

Proposal Form for Reliance Nippon Life Group Term Assurance Plus - Member

The insurance mentioned herein will be issued based on the facts provided in this proposal form. If any of the details provided are not factual or are not fully disclosed, the policy issued is liable to be cancelled with immediate effect. Please fill this form your self after reading the Product Brochure and with the assistance of are Advisor or Manager-Sales Team.

For office use only									
CDA/CA/BM Code	CA Exec/SM Code	FOS Code	POS/Advisor Code	Inward Date (ddmmyyyy)	Proposal date (ddmmyyyy)				
Client No. of the Life to be Assured		Client No. of the Nominee		Client No. of the Proposer		Contract Number			
<input type="checkbox"/> First Insurance with Reliance Nippon Life Insurance			<input type="checkbox"/> Subsequent Insurance with Reliance Nippon Life Insurance			<input type="checkbox"/> Urban		<input type="checkbox"/> Rural	

Important Guidelines: 1. This form is to be filled by the member him/her self. 2. If the member 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 or Master Policyholder may be used for filling up. 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. #Enclose proof of mailing & permanent address (both) if different & attach complete address details. 6. Enclose self attested address proof, identity proof & income proof, PAN Card copy, as applicable. 7. Enclose signed cancelled cheque/self attested passbook copy. 8. In the event, a member opts for Sum Assured above Free Cover Limit, the member has to submit personal statement for group cover life additionally which can be obtained from Master Policyholder or insurer.

PERSONAL DETAILS

Life to be Assured Mr. Ms. Full Name

Father's/Husband's Name:

Gender: Male Female Date of Birth (dd/mm/yyyy) Marital status : Single Married Widow(er)

Annual Income (Rs): Nationality: Indian NRI Others (Specify)

Occupation: Business Service Professional Retired Farmer Student Housewife Salaried Unemployed Labourer

Others Nature of Duties/Job Description :

Address Proof (tick any one): Bank Certificate Driving Licence Electricity/Telephone Bill Passport Employer Certification Society Maintenance Bill Others

Identity Proof (tick any one): Driving Licence Voter ID Card Passport PAN Card Bank Certification Defence ID Card Employer Certification Others

Age Proof (tick any one): School Cert./Transfer Cert./Mark Sheet Baptism Cert. Marriage Cert. Employer Cert. Valid Passport Defence ID Card Aadhar Card Govt. Pension Orders Driving Licence Municipal Birth Certificate PAN Card Others

PAN Card No.

Details for communication: Mailing Address

City

PIN Code State

Tel./Mobile No.

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

Basic Sum Assured: First Premium Rs.

Cover Start Date: Cover End Date:

Membership/Account. No.: Loan Amount Rs. Loan Term:

NOMINEE DETAILS

Name of the Nominee	Date of Birth	Relationship with the Member	Percentage Share
Total			100%

Appointee's Name (If Nominee is a minor)

Appointee's signature: Appointee's Date of Birth (dd/mm/yyyy) :

Relationship with the Nominee:

MASTER POLICYHOLDER DETAILS

MPH Name

MPH RO Name

MPH Branch Name MPH Branch Code

MPH Staff Name MPH Staff Employee Code

MPH Branch Manager Name MPH Branch Manager Code

*Master policyholder

Are you currently insured or applied for any other Group Insurance Plan of Reliance Nippon Life Insurance Company Limited?
(If yes, please provide details below)

Contract/Proposal No.	Basic Sum Assured	Sum Assured Under Rider	Year of Commencement	Current Status & terms of acceptance
				<input type="checkbox"/> Declined <input type="checkbox"/> Postponed <input type="checkbox"/> Rated Up <input type="checkbox"/> Rejected <input type="checkbox"/> Inforce <input type="checkbox"/> Lapsed <input type="checkbox"/> Applied

Additional sheets with relevant details signed by life assured may be added if space is insufficient.

Do you suffer from any medical ailments eg: diabetes, high blood pressure, cancer, respiratory disease (including asthma), Kidney or Liver Disease, Stroke, any blood disorder, Heart Problems, Hepatitis B or C, Tuberculosis, Psychiatric Disorder, Depression, Paralysis and HIV AIDS or a related infection AND/OR Have you consulted any medical practitioner and/or 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? AND/OR Do you have any form of physical impairment, disability, handicap or defect & is any surgery planned or are you currently aware that you may need to seek medical advice with in the near future? (Other than for medical examinations that may arise from this application.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If you have answered Yes to the question above, please provide following details: Complete Details required: Including health condition, date of

diagnosis, treatment prescribed, name/address of doctor-if applicable _____

DECLARATION BY LIFE TO BE ASSURED

I agree that I will inform the Company if between the date of this proposal and the date of the issuance of policy;
 1) If there is any change in my general health, occupation, or financial position or,
 2) 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 understand that if I fail to disclose the information sought by the Company, then the Company may void the contract at its sole discretion without giving any further explanation and the consequence thereof shall follow.
 I agree that the Insurance protection shall only be provided effective from the date of acceptance of risk by the Company.
 I 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 I have read the sales literature of the proposed plan and understood the terms and conditions of the plan along with the associated risk and benefits which I propose to take.
 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.
 I declare that the Company has disclosed and explained all the information related to this product and riders to me and I declare that I have understood the same before signing this proposal form.

I authorize Reliance Nippon Life Insurance Company to share my personal information with a specialist service provider, who would keep the said information in secure and confidential manner.
 For lender - borrower insurance policy, I hereby authorize the Company to make the payment of outstanding loan balance amount to the Mater Policyholder by deducting from the claim proceeds payable on the happening of the contingent event covered under the scheme/policy.

_____ Signature of Life to be Assured	_____ Signature of the Witness
Date: _____ Place: _____	Name of the witness: _____ Date: _____ Place: _____

DECLARATION FOR SIGNING IN VERNACULAR LANGUAGE OR FOR UNEDUCATED PERSONS

Reliance Nippon Life Insurance Company Limited requires that this proposal is completed by the Proposer/Premium Payer. (If the Proposer/Premium Payer does not read, write, or speak english, then this proposal may be completed by another person other than a person who is not the licensed agent selling the product to the member. I have explained the contents of this proposal to the Proposer/Premium Payer and endeavoured to ensure that the contents have been fully understood. I have accurately recorded the responses to the information sought by the proposal form and I have read the responses back to the Proposer/Premium Payer and confirmed that they are correct.

_____ Signature of Declarant in English	Name: _____	Date: _____	Place: _____
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AUTHORISATION CLAUSE FROM ENTITY

This is certify to Reliance Nippon Life Insurance Company Limited (RNLIC) that particulars: Name, Address, occupation, declration of good health, witness details, age and other particulars of the Life to be Assured as contained above in this form are true, complete and accurate and we would indemfiny RNLIC of any losses that RNLIC may suffer on account of placing reliance on the above information supplied. This is to further certify that the above Life to be Assured owes monies / sums to us, in the normal course of our lending and that the benefits and entitlements of the Life to be Assured in the above mentioned insurance policy, if any, would be adjusted against the dues of Life to be Assured and we undertake to pay the balance monies of the beneficiaries, if any, back to the Beneficiaries full towards discharge of dues of RNLIC to the beneficiaries. We further undertake to furnish claim related documents of the beneficiaries including identification documents to RNLIC in respect of the claims, if any.

_____ Signature Authorised signatory of the Entity	_____ Signature of the Witness
Name: _____	Name of the witness: _____
Date: _____	Date: _____
Address: _____	Place: _____

In case fraud or misrepresentation, the policy shall be cancelled immediately by paying the surrender value if any, 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 the Insurance Act, 1938, as amended by The Insurance Laws (Amendment) Ordinance, 2014

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.

Please refer to our website or contact our office for the details under the above mentioned Section 41.

POLICY IS NOT TO BE CALLED IN QUESTION ON GROUND OF MIS-STATEMENT AFTER 3 YEARS

Section 45 of the Insurance Act, 1938, as amended by The Insurance Laws (Amendment) Ordinance, 2014

(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.

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: mlife.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. Tax laws are subject to change, consulting a tax expert is advisable. For more details on risk factors, terms and conditions, please read sales brochure carefully before concluding a sale. UIN for Reliance Nippon Life Group Term Assurance Plus: 121N104V02.

BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS/FRAUDULENT OFFERS: 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