RELIANCE NIPPON LIFE INSURANCE

Application No.

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 FIRST LAST

Postal Address FIRST LAST

BUILDING/HOUSE ROAD NAME/NO.

DISTRICT/TALUKA LANDMARK

CITY/VILLAGE STATE

Pincode **Mobile** MOBILE 1 MOBILE 2

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 ☐ Gratuity ☐ Leave Enchashment ☐ Other Benefit Scheme with savings element ☐ Superannuation

Product Name ☐ RNL Group Employee Benefit Plus (UIN: 121N150V01) ☐ RNL Group Employee Benefits Plan (UIN: 121N138V02)

☐ 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 FIRST LAST

BUILDING/HOUSE ROAD NAME/NO.

DISTRICT/TALUKA LANDMARK

CITY/VILLAGE STATE

Pincode **Mobile** MOBILE 1 MOBILE 2

Landline STD ISD Code LANDLINE **E-mail** EMAIL ADDRESS

Do you want Policy document in physical form? ☐ **Yes** ☐ **No**

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 FIRST LAST

BUILDING/HOUSE ROAD NAME/NO.

DISTRICT/TALUKA LANDMARK

CITY/VILLAGE STATE

Pincode **Mobile** MOBILE 1 MOBILE 2

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 FIRST LAST

BUILDING/HOUSE ROAD NAME/NO.

DISTRICT/TALUKA LANDMARK

CITY/VILLAGE STATE

Pincode | **Mobile** MOBILE1 | MOBILE2

Landline STD ISD Code LANDLINE | **E-mail** EMAIL ADDRESS

4. MASTER POLICYHOLDER ADDRESS PROOF

- ☐ Bank account statement (not more than 3 months old)
- ☐ Electricity / Telephone (Landline) Bill (not more than 2 months old)
- ☐ Notarized lease agreement with rent receipts & electricity bill of owner (not more than 3 months old)
- ☐ Certificate of Incorporation & MOA & AOA
- ☐ Others (Please specify)

5. BANK DETAILS OF MASTER POLICY HOLDER & PAN CARD NUMBER

Bank Name: | **Account Number:**

IFSC Code: | **PAN Card No.**

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

We authorise Reliance Nippon Life Insurance Company Limited to accept the following persons as 'authorised signatories' on behalf of the trustees/Company for the following purposes:

1. Admit new members into the scheme and provide membership details as required by Reliance Nippon Life Insurance Company Limited.
2. To give Reliance Nippon Life Insurance Company Limited notice of members who cease employment and authority to pay benefits for these members in the event that a benefit is payable in accordance with the rules/board resolution, and
3. Provide any other information deemed necessary by Reliance Nippon Life Insurance Company Limited to assist in maintaining accurate member records and to calculate benefits.

Authorised Signatory 1*: Name

Designation | **E-mail** EMAIL ADDRESS

Mobile MOBILE1 | MOBILE2

Signature of the Authorised Signatory | Signature of Witness | **Name of Witness**

Authorised Signatory 2*: Name

Designation | **E-mail** EMAIL ADDRESS

Mobile MOBILE1 | MOBILE2

Signature of the Authorised Signatory | Signature of Witness | **Name of Witness**

*Please attach relevant identity proof and address proof

7. BENEFIT DETAILS

Normal Retirement Age ☐☐ Years | State briefly the benefits required LAST

Gratuity/Leave Encashment/superannuation/any other Scheme Benefits will be payable as per Scheme Rules.

The Master Policyholder can opt for additional life coverage for its employees/members through Reliance Nippon Life Group Term Assurance Plus
For further details on all the conditions, exclusions related to this product please read the sales brochure before concluding sale.

8. PLEASE INDICATE THE AMOUNT OF INITIAL CONTRIBUTION

₹

☐ **Aggregation Option*** (Applicable in case you have multiple policies under this product. Please provide the necessary documentation to avail this option)

*Applicable for Group Employee Benefit Plus and Group Traditional Superannuation Plus only

9. PAYMENT DETAILS

Details of contribution paid ☐ Cheque / DD ☐ RTGS | **Amount in ₹**

Cheque / DD No.: | **Cheque / DD Date** DDMMYYYY

Bank Name

FATCA/ CRS Declaration
Are MPH Tax residence in jurisdiction (s) outside India ☐ Yes ☐ No
(If "YES' then mandatorily to fill the FATCA/CRS declaration)

Income Proof: (Any one of these Income proofs can be submitted)
1) Recent Income Tax Assessment Orders or Income Tax Returns of the trust.
2) Current year's Audited P & L account and Balance sheet of the trust.
3) Audited accounts of the trust (for the last fiscal).

KYC Documents:
1) **Address proof**: (Any one of these Address proofs can be submitted)
   a) Certificate of Registration issued by the Registrar of trust
   b) Notarized lease agreement with rent receipts & electricity bill of owner (not more than 3 months old)
   c) Electricity Bill (not more than 2 months old)
   d) Telephone/ Mobile Bill (not more than 2 months old)

2) **ID proof**: (Any one of these ID proofs can be submitted)
   a) PAN Card of the trust
   b) Certificate of Registration issued by the Registrar of trust

3) **FATCA/CRS declaration Form**

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.

