<u> </u>	ER DECLARATION FOR SUBM	ISSION OF ONLINE APPLICATION
Application No	LA/Proposer Name	
Mobile NoPr	oduct Name	
Advisor Name		_Advisor Code
liance Nippon Life Insurance Co. Ltd,		
ormation and have understood the product and entioned advisor, I/we has/have submitted the applic	Riders (if any), features, benefits a cation to buy this product of my/our rm that I/we have received the Cust	If through Tablet. I/We confirm that I/ we have read relevant documentation and its associated risk. I/ We agree that post my/our meeting with above own accord. Benefit illustration has been explained to me and have understood omer Information Sheet (wherever applicable) and I/we confirm having note
inner and to the same extent, as if I/ We have signe	ed and submitted a written proposal	Ill be bound by such statements / disclosures of material facts in the same for insurance to the Company. I have read and understood the suggested I have arrived at an informed decision on the purchase of insurance product,
ubsequent to the submitting of this application and be	efore the acceptance of the risk by closing all material information to t	ny") of any change in the information with respect to the life to be assured the Company. I/We fully understand the nature of the questions including the Company while answering such questions in this application. By clicking on of RNLIC.
We declare that answers given by me/us to all the q	questions captured through Tablet a	application including the information given to the Company as to the state of
	ment or suppression or non-disclosu	re of material information submitted or where the Company is not notified claim or declare the policy void in accordance with Section 45 of the Insurance
		ion for life insurance. I hereby declare and confirm that the above mentione
ontact number belongs to me. I agree to receive the crivacy policy of RNLIC, having read and understood the		es from RNLIC on 🥯 WHATSAPP on my number. I also agree to abide by the
hereby declare and confirm that I am making the pre	emium payment towards this applica ot made from my own account. I o	tion through my own bank account/credit card and I agree to submit a third declare that the premiums paid have not been generated from the proceeds
eceipt at the premium collection point, upon collection	on of the premium amount by the surance Company Limited to deposi	nce Company Limited has advised all customers / policyholders to insist on Reliance Nippon Life Insurance officials and for this purpose, we / I need to the premium either in cash or by cheque. Therefore, we / I understand the sis at our / my risk and responsibility.
-		•
Signature of Life Assured (Applicable for Major Lives)		(Signature of Policy Holder (Proposer)
lame:	-	Name:
Date:	Place	
ECLARATION FOR SIGNING IN VERNACULAR OR FOR UNDERSTORM HER SIGNING IN VERNACULAR OR FOR UNDERSTORM HER SECONDARY OF THE SECONDARY OF T		ave truthfully recorded the answers provided to me.
ignature of Declarant in English	Place	
	nfirmation_	

Reliance Nippon Life Insurance Company Limited. IRDAI Registration No: 121. Registered & Corporate Office: Unit Nos. 401B, 402, 403 & 404, 4th Floor, Inspire-BKC, G Block, BKC Main Road, Bandra Kurla Complex, Bandra East, Mumbai - 400051. India. T +91 22 6896 5000. For more information or any grievance, 1. Call us between 9am to 6pm, Monday to Saturday (except public holidays) on our Toll-Free Number 1800 102 1010 or 2. Visit us at www.reliancenipponlife.com or 3. Email us at: milife.customerservice@relianceada.com. 4. Chat with us on our WhatsApp number (+91) 7208852700. 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

Sales Person Name_

Sales Person Sign_

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Sales Person agent code no: