

Application No.

Member Enrollment Form for Reliance Nippon Life Group Credit Protection Plus (UIN: 121N151V01)

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:
MEMBER / CO-BORROWER DETAILS:
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 City
PIN Code State 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: 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 Addhar 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.
JOINT LIFE MEMBER DETAILS (IF APPLICABLE):
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 L
PIN Code State
Nationality: Indian NRI Others (Specify) PAN Details Submit Form 60 in absence of PAN
Occupation: Self-employed Salaried Student Housewife Others L. Education L.
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
Age Proof (tick any one): School Cert./Transfer Cert./Mark Sheet Baptism Cert. Marriage Cert. Employer Cert. Valid Passport Defence ID Card
Addhar Card Govt. Pension Orders Driving Licence Municipal Birth Certificate PAN Card Others
Relation with Primary Member: Father Mother Son Daughter Spouse Others
LOAN DETAILS:
Loan Account. No.: Loan effective date:
Type of Loan: Home Loan Personal Loan Vehicle Loan Education Loan Against Property Others L
Moratorium Period: Yes No Interest Payable Interest Accumulated If yes, No. of months
Loan Amount: Loan Term: Loan Term: EMI Payable: Loan Term: Loan Te
PLAN DETAILS:
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.
PAYMENT DETAILS:
Bank Name: Amount:
Payment Details: Date:
FATCA/ CRS Declaration: Is the Member / Co-borrower Tax residence in jurisdiction (s) outside India? Yes No (If "YES" then mandatorily to fill the FATCA/CRS declaration)
MEMBER / CO-BORROWER BANK DETAILS:
Bank Name: Account Number:
Branch Name:

NOMINEE DETAILS:							
Name of the Nominee	Nomin	ee Address	Date of Birth	Gender	Relationship with Pri	imary Member	Percentage Share
						Total	100%
Appointee's Name (If Nominee is a Appointee's Address:	ı minor):			1 1			
Gender: Male Female	e Transgender						
Appointee's signature:	1		• • • • • • • • • • • • • • • • • • • •	e's Date of Birtl	, , , , , , , , , , , , , , , , , , , ,		
Relationship with the Nominee:							
NOMINEE BANK DETAILS:							
Bank Name:				Ac	count Number:		
			IFSC Code:				
NOTICE OF ASSIGNMENT AND	SPLIT PAYMENT AU	THORIZATION					
I/Ve hereby authorize the Company to	make the payment of o	outstanding loan balance am	ount to the Mater Pol	icyholder by dedu	cting from the claim proceeds	payable on the hap	pening of the contingent eve
covered under the scheme/policy and	to pay the balance pro	ceeds (if any) to my nominee	e(s)/legal heir(s) (as a	oplicable).			
Note:(1) The claim should be found ad	missible by the Compa	ny (2) In case there is no out	tstanding loan balanc	e owed to the Ma	ster Policyholder, this authoriza	ation shall be deem	ed to be lapsed, ineffective,
unenforceable and invalid from the dat	•		•				
Notice is hereby given that I,			the member of the	master Insuranc	e policy, assign my rights and I	benefits of the said	life
insurance cover subsequent to its issu							, whose
registered office is at							
Assignee name:							
Date & Place:		Signature of Member / C	o-borrower:		Signature of Joint I	nsured Member: L	
Witness:	1	Relationship:			Signature:		
(i) Assignment for the life insurance cover will be upto the	e outstanding loan amount payabl	•	be governed by the terms and	conditions of this assignm			me.
DECLARATION FOR SIGNING IN	I VERNACULAR LAN	GUAGE OR FOR UNEDUC	ATED PERSONS OF	R ON BEHALF O	F PERSONS WITH DISABIL	ITY	
I, Mr. Ms.		, hereby (declare that I have fu	lly explained the (questions and contents of prop	osal form to the Me	ember in
					ve trutiliully recorded the ansv	vers as given by the	e Member. The Member has
affixed the thumb impression or sign					ve trutilully recorded the allsv	vers as given by the	e Member. The Member has
affixed the thumb impression or signal. I, Mr. Ms.		nguage below after fully und	derstanding the conte	nts thereof. nts of the form an	d all the information related to	the product have b	een fully explained to me by
affixed the thumb impression or sign	ed in the vernacular la	nguage below after fully und	derstanding the conte	nts thereof. nts of the form an	·	the product have b	een fully explained to me by
affixed the thumb impression or signal. I, Mr. Ms. L Mr. Ms. L	ed in the vernacular la	nguage below after fully und	derstanding the conte	nts thereof. nts of the form an	d all the information related to	the product have b	een fully explained to me by
affixed the thumb impression or signal. I, Mr. Ms. L Mr. Ms. L	ed in the vernacular la	nguage below after fully und	derstanding the conte	nts thereof. nts of the form an	d all the information related to	the product have b	een fully explained to me by
affixed the thumb impression or signal. I, Mr. Ms. L Mr. Ms. L	ed in the vernacular la	nguage below after fully und	derstanding the conte	nts thereof. nts of the form an	d all the information related to oviding complete and accurat	the product have b	een fully explained to me by

Note: The Declarant cannot be Employee/Advisor/SP of Reliance Nippon Life Insurance Company Limited.

