type="checkbox"/> Electricity/ Telephone Bill <input type="checkbox"/> Employer Certification <input type="checkbox"/> Others <input style="width: 200px;" type="text"/>	
Identity Proof (Select any one)	<input type="checkbox"/> A- Passport Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	<input type="checkbox"/> B- Voter ID card <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	<input type="checkbox"/> C- PAN Card <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	<input type="checkbox"/> D- Driving Licence <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	<input type="checkbox"/> Z- Others (any document notified by the central government) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Identification No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Age Proof (tick any one)	<input type="checkbox"/> Defence ID Card <input type="checkbox"/> Valid Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> PAN Card <input type="checkbox"/> Others <input style="width: 200px;" type="text" value="SPECIFY"/>	
Relationship of the Proposer with Life to be Insured	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Details of communication Address/Usual place of residence (if different from Life Insured) *C/o.	F I R S T	
	L A S T	
	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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Landline	STD ISD Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input style="width: 100%; height: 20px;" type="text" value="EMAIL ADDRESS"/>
Proof of contactability (tick any one)	<input type="checkbox"/> Residence Landline Telephone Bill <input type="checkbox"/> Mobile Postpaid Bill <input type="checkbox"/> Any other contact proof <input style="width: 100px;" type="text" value="SPECIFY"/>	

NOMINEE / APPOINTEE DETAILS

3. Nominee Details

Nominee Name	Nominee Date of Birth	Relationship of the Nominee with Life to be Insured	Address of Nominee	Nominee Contact No.	Nominee Email	Percentage of Entitlement

4. Appointee Details (incase Nominee is a minor)

Appointee Name	Appointee Date of Birth	Relationship of the Appointee with the Nominee	Address Proof, if different from Proposer	Identity Proof	Address of Appointee	Appointee Contact No.	Appointee Email	Signature of Appointee

PLAN DETAILS (Questions 5 - 13)

5. Application No.	Product Name	Plan Option	Policy Term (Yrs)	Premium Payment Term (Yrs.)	Sum Assured (₹)	Sum Assured on Death (₹)	Installment Premium (₹)	GST (₹)	Total Premium Instalment Premium +GST (₹)	Fund Name	Allocation (%)
											Base Plan Name
	Rider Name								Life Pure Equity Fund 2		
	Rider Name								Make in India Fund		
	Rider Name								Life Balanced Fund 1		
	Total Installment Premium (₹)								Life Corporate Bond Fund 1		
									Life Money Market Fund 1		
									Smart Pension Fund 1		
									Life Large Cap Equity Fund		

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

6. Investment Option Self Managed Option Target Maturity Option Life Stage Option Trigger Portfolio Option
7. Systematic Transfer Plan (If available under the base plan) 8. Premium Payment Type Regular Single Limited
9. Premium Payment Details Cash/Cheque/DD No. Date Drawn on
10. Death benefit option (If Applicable) Option I/A Option II/B 11. Premium Frequency Yearly Half Yearly Quarterly Monthly
12. Mode of Deposit Cash Cheque Auto Debit Credit Card Debit Card NET Banking ECS/NACH E-wallet
- Note: Quarterly and Monthly frequencies are allowed only through ECS/NACH/Auto Debit/Debit Card/Credit Card. Debit Card/ Credit Card of Proposer only to be used for paying premiums for all premium payment frequencies, where applicable. First two months premium will be collected in advance for monthly frequency. The Goods and Services Tax will be charged on the installment premium at the rate declared by the Government from time to time.
13. Do you want to receive all communications through electronic medium in place of receiving physical copy? Yes No

LIFESTYLE QUESTIONS AND PERSONAL MEDICAL HISTORY OF THE LIFE TO BE INSURED (Please tick Yes or No to each question)		Life Insured		Proposer^	
21.	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?	YES	NO	YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	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 (Life Insured as well as Proposer^)				
	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	Have you smoked or consumed tobacco or nicotine products in any form? If Yes, please specify				
	For Life Insured <input type="checkbox"/> Cigarettes <input type="checkbox"/> e-Cigarettes <input type="checkbox"/> Beedis <input type="checkbox"/> Gutkha/ Tobacco <input type="checkbox"/> Cigars Qty per day <input type="checkbox"/> <input type="checkbox"/> Duration <input type="checkbox"/> <input type="checkbox"/> Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	For Proposer^ <input type="checkbox"/> Cigarettes <input type="checkbox"/> e-Cigarettes <input type="checkbox"/> Beedis <input type="checkbox"/> Gutkha/ Tobacco <input type="checkbox"/> Cigars Qty per day <input type="checkbox"/> <input type="checkbox"/> Duration <input type="checkbox"/> <input type="checkbox"/> Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	Do you consume or have you consumed any form of alcohol?				
	For Life Insured, If yes, please specify <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Hard liquor Qty per week <input type="checkbox"/> <input type="checkbox"/> Duration <input type="checkbox"/> <input type="checkbox"/> Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	For Proposer^, If yes, please specify <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Hard liquor Qty per week <input type="checkbox"/> <input type="checkbox"/> Duration <input type="checkbox"/> <input type="checkbox"/> Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	Do you consume or have you consumed any form of Narcotics, e.g. Heroine, Cocaine, Cannabis/Ganja, LSD, etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	Life Insured - Please specify your height in cm <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Weight in Kg <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Proposer^ - Please specify your height in cm <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Weight in Kg <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.	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"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.	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"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.	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"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.	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"/>	<input type="checkbox"/>	<input type="checkbox"/>
31.	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"/>	<input type="checkbox"/>	<input type="checkbox"/>
32.	For female applicants: Are you currently pregnant? If yes, please answer the following				
	Number of months pregnant <input type="checkbox"/> <input type="checkbox"/> Expected delivery date <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> E <input type="checkbox"/> A <input type="checkbox"/> R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