10. LIST OF MANDATORY DOCUMENTS REQUIRED TO BE SUBMITTED ALONG WITH THE PROPOSAL FORM

- ☐ Duly filled in application form with signatures of minimum two trustees with trust seal two authorised signatories with company seal (Leave Encashment)
- ☐ Self attested copy of PAN Card*
- ☐ Self attested copy of address proof as per section number 4 of this proposal form*
- ☐ Self attested copy of Scheme Rules (for Gratuity Schemes and superannuation schemes)/Board Resolution*
- ☐ Member data
- ☐ No claim certificate on trust letter head in Reliance Nippon Life Insurance Company Limited prescribed format if the policy is to be commenced from the date prior to premium / contribution deposit date (Applicable for Gratuity Scheme and Superannuation)
- ☐ Documents related to payment instrument
- ☐ Valuation (summary & member data) certified with signatures of 2 trustees signing the application form with trust seal two authorised signatories signing the application form with company seal (Leave Encashment)
- ☐ Actuarial quotation copy signed as received and accepted with trust seal/Company seal by authorised signatories
- ☐ Deed of Variation
- ☐ GST Registration Certificate
- ☐ Duly signed copy of Aadhar Card or Pan Card of proposal signing authority
- ☐ Copy of Cancelled Cheque (Trust) / Bank Statement (Trust)
- ☐ Beneficial Owner Documents

*Self attestation by signatures of the trustees signing the application form with trust seal/company seal
The documents ticked above shall be submitted to Reliance Nippon Life Insurance Company Limited representative in original.

11. SPECIFIC DECLARATION TO MEMBER DATA

Employer's Certificate: Particulars of all our eligible employees to join this scheme from the effective date are attached as member data to this application form. We certify that the particulars as provided by us in the attached member data are true and correct as per our records and we wish to admit these employees to the scheme.
We also certify that the listed employees in the member data
a) are whole time confirmed employees.
b) are entitled to benefits as defined in the Scheme Rules.
c) were not absent from duty on grounds of sickness on the policy commencement date.
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.

Authorised Signatory 1 :

Signature

Name

Place

Date D D M M Y Y Y Y

Authorised Signatory 2 :

Signature

Name

Place

Date D D M M Y Y Y Y

12. DECLARATIONS

We acknowledge the following:

i. that the information provided herewith is true and correct and this proposal together with the certified (self attested) copy of the Scheme Rules along with other requisite documents shall be the basis of the contract for effecting the proposed Reliance Nippon Life Group Employee Benefit Plus / Group Employee Benefits Plan Policy / Group Traditional Superannuation Plus.

ii. that we will undertake to supply such information as may be reasonably required to determine the extent of the benefits and the contributions payable under this policy.

iii. that Reliance Nippon Life Insurance Company Limited reserves the right to vary charges at any time and three months notice of such change will be provided to us in writing.

iv. benefits will be as per Scheme Rules.

v. that the Company has disclosed and explained all the information related to this product to us and we declare that we have understood the same before signing this proposal form.

vi. that we will undertake to supply such information as may be reasonably required for underwriting purposes.

vii. That we understand and agree that if any untrue statement is contained in the proposal form (including any addendum(s) thereto) / or any of the documents, statements information etc. provided to the Company in connection therewith or if there has been a non-disclosure of material fact, or in case of fraud, then in any such event the Company shall have the right to, in respect of a / all member(s) to revise the premiums / vary the benefits / treat the master policy as per the provisions of Section 45 of the Insurance Act, 1938 as amended from time to time

viii. That we provide consent to the company to share the details to a specialist service provider contracted by the company for policy and claims related services which includes third party administrators, claim investigators, data analytics etc.. We further provide consent to company to share my details to regulated entities and includes Insurance Information Bureau, Insurance Repositories, CERSAI.

In order to save environment and avoid cutting of trees for papers, we agree to receive communications from Reliance Nippon Life Insurance Company Limited through electronic mode.

13. SIGNATURES OF THE TRUSTEES WITH TRUST SEAL/AUTHORISED SIGNATORIES WITH COMPANY SEAL

Minimum 2 trustees/Authorised Signatories should sign this proposal form. However, if more number of trustees/authorised signatories wish to sign the proposal form, additional pages can be used to provide required details and signatures thereof. The authorised signatories should be the same as approved by the Board Resolution.

Trustee 1/Authorised Signatory 1 :

Signature

Name

Place

Date D D M M Y Y Y Y

Trustee 2/Authorised Signatory 2 :

Signature

Name

Place

Date D D M M Y Y Y Y

Trust Seal/Company Seal:

14. DECLARATION FOR SIGNING IN VERNACULAR LANGUAGE OR FOR UNEDUCATED PERSONS OR ON BEHALF OF PERSONS WITH DISABILITY

I, ☐ Mr.☐Ms. _____, hereby declare that I have fully explained the questions and contents of proposal form to the Master Policyholder in _____ language and endeavored to ensure that the contents have been fully understood. I have truthfully recorded the answers as given by the Master Policyholder. The Master Policyholder has affixed the thumb impression or signed in the vernacular language below after fully understanding the contents thereof.

I, ☐Mr. ☐Ms. _____ , hereby certify that the contents of the form and all the information related to the product have been fully explained to me by ☐ Mr. ☐ Ms. _____ , and I have understood the importance of providing complete and accurate information of the enrolment Form and the significance of each declaration mentioned herein.

Signature / Thumb Impression of the Master Policyholder
Name
Mobile No.
Address:
Date

Signature of Declarant in English
Name
Mobile No.
Address:
Date

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

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.

Mktg/RKL/GEBP Form/V1.1/Sep25