TATA AIA LIFE INSURANCE COMPANY LIMITED

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<u> </u>	r Official Use only)							~~									-	. г													DI			<i>cc</i> .		
	posal Number:						0	ffice	Code	2				1	ub(Office	e Co	de														ease rec		ffix †		
FSC) or Campaign Code:			Channel:								Branch Code									р	hot	tog	Irap	ph	of										
Ser	vicing Branch Name	:								Ser	vicin	ng Br	ranch	ו Cor	mpl	ete /	Addr	ess:												th	e Li	fe	Ass	sur	ed.	
Age	ent / Broker/Specifie	d Person/I	Empl	oyee	e:											Nar	me																			
	C o d e						Cont	tact D	Detail	S						Lice	ense	No. 8	& V	alid	lity	Det	ails													
Bar	k Relationship No.												(F	or B	anc	assu	iranc	e Ch	anı	nel))															
*el/	A Number = Insurand