^Applicable for RNLIC Milestone Plan - Life Plus Option

The communication address provided above will be used for GST purposes.
(Not applicable for policies sourced through Online mode)

Signature of Witness	Signature / Thumb Impression of Proposer	Signature / Thumb Impression of Life to be Insured
Name:	Name:	Name:
Relationship with Life to be Insured:	Mobile No.:	Mobile No.:
Mobile No.:	Date:	Date:
Date:	Address:	Address:
Address:		

Applicable only for policies sourced through Online modes:
 This is an auto generated application form submitted on date, _____ time _____ and does not require any customer signature.

DECLARATION FOR SIGNING IN VERNACULAR OR FOR UNEDUCATED PERSONS (Not applicable for policies sourced through Online modes)

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.

Not applicable for policies sourced through Online mode

Signature / Thumb Impression of the Proposer	Signature of Declarant
Name	Name
Mobile No.	Mobile No.
Date	Date
Address	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.

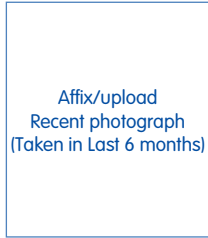
POLICY NOT TO BE CALLED IN QUESTION AFTER THREE YEARS (SECTION 45 OF THE INSURANCE ACT, 1938, AS AMENDED FROM TIME TO TIME)

(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 the 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 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 INSURED

- 1) Please Affix/Upload Recent photograph (Taken in Last 6 months) and mention Permanent address of Proposer, where Proposer is different from Life to be Insured
- 2) In the event Life to be Insured and Proposer are same persons the following needs to be filled in by the Life to be Insured

Permanent Address															Signature / Thumb Impression of Proposer/Life to be Insured														
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										P I N C O D E																			



Applicable only for policies sourced through Online modes: This Insurance proposal is authenticated through OTP sent to _____ on mobile no _____
 This is an auto generated application form submitted on date _____ time _____ and does not require any customer signature.

CONFIDENTIAL REPORT (To be completed by the Sales Personnel/Advisor after receiving the completed proposal form - Not applicable for policies sourced through Online modes)

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

1. Have you met the Proposer & Life to be Insured? Yes No
2. Are you (Advisor/SM) related to the Life to be Insured/Proposer^? If Yes, to whom and what is the relationship? Yes No
3. Do you notice any disability, mental or physical deformity for any Life to be Insured/Proposer^? If Yes, give details Yes No
4. Are you personally satisfied with the financial standing of the Proposer & Life to be Insured in relation to the proposed insurance? Please estimate the income of the Proposer. Yes No
5. Have you verified all the documents submitted by life to be Insured/proposer? Yes No
6. Is the Life to be Insured/Proposer^, presently, in good health? If No, give details Yes No
7. How long have you known the Life to be Insured/Proposer^? Years Months

^Applicable for RNLIC Milestone Plan - Life Plus Option

LIFE ADVISOR / EMPLOYEE CERTIFICATION (Not applicable for policies sourced through Online modes)

I certify that I have personally checked the identity of the Client/Life to be Insured 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 Insurance Advisor/SP/AP
Name
SP/AP/Advisor Code
Date
Place

Signature of Sales Personnel
Name
CA Exec/SM Code
Date
Place

Authorised Signatory
Name
SAP Code
Date
Place

Authorised Signatory
Name
Designation
Date
Place

Authorised Person
Name
Designation
Date
Place

Signature of the Appointed Actuary
(Pradeep Kumar Thapliyal)
Date
Place

Counter Signature of the principal officer along with name, and Company's seal
(Ashish Vohra - Chief Executive Officer)
Date
Place

Reliance Nippon 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 our Toll Free Number 1800 102 1010 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 / 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.

CIN: U66010MH2001PLC167089