

# COMMON PROPOSAL FORM FOR RELIANCE NIPPON LIFE Group Employee Benefit Plus / Group Employee Benefits Plan / Group Traditional Superannuation Plus

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

## 1. PRINCIPAL EMPLOYER'S DETAILS

Full Name	<div style="display: flex; justify-content: space-between;"><div>FIRST</div><div>LAST</div></div>																									
Postal Address	<div style="display: flex; justify-content: space-between;"><div>FIRST</div><div>LAST</div></div>																									
	<div style="display: flex; justify-content: space-between;"><div>BUILDING / HOUSE</div><div>ROAD NAME / NO.</div></div>																									
	<div style="display: flex; justify-content: space-between;"><div>DISTRICT / TALUKA</div><div>LAND MARK</div></div>																									
	<div style="display: flex; justify-content: space-between;"><div>CITY / VILLAGE</div><div>STATE</div></div>																									
Pincode						Mobile	<div style="display: flex; justify-content: space-between;"><div>MOBILE 1</div><div>MOBILE 2</div></div>																			
Landline	STD ISD Code					LANDLINE					E-mail	EMAIL ADDRESS														
Nature of business																										
Number of employees to be covered under this scheme																										

## 2. SCHEME'S DETAILS

Trust (Policy Owner's) Name																				
Scheme Name																				
Scheme	<input type="checkbox"/> Gratuity <input type="checkbox"/> Leave Enchashment <input type="checkbox"/> Other Benefit Scheme with savings element <input type="checkbox"/> Superannuation																			
Product Name	<input type="checkbox"/> RNL Group Employee Benefit Plus (UIN: 121N150V01) <input type="checkbox"/> RNL Group Employee Benefits Plan (UIN: 121N138V02) <input type="checkbox"/> Group Traditional Superannuation Plus (UIN: 121N152V01)																			

(Please fill in following details only if the trust has it's office at a different location than principal employer's office)

Postal Address	<div style="display: flex; justify-content: space-between;"><div>FIRST</div><div>LAST</div></div>																									
	<div style="display: flex; justify-content: space-between;"><div>BUILDING / HOUSE</div><div>ROAD NAME / NO.</div></div>																									
	<div style="display: flex; justify-content: space-between;"><div>DISTRICT / TALUKA</div><div>LAND MARK</div></div>																									
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Pincode						Mobile	<div style="display: flex; justify-content: space-between;"><div>MOBILE 1</div><div>MOBILE 2</div></div>																			
Landline	STD ISD Code					LANDLINE					E-mail	EMAIL ADDRESS														

## 3. TRUSTEES' DETAILS

Trustee 1: Name																										
(Please fill in following details only if the trustee has his / her office at a different location than trust's office)																										
Postal Address	<div style="display: flex; justify-content: space-between;"><div>FIRST</div><div>LAST</div></div>																									
	<div style="display: flex; justify-content: space-between;"><div>BUILDING / HOUSE</div><div>ROAD NAME / NO.</div></div>																									
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	<div style="display: flex; justify-content: space-between;"><div>CITY / VILLAGE</div><div>STATE</div></div>																									
Pincode						Mobile	<div style="display: flex; justify-content: space-between;"><div>MOBILE 1</div><div>MOBILE 2</div></div>																			
Landline	STD ISD Code					LANDLINE					E-mail	EMAIL ADDRESS														
Trustee 2: Name																										

(Please fill in following details only if the trustee has his / her office at a different location than trust's office)

Postal Address	<div style="display: flex; justify-content: space-between;"><div>FIRST</div><div>LAST</div></div>																			
	<div style="display: flex; justify-content: space-between;"><div>BUILDING / HOUSE</div><div>ROAD NAME / NO.</div></div>																			
	<div style="display: flex; justify-content: space-between;"><div>DISTRICT / TALUKA</div><div>LAND MARK</div></div>																			
	<div style="display: flex; justify-content: space-between;"><div>CITY / VILLAGE</div><div>STATE</div></div>																			

#### 4. MASTER POLICYHOLDER ADDRESS PROOF

## 5. MASTER POLICYHOLDER PAN CARD NUMBER

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

## 7. BENEFIT DETAILS

#### 8. PLEASE INDICATE THE AMOUNT OF INITIAL CONTRIBUTION

## 9. PAYMENT DETAILS

Wktg/RKL/RNL\_GEBP Form/V7/July25

(If "YES" then mandatorily to fill the FATCA/CRS declaration)

3) Audited accounts of the trust (for the last fiscal).

d) Telephone/ Mobile Bill (not more than 2 months old)

b) Certificate of Registration issued by the Registrar of trust

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

## Beneficial Owner Documents

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

d) this is to certify that there are no death claims for the period 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 till 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 with respect to this proposed policy with Reliance Nippon Life Insurance Company Limited.

Date

D

D

M

M

Y

Y

Y

Y



**LIFE ADVISOR / EMPLOYEE CERTIFICATION**

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

**Section 41 of Insurance Act , 1938, as amended from time to time**

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 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.