



|  |   |   |
|--|---|---|
| <b>10. Highest Educational Qualification</b>                 | Below 10 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 12 <sup>th</sup> <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/><br>Uneducated <input type="checkbox"/> Others, kindly specify _____  | Below 10 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 12 <sup>th</sup> <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/><br>Uneducated <input type="checkbox"/> Others, kindly specify _____  |
| <b>11. Current Address</b>                                   | <input type="text"/><br><input type="text"/>  | <input type="text"/><br><input type="text"/>  |
|  | Landmark: <input type="text"/>  | <input type="text"/>  |
|  | City: <input type="text"/>  | <input type="text"/>  |
|  | State: <input type="text"/>   | <input type="text"/>  |
| Pin Code: <input type="text"/>                               | <input type="text"/>  | <input type="text"/>  |
| <b>12. Permanent Address</b>                                 | <input type="text"/><br><input type="text"/>  | <input type="text"/><br><input type="text"/>  |
|  | Landmark: <input type="text"/>  | <input type="text"/>  |
|  | City: <input type="text"/>  | <input type="text"/>  |
|  | State: <input type="text"/>   | <input type="text"/>  |
| Pin Code: <input type="text"/>                               | <input type="text"/>  | <input type="text"/>  |
| <b>13. Address for Communication</b>                         | Current <input type="checkbox"/> Permanent <input type="checkbox"/>   | Current <input type="checkbox"/> Permanent <input type="checkbox"/>   |
| <b>14. Telephone and Email Details</b>                       | Residence No. <input type="text"/> S <input type="text"/> T <input type="text"/> D <input type="text"/>   | <input type="text"/> S <input type="text"/> T <input type="text"/> D <input type="text"/>   |
|  | Office No. <input type="text"/> S <input type="text"/> T <input type="text"/> D <input type="text"/>  | <input type="text"/> S <input type="text"/> T <input type="text"/> D <input type="text"/>   |
|  | Mobile No. <input type="text"/>   | <input type="text"/>  |
|  | E-mail <input type="text"/>   | <input type="text"/>  |
| <b>15. Occupation Class</b>                                  | Salaried <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/><br>Student (Current Std.) <input type="checkbox"/> Self Employed/Business Owner <input type="checkbox"/><br>Others <input type="checkbox"/> (Specify) _____   | Salaried <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/><br>Student (Current Std.) <input type="checkbox"/> Self Employed/Business Owner <input type="checkbox"/><br>Others <input type="checkbox"/> (Specify) _____   |
| <b>16. Employment details:</b>                               |   |   |
| <b>a. Name of the Employer / Business/ School/College</b>    | <input type="text"/>  | <input type="text"/>  |
| <b>b. Address of the Employer / Business/ School/College</b> | <input type="text"/><br><input type="text"/>  | <input type="text"/><br><input type="text"/>  |
| <b>c. Organisation Type</b>                                  | Govt <input type="checkbox"/> Public Ltd <input type="checkbox"/> Pvt Ltd <input type="checkbox"/> Partnership firm <input type="checkbox"/><br>Proprietorship firm <input type="checkbox"/> Professional <input type="checkbox"/><br>Others <input type="checkbox"/> (kindly specify) _____  | Govt <input type="checkbox"/> Public Ltd <input type="checkbox"/> Pvt Ltd <input type="checkbox"/> Partnership firm <input type="checkbox"/><br>Proprietorship firm <input type="checkbox"/> Professional <input type="checkbox"/><br>Others <input type="checkbox"/> (kindly specify) _____  |
| <b>d. Industry</b>   | Financial <input type="checkbox"/> Manufacturing <input type="checkbox"/> Retail <input type="checkbox"/><br>Infrastructure <input type="checkbox"/> Others _____   | Financial <input type="checkbox"/> Manufacturing <input type="checkbox"/> Retail <input type="checkbox"/><br>Infrastructure <input type="checkbox"/> Others _____   |
