



Application No.

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The insurance cover mentioned herein will be issued based on the facts provided in this Member Enrollment Form. If any of the details provided are not factual or are not fully disclosed, the coverage issued is liable to be cancelled with immediate effect by paying the surrender value. Subject to Section 45 of the Insurance Act, 1938, as amended from time to time.

Master Policyholder Code: _____ Master Policyholder Name: _____

Type of Borrower: ☐ Single / Co-borrower ☐ Joint Life

Life to be Assured ☐ Mr. ☐ Ms. **Full Name** _____

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

Details for communication: Mailing Address

_____ City _____

PIN Code State

Mobile No. Email ID:

Nationality: ☐ Indian ☐ NRI ☐ Others (Specify) _____ **PAN Details** | ☐ Submit Form 60 in absence of PAN

Occupation: ☐ Self-employed ☐ Salaried ☐ Student ☐ Housewife ☐ Others _____ Education _____

Name of Firm: _____ Nature of Job: _____ Annual Income (Rs): _____

Address Proof (tick any one): ☐ Bank Certificate ☐ Driving Licence ☐ Electricity/Telephone Bill ☐ Passport ☐ Rent Agreement ☐ Society Maintenance Bill

☐ 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

In case of co-borrowers, separate member enrollment form for each co-borrower should be filled

Life to be Assured ☐ Mr. ☐ Ms. **Full Name** _____

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

Details for communication: Mailing Address | _____

City

PIN Code State

Mobile No. Email ID:

Nationality: ☐ Indian ☐ NRI ☐ Others (Specify) | **PAN Details** | ☐ Submit Form 60 in absence of PAN

Occupation: ☐ Self-employed ☐ Salaried ☐ Student ☐ Housewife ☐ Others _____ Education | _____ |

Name of Firm: _____ Nature of Job: _____ Annual Income (Rs): _____

Address Proof (tick any one): ☐ Bank Certificate ☐ Driving Licence ☐ Electricity/Telephone Bill ☐ Passport ☐ Rent Agreement ☐ Society Maintenance Bill

Others	
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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

Relation with Primary Member: ☐ Father ☐ Mother ☐ Son ☐ Daughter ☐ Spouse ☐ Others

Loan Account. No.: _____ Loan effective date: _____

Type of Loan: ☐ Home Loan ☐ Personal Loan ☐ Vehicle Loan ☐ Education Loan ☐ Loan Against Property ☐ Others

Moratorium Period: ☐ Yes ☐ No ☐ Interest Payable ☐ Interest Accumulated **If yes, No. of months**

Loan Amount: Loan Term: months EMI Payable:

Type of Coverage: ☐ Level Cover ☐ Reducing cover **Cover Term:** months

Cover Amount: _____ **Premium (Incl. of all taxes):** _____ **Interest rate provided by MPH for Cover Schedule:** _____

*The initial cover amount should be less than or equal to 120% of the initial loan amount.

Bank Name: Amount:

Payment Details: _____ Date: _____

FATCA/CRS Declaration: Is the Member / Co-borrower Tax residence in jurisdiction (c) outside India? ☐ Yes ☒ No (If "YES" then mandatorily to fill the FATCA/CRS declaration)

Bank Name: Account Number:

Branch Name: | IESC Code: |

Branch Name: IFSC Code:

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.

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.

HEALTH DETAILS : (Please tick the box for your answer)			
Member / Co-borrower		Joint Life Member	
Height in cms: <input type="text"/>	Weight in kgs: <input type="text"/>	Height in cms: <input type="text"/>	Weight in kgs: <input type="text"/>

Member / Co-borrower							
Substances consumed	Yes	No	Consumed as				Quantity
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	Beer	Wine	Spirits	Others	<input type="text"/> ml / Week
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	Cigars	Cigarette	Bidis	Chewing Tobacco	<input type="text"/> Units/Day

Joint Life Member							
Substances consumed	Yes	No	Consumed as				Quantity
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	Beer	Wine	Spirits	Others	<input type="text"/> ml / Week
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	Cigars	Cigarette	Bidis	Chewing Tobacco	<input type="text"/> Units/Day

Questionnaire	Member / Co-borrower	Joint Life Member
1. Have you ever suffered or are currently suffering from chest pain, heart attack, disorder of the circulatory system, diabetes, elevated lipids, high blood pressure, cancer, tumour, abnormal tissue growth or cyst, paralysis, stroke, thyroid disorder, asthma, tuberculosis or other lung disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you suffered from Liver Disease, Stroke, any Nervous system disorder, any disorder of digestive system, abnormal lipids/cholesterol levels, respiratory diseases (including asthma), Heart problems (in place of heart attack), Genito – Urinary disorders, Psychiatric Disorder, HIV AIDS or a related infection	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever suffered or are currently suffering from blood disorder (e.g anaemia), diseases of the kidney or bladder, Prostate, stomach, pancreas, gall bladder, intestines, muscles, bones or joints?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever suffered from Liver diseases, Hepatitis B or C or HIV or sexually transmitted diseases, or diseases of the reproductive organ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you have any congenital disorder, physical deformity or epilepsy, depression or any mental or nervous disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Presently or in the last 5 years, have you been taking any medication or has a doctor ever attended you for any conditions, diseases or impairment not mentioned above (except for common cold or cough)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you engage or intend to engage in any hazardous occupation or in aviation (other than a fare paying passenger) or in any adventurous sports or hobbies? (like paragliding, mountaineering, deep sea diving , motor racing, bungee jumping etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Has more than one of your relatives e.g. parents, brothers, sisters suffered from or died before the age of 60 years as a result of heart attack, stroke, cancer, diabetes, blood pressure, kidney disease or any hereditary disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Have you ever been declined, deferred, and accepted at special terms, had cover reduced or had exclusion imposed for any life, health or accident insurance cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are you currently consuming or have you ever consumed narcotics or any such other substance whether prescribed or not ? (For E.g. ganja, hashish, heroin, cocaine, charas, marijuana, etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. a. Female life only: Are you pregnant? b. Have you ever suffered from or currently suffering from diseases of breast, uterus, cervix or ovaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are there any conviction or criminal proceedings against you in any court of law in India or abroad?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have answered "Yes" to any of the Questions between 1 to 12. Please provide the details including health condition, date of diagnosis, treatment prescribed, Name / Address of doctor if applicable

Question No.

Please take note that it is important to answer the above questions correctly. Any false information will lead to rejection of the application or the claim in future.

Date: Place:

Signature/Thumb Impression of the Member / Co-borrower Signature/Thumb Impression of the Joint Life Member



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 8 am to 8 pm, Monday to Saturday (except public holidays) on our Toll-Free Number - 1800 102 1010 or 2. Visit us at www.reliancenipponlife.com 3. Email us at: rnlife.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.

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