DECLARATION OF THE MEMBER:

Address

Date

I/We understand and agree that the statements in this proposal form shall be the basis of the contract between me and Reliance Nippon Life Insurance Company Limited ("the Company"). I/We agree that I/We will inform the Company if, between the date of this proposal and the date of issuance of the policy about any change in my general health, occupation, financial position or 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/We understand that if I/We 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/We agree that the Insurance protection shall only be provided effective from the date of acceptance of risk by the Company. I/We further declare that the statements in this proposal form are true and I/We have disclosed all information which might be material to the Company while issuing the policy contract. I/We declare that I/We have read the sales literature of the proposed plan and understood the Terms and Conditions of the plan along with the associated risks and benefits which I/We propose to take. I/We declare that the premiums paid have not been generated from the proceeds of any criminal activities/offences and I/We shall abide by and conform to the Prevention of Money Laundering Act, 2002 or any other applicable laws. I/Wedeclare that the Company has disclosed and explained all the information related to this product and riders to me and I/We declare that I/We have understood the same before signing this proposal form. In case of fraud the policy contract shall be cancelled immediately by refund of all premiums paid or in case of misrepresentation being established by the insurer in accordance with Section 45 of the Insurance Act, 1938 as ammended from time to time.

Address

Date

AUTHORISATION FROM LIFE TO BE ASSURED (APPLICABLE FOR CONTRIBUTORY MEMBERSHIPS/LOAN ARRANGEMENT WITH MASTER POLICYHOLDER):

I hereby authorize the Company to charge any occupation/residential/age extra or reduce the sum assured on my proposal based on the information provided by me and the supporting documents submitted with this proposal form. I hereby authorize the Company to conduct screening/confirmation/reconfirmation of overall status of the Life to be Assured including the health status through medical examinations, if required, which may include laboratory tests, cardiac, radiological investigations and other medical tests including blood tests to detect bacterial/viral/fungal infections. I hereby give my consent to undergo HIV1/2 test by ELISA method. I am aware that this test is only for screening purposes and not confirmatory for HIV/AIDS. In order to enable the Company to assess the risk under this proposal and any time thereafter, I hereby, authorize the past and present employer(s)/business associates/medical practitioner/hospital and medical source/any life and non-life insurance Company/organization or Life Insurance Association to release to the Company the records of employement/business or other details as may be considered relevant for acceptance or otherwise of this proposal form. I agree that Reliance Nippon Life Insurance Company may need to share my personnel information with a specialist service provider, who would keep the said information in secure and confidential manner. Payments will be made to the provided bank a/c, unless the bank a/c particulars are changed/modified by my written communication to Reliance Nippon Life Insurance Company Limited. I also hereby agree and authorized the Company to access my data maintained by the Unique Identification Authority of India (UIDAI) for KYC verification purpose. I agree that in order to assess the risk, I need to undergo medicals as per Reliance Nippon Life Insurance Company Limited and/or its representative to call us/me for all policy and/ or service related calls.

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 DETAIL	.S : (Please ti	ick the bo	x for your answer)						
Member / Co-borrower							Joint Life Member					
Height in cms: L	ght in cms: L Weight in kgs: L Height in cms: L				in cms: L	Weight in kgs:						
				Mombor / C	e borrow	or.						
Substances consumed	Yes	No		Member / C	Consum				Quantity			
Alcohol			Beer	Wine	ne Spirits Others			ml / Week				
Tobacco			Cigars	Cigar	ette	Bidis	Chewing Tobacco	L	Units/Day			
Joint Life Member												
Substances consumed	Yes	No			Consum	ed as			Quantity			
Alcohol			Beer	Wine	e	Spirits	Others		ml / Week			
Tobacco			Cigars	Cigaro	ette	Bidis	Chewing Tobacco		Units/Day			
		Questionna	ire				Member / Co-borr	ower Joi	int Life Member			
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?							□ Yes □ No	0 [⊒ Yes □ No			
2 Have you suffered from Liver Disease. Stroke, any Nervous system disorder, any disorder of digestive system.							☐ Yes ☐ No	0 [Yes No			
•								o [□ Yes □ No			
	4. Have you ever suffered from Liver diseases, Hepatitis B or C or HIV or sexually transmitted diseases, or diseases of the) [□ Yes □ No			
5. Do you have any congenital disorder, physical deformity or epilepsy, depression or any mental or nervous disorder?							☐ Yes ☐ No) [☐ Yes ☐ 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)?							□ Yes □ No	0 [Yes 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)							y □ Yes □ No	o [□ Yes □ 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?							□ Yes □ No) [⊒ Yes □ 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?							□ Yes □ No) [□ Yes □ 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)						0 [□ Yes □ No					
11. a. Female life only: Are yo		ently sufferin	n from diseases of breas	et literiis cervi	viy or ovarie	e?		Yes No Yes Ver				
12. Are there any conviction							□ Yes □ No	☐ Yes ☐ No ☐ Yes ☐ ☐ Yes ☐ ☐ Yes ☐ ☐ ☐ Yes ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
If you have answered "Yes" to a applicable	any of the Que	estions betwe	een 1 to 12. Please provid	de the details i	including h	ealth condition, date of			Address of doctor if			
Question No.												
Please take note that it is impor	tant to answe	er the above	questions correctly. Any f	false informatio	on will lead	I to rejection of the app	lication or the claim in futu	ure.				
Date:	Pla	ace:										
Signature/Thumb Impression (of the Membe	r / Co-borrov	wer		Signatur	e/Thumb Impression of	the Joint Life Member					

ISO 9001:2008

CERTIFIED COMPANY

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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