| <b>e. Nature of work</b>                                     | Desk job <input type="checkbox"/> Heavy / Manual Labor <input type="checkbox"/> Skilled Worker <input type="checkbox"/><br>Agriculture <input type="checkbox"/> Driver <input type="checkbox"/> Jeweler <input type="checkbox"/> Crane operator <input type="checkbox"/><br>Machine Operator <input type="checkbox"/> Armed forces <input type="checkbox"/> Contractor <input type="checkbox"/><br>Mariner (Offshore/Onshore) <input type="checkbox"/> Others (Specify) _____ | Desk job <input type="checkbox"/> Heavy / Manual Labor <input type="checkbox"/> Skilled Worker <input type="checkbox"/><br>Agriculture <input type="checkbox"/> Driver <input type="checkbox"/> Jeweler <input type="checkbox"/> Crane operator <input type="checkbox"/><br>Machine Operator <input type="checkbox"/> Armed forces <input type="checkbox"/> Contractor <input type="checkbox"/><br>Mariner (Offshore/Onshore) <input type="checkbox"/> Others (Specify) _____ |
| <b>f. Annual income in ₹</b>                                 | <input type="text"/>  | <input type="text"/>  |
| <b>17. Income Proof</b>                                      | ITR <input type="checkbox"/> P&L account <input type="checkbox"/> CA Certificate <input type="checkbox"/> Salary Slip <input type="checkbox"/><br>Form 16 <input type="checkbox"/> Others <input type="checkbox"/> (Specify) _____  | ITR <input type="checkbox"/> P&L account <input type="checkbox"/> CA Certificate <input type="checkbox"/> Salary Slip <input type="checkbox"/><br>Form 16 <input type="checkbox"/> Others <input type="checkbox"/> (Specify) _____  |
| <b>18. Identity Proof</b>                                    | Passport <input type="checkbox"/> PAN Card <input type="checkbox"/> Voter's ID <input type="checkbox"/> Aadhaar Card <input type="checkbox"/><br>Driving License <input type="checkbox"/> Others <input type="checkbox"/><br>(Specify with ID proof no) _____   | Passport <input type="checkbox"/> PAN Card <input type="checkbox"/> Voter's ID <input type="checkbox"/> Aadhaar Card <input type="checkbox"/><br>Driving License <input type="checkbox"/> Others <input type="checkbox"/><br>(Specify with ID proof no) _____   |
| <b>19. Address Proof</b>                                     | Voter's ID Card <input type="checkbox"/> Telephone Bill <input type="checkbox"/> Electricity Bill <input type="checkbox"/><br>Ration Card <input type="checkbox"/> Aadhaar Card <input type="checkbox"/> Others _____   | Voter's ID Card <input type="checkbox"/> Telephone Bill <input type="checkbox"/> Electricity Bill <input type="checkbox"/><br>Ration Card <input type="checkbox"/> Aadhaar Card <input type="checkbox"/> Others _____   |
| <b>20. Unique Identification Number (Aadhaar) :</b>          | <input type="text"/><br><input type="checkbox"/> I Do not have Aadhaar  | <input type="text"/><br><input type="checkbox"/> I Do not have Aadhaar  |
| <b>21. Permanent Account Number ( PAN ) :</b>                | <input type="text"/> (kindly attach copy of Pan card)<br><input type="checkbox"/> *I Do not have PAN (*kindly attach copy of Form 60 duly signed)   | <input type="text"/> (kindly attach copy of Pan card)<br><input type="checkbox"/> *I Do not have PAN (*kindly attach copy of Form 60 duly signed)   |
| <b>22. Politically Exposed Person (PEP):</b>                 | <b>a.</b> Are you a Politically exposed person***? Yes <input type="checkbox"/> No <input type="checkbox"/><br>If Yes, Please provide details _____   | <b>a.</b> Are you a Politically exposed person***? Yes <input type="checkbox"/> No <input type="checkbox"/><br>If Yes, Please provide details _____   |
|  | <b>b.</b> Are any of your family members or close relative a Politically Exposed Person? Yes <input type="checkbox"/> No <input type="checkbox"/><br>If Yes, Please provide details _____   | <b>b.</b> Are any of your family members or close relative a Politically Exposed Person? Yes <input type="checkbox"/> No <input type="checkbox"/><br>If Yes, Please provide details _____   |

\*\*\*Definition of PEP: PEP are individuals who are or have been entrusted with prominent public functions, domestically/ in an international organisation/ in a foreign country. This would include individuals who have or have had positions of Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials. "Close relations of PEP: Family members are individuals who are related to a PEP either directly (consanguinity) or through marriage or similar (civil) forms of partnership. Close associates are individuals closely connected to a PEP, either socially or professionally"

**23. Additional Details of Joint Life**, If Joint Life and Life Assured are different then kindly mention relation with Life Assured.

**24. Details of Nominee** (Applicable only if Life Assured & Joint Life are same person)

| Name  |        |      | Date of Birth<br>DD/MM/YYYY | Gender<br>M / F | Relationship | Percentage* ( % )<br>Do not enter % in decimals |
|-------|--------|------|-----------------------------|-----------------|--------------|---|
| First | Middle | Last |                             |                 |              |   |
| First | Middle | Last |                             |                 |              |   |
| First | Middle | Last |                             |                 |              |   |

\* Total % should be equal to 100

**25. Details of Appointee** (where Nominee is a minor, Appointee also to be furnished)

| Name  |        |      | Date of Birth<br>DD/MM/YYYY | Gender<br>M / F | Relationship |
|-------|--------|------|-----------------------------|-----------------|--------------|
| First | Middle | Last |                             |                 |              |

**26. FUND SELECTION DETAILS** ( To be filled for Unit Linked Products )

**a.** Kindly mention the names of the fund chosen. **b.** In case you opt for a specific Portfolio Strategy\*, kindly mention the Fund Names or other details as applicable. **c.** Kindly fill in whole numbers in percentage only. Decimals and Fractions not allowed (\*as available with individual products).

| Name of Fund | % Allocation |
|--------------|--------------|
|              |              |
|              |              |
|              |              |
|              |              |

OR

|   |                      |
|---|----------------------|
| *Chosen Portfolio Strategy _____                        |                      |
| Funds for the chosen Portfolio Strategy (If Applicable) |                      |
| Debt oriented fund                                      | Equity oriented fund |
|   |                      |
| Other Details(if applicable) _____                      |                      |

**27. PAYMENT DETAILS**

Premium Payment Mode: Annual  Semi-Annual  Quarterly  Monthly  Single

Premium Payment Method: Cheque  Demand Draft  Credit Card #  ECS #  Standing Instructions #

Online  (Net Banking  Debit Card  Credit Card )

Name of Card Holder: \_\_\_\_\_ Card Number (16 Digit) \_\_\_\_\_

Cheque/DD No. \_\_\_\_\_ Issuing Bank \_\_\_\_\_ Branch \_\_\_\_\_

Amount \_\_\_\_\_ Date \_\_\_\_\_

**Premium ₹ \_\_\_\_\_ + Service Tax^ ₹ \_\_\_\_\_ = Total Payment ₹ \_\_\_\_\_ for \_\_\_\_\_ months initial deposit**  
(To be filled for monthly mode only)

On the first policy anniversary I would like to change the premium payment mode to \_\_\_\_\_. (Subject to policy contract provisions)

Premium is excluding Service Tax and applicable Surcharge and Cess. All taxes, duties, surcharge, cesses or levies, (including but not limited to Service Tax and TDS), as may be imposed by Government or any statutory authority from time to time, on the premiums payable and benefits secured under Policy, shall be borne and paid by the Policyholder.

Non-resident policyholders are exempt from service tax as per prevailing tax laws subject to submission of declaration along with valid address proof of residence outside India. Tata AIA Life Insurance Company Limited reserves the right to recover/ deduct from the policyholder, any levies and duties (including Service Tax, Swachh Bharat Cess and TDS), as imposed by the government from time to time. Kindly refer the Sales Illustration for the exact premium.

Cheque/ DD should be drawn in favor of "Tata AIA Life Insurance Company Ltd. <Proposal No>" Do not issue blank cheque. Do not issue cheques without mentioning policy no. on the face of the cheque. Kindly refer the AML Declaration.

**28. Mandatory Bank Details** Please provide below bank details. Bank details provided should be in the name of Joint Life. All policy payouts will be made to the below mentioned bank account through electronic transfer. Payout would be in accordance and subject to terms and conditions of the policy.

| Name of Account holder | Bank Account No. | Bank Name and Branch | Account Type   | IFSC Code |
|------------------------|------------------|----------------------|--|-----------|
|                        |                  |                      | Current <input type="checkbox"/> Savings <input type="checkbox"/><br>NRE <input type="checkbox"/> NRO <input type="checkbox"/> |           |

Note: **1.** Please provide a personalized cancelled copy of your cheque. If personalized cancelled cheque is not available, attach bank statement showing account holder name, address and account number. **2.** In case of non credit to my bank account with/ without assigning any reasons there of or if the transaction is delayed or not effected at all for reasons of incomplete/ incorrect information, I would not hold Tata AIA Life Insurance Co Ltd responsible. **3.** Further, the Company reserves the right to use any alternative payout option inspite of opting for Direct Credit option.

**29. EXISTING INSURANCE POLICY DETAILS-**

A. Do you have life insurance policy with Tata AIA Life Insurance Company?  Y /  N If Yes, kindly provide details as below:-

| Life Assured |             | Joint Life (If other than Life Assured) |             |
|--------------|-------------|---|-------------|
| Policy Nos   | Sum Assured | Policy Nos                              | Sum Assured |
|              |             |   |             |
|              |             |   |             |

B. Do you currently hold or have applied for Life Insurance/Pension/Health/Personal Accident Policies with other companies?  Y /  N If yes, kindly provide details as below:-

| Life Assured  |                 |                                |                             |  | Joint Life (If other than Life Assured)   |                 |                                |                             |  |
|---|-----------------|--------------------------------|-----------------------------|--|---|-----------------|--------------------------------|-----------------------------|--|
| Type of Insurance<br>(Life/Health/Unit<br>Linked/Pension/<br>Personal Accident) | Company<br>Name | Basic Sum<br>Assured<br>in (₹) | Annual<br>Premium<br>in (₹) | **Decision<br>(Standard/with<br>Revised or Extra Premium<br>/Deferred/Declined/Not<br>Completed) | Type of Insurance<br>(Life/Health/Unit<br>Linked/Pension/<br>Personal Accident) | Company<br>Name | Basic Sum<br>Assured<br>in (₹) | Annual<br>Premium<br>in (₹) | **Decision<br>(Standard/with<br>Revised or Extra Premium<br>/Deferred/Declined/Not<br>Completed) |
|   |                 |                                |                             |  |   |                 |                                |                             |  |
|   |                 |                                |                             |  |   |                 |                                |                             |  |
|   |                 |                                |                             |  |   |                 |                                |                             |  |

\*\*If Decision Other than Standard kindly give details \_\_\_\_\_

30. What is the Purpose of your opting for this policy? Risk  Savings  Child Education/ Marriage  Retirement planning   
 Legacy Planning  Others(Specify): \_\_\_\_\_

**SECTION B: HEALTH / LIFE STYLE DETAILS**

(For Simplified health products fill Part 1 & 2, for Fully Underwritten Health & Life products fill Part 1 ,2 & 3)

**SECTION B : PART 1**

Name/Address/Telephone number of Family Physician \_\_\_\_\_ Tel. No.: \_\_\_\_\_

| SR. NO. | PARTICULARS   | LIFE ASSURED  | JOINT LIFE  |
|---------|---|---|---|
| 1.      | a) Height (kindly mention unit as cms or ft) b) Weight (( kindly mention unit as kg or lbs).  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>cms/ft Kgs/lbs | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>cms/ft Kgs/lbs |
| 2.      | Do you or any of the persons proposed to be insured has/have any condition, ailment or injury or related condition(s) for which you or any of the persons proposed to be insured had signs or symptoms, and /or were advised / treatment within past 48 months? | <input type="checkbox"/> Y <input type="checkbox"/> N   | <input type="checkbox"/> Y <input type="checkbox"/> N   |
| 3.      | Has any of your insurance application or reinstatement application on life, accident, medical or health, critical illness, or disability ever been declined, postponed or accepted at extra premium or modified terms?  | <input type="checkbox"/> Y <input type="checkbox"/> N   | <input type="checkbox"/> Y <input type="checkbox"/> N   |
| 4.      | Have you undergone treatment/surgery or is any treatment/surgery on going or planned. If yes, please specify name of the treatment/surgery.   | <input type="checkbox"/> Y <input type="checkbox"/> N   | <input type="checkbox"/> Y <input type="checkbox"/> N   |

If answer to any of the above questions is Yes, kindly provide details \_\_\_\_\_

**SECTION B : PART 2**

| LIFE STYLE DETAILS  | LIFE ASSURED  | JOINT LIFE  |
|---|---|---|
| 1. Are you employed in the Armed Forces, Paramilitary or Police Forces or Fire Brigade?   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Is your occupation associated with any specific accident/health hazard or do you take part in activities or have hobbies that could be dangerous in any way (e.g. Chemical Factory, mines, explosives, radiation, corrosive chemicals, underwater/underground, aviation, other than as a fare paying passenger, diving, mountaineering, any form of racing etc)? | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 3. Have you ever been convicted of any criminal proceedings under any court of law in India or abroad?<br>If Yes, kindly give details _____   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Do you intend to live or travel outside India for a period of more than 30 days apart from vacation or pleasure?<br>If Yes ,kindly submit Travel Questionnaire _____<br><b>Kindly specify habits impacting health adversely</b>  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 5. Do you consume alcohol? If Yes, whether occasionally or frequently kindly specify type (Beer/Wine/Hard Liquor) and Quantity per day consumed _____   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 6. Do you consume Tobacco ? If Yes, whether occasionally or frequently kindly specify type (Cigarette/ Beedi/Gutkha/Others) and Quantity per day consumed _____   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 7. Have you consumed tobacco in any form (smoking, chewing etc) during the past 12 months?<br>If Yes, kindly confirm type, quantity and duration of consumption _____   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 8. Do you use or have you ever used Cocaine, Amphetamines, Marijuana, Barbiturates, Narcotics or other Stimulants ? If Yes, specify type, duration and Quantity consumed _____  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |

**SECTION B : PART 3**

| HEALTH DETAILS  | LIFE ASSURED  | JOINT LIFE  |
|---|---|---|
| 1. Are you presently in good health?  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Did you have any Loss or Gain of weight of 10 kgs or more in the last six months?  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 3. Do you have any physical deformity/ handicap or congenital defect/ abnormality?  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Have you ever been advised to and/or have undergone any tests, investigations or surgery or have been hospitalized for check up or treatment?                                | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 5. Are you currently undergoing or awaiting results of any tests, investigations, surgery or are currently hospitalized for general check up, observation treatment or surgery? | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |



Tear away portion

(To be handed over to the customer)

Proposal Number:

Dear Customer

We acknowledge receipt of your cheque/DD for ₹..... by number..... dated .../.../..... drawn on ..... towards Initial Deposit. Risk acceptance is subject to submission and acceptance of this application form by Tata AIA Life and meeting of underwriting norms. We request you to kindly verify the details filled in the proposal form before signing the same. Please do insist on Official Receipt issued by Tata AIA Life from your advisor within 2 working days from submission of this proposal form. In case you do not hear from us or do not receive your policy within 15 days from the date of submission of your proposal, please visit us at [www.tataaia.com](http://www.tataaia.com) or call our helpline numbers **1800 267 9966** (toll free) or **1860 266 9966** (local charges apply) or email us at [customercare@tataaia.com](mailto:customercare@tataaia.com) or SMS "LIFE" to **58888**.

This is only acknowledgement slip and not the premium receipt.

Agent code

Agent name

Signature of Agent

Date of Acknowledgement



**Anti Money Laundering Declaration:** I hereby Declare that: 1. The premium paid or would be paid has been derived from legally declared and assessed sources of income. 2. I understand that the Company has the right to peruse my financial profile and also agree that the Company has right to cancel the insurance contract in case I have been found guilty of any of the provisions of any law, directly or indirectly, having relation to the laws governing prevention of money laundering in the country, by any competent court of law.

**Declaration:** "I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons. I understand that the information provided by me will form the basis of the insurance policy and that the policy is subject to Board approved underwriting policy of the insurance company and the policy will come into force only after full receipt of the premium chargeable. I/We further declare that I/We will notify in writing any change occurring in the occupation, financial status or general health of the life to be assured/Joint Life after the proposal has been submitted but before communication of the risk acceptance by the company. I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be assured/Joint Life or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/Joint Life and seeking information from any insurance office to which an application for insurance on the life to be assured/ Joint Life has been made for the purpose of underwriting the proposal and claim settlement. I/We authorize the company to share information pertaining to my proposal including the medical records with any Governmental and/or Regulatory authority and for the sole purpose of proposal underwriting, policy servicing and claims settlement."

I/We hereby declare and agree that we have read and understood the contents of the proposal form, brochures and sales illustration and the answers provided by me/us are complete and true to the best of my/our knowledge. I/We also understand that Tata AIA Life Insurance Company Ltd (hereafter 'the Company') may request me/Life Assured to undergo medical examination and tests, as necessary, I/We understand and agree that the Company would rely on all the answers provided by me/us either on the proposal form and/or on medical examination form and all supporting documents submitted by me/us, including but not limited to proof of age and income, to complete the assessment of the proposal and any risks associated therewith. In case of fraud or misrepresentation the policy shall be cancelled in accordance with Section 45 of Insurance Act, 1938 as amended from time to time.

**Furthermore,** I hereby irrevocably authorize any organisation, institution or individual that has any record or knowledge of my/Life Assured's health or medical or financial status/history to disclose any such information upon request by and to the Company or any of its authorised representatives. I/We authorise the Company to request/collect such information and/or conduct medical examinations or tests, as may be necessary, for assessment of this proposal and/or continuance of the policy and/or at the time of processing any claim submitted by me or my nominees/legal heirs, if required. I/We hereby declare that we understand that the benefits payable under this contract and/or any other associated contract will not be payable to me/us and/or my beneficiary(s) and/or legal heirs till such time the proposal has been received and accepted, including receipt of required premium by the Company. I/Life Assured also undertake to inform the Company of any change in my/Life Assured's health and/or medical and/or financial and/or occupational status and/or being charged with and/or arrested for any criminal offence after the date of proposal but before acceptance of proposal by the Company.

**I/We permit/authorize the Company** to collect, store, communicate and process information relating to the Policy/ Account and all transactions therein, by the Company and any of its affiliates wherever situated including sharing, transfer and disclosure between them or with any entity or entities, and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.

**Jurisdiction(s) of Tax Residence for FATCA/CRS purpose:** I/We undertake to declare and disclose any changes in tax jurisdiction within 30 days from the date of such change that may take place in the information provided in this proposal form or any annexure or documents related thereto, or any changes in any certification under FATCA/CRS and provide fresh self-certification along with documentary evidence. I am further aware of the applicability of relevant tax laws as per the resident status of Individual, for e.g. irrespective of nationality, every United States citizen is a 'resident' of United States of America for the purpose of tax assessment, since US imposes tax on global income of its citizen.

**Life Assured/ Joint Life's Acknowledgment and Authorization:**

The above recommendation is based on the information provided by me. I have been explained about the features of the product and believe it would be suitable for me based on my insurance needs and financial objectives.

I hereby irrevocably authorize Tata AIA Life Insurance Company Limited or any of its approved medical examiners or laboratories to perform the necessary medical assessment and test to underwrite and evaluate my/the insured's health status in relation to application and claim arising therefrom. These tests may include but are not limited to tests for cholesterol and related blood lipids, diabetes, liver or kidney disorders, acquired immunodeficiency syndrome (AIDS), infection by any human immunodeficiency virus (HIV), immune disorder or the presence of medications, drugs nicotine or their metabolites.

Signature /Thumb Impression of Life Assured

Signature /Thumb Impression of Joint Life

Date:           dd mm yyyy

Place:

I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately in case any of the above information is found to be false or untrue or misleading or misrepresenting, before issuance of the proposal.

"I, the undersigned confirm that I have verified photocopies of the proofs submitted along with this proposal form against the originals and certify the same to be true copy".

Signature of Agent/ Specified Person/  
Broker/ Employee

**IN CASE ANSWERS TO THE QUESTIONS ARE FILLED IN BY A PERSON OTHER THAN THE JOINT LIFE OR WHERE THE ANSWERS / SIGNATURE OF THE JOINT LIFE /LIFE ASSURED ARE IN VERNACULAR. Note: The below must be witnessed by someone other than advisor/ employee of the company.**

I, \_\_\_\_\_ (name) have explained the contents of this proposal to the \_\_\_\_\_ (Joint Life/Life Assured) in \_\_\_\_\_ (language) and ensured that the contents have been fully understood by him/ her. I have accurately recorded the Joint Life/Life Assured's responses to the information sought in the proposal form and I have read out the responses to the Joint Life/Life Assured and he/ she has confirmed that they are correct.

Signature of the person making the declaration

Place: \_\_\_\_\_

Address of the person making the declaration: \_\_\_\_\_

Date: \_\_\_\_\_

have understood the contents of this proposal explained to me in \_\_\_\_\_ language and confirm that the responses provided by me are correct

Signature / Thumb Impression of the Life Assured

Place: \_\_\_\_\_

Signature / Thumb Impression of the Joint Life

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**(Prohibition of Rebates) 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 out 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."

**SECTION 45 OF THE INSURANCE ACT, 1938 STATES:** No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of 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. 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. Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal. For further details, please refer to the Insurance Act, as amended from time to time

**Disclaimers:**

**IN CASE OF A ULIP POLICY, THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER.** Tata AIA Life Insurance Company Limited is only the name of the Company and any contract bearing the prefix "Tata AIA Life" is only the name of the contract and does not in any way indicate the quality of the contracts, its future prospects or returns. Premium paid in ULIP is subject to investment risks associated with capital markets & the NAV of the units may go up or down based on the performance of the funds and factors influencing capital markets and the insured is responsible for his decision. Past performance is not indicative of future results. For more details on risk factors, terms and conditions please read sales brochure carefully before concluding a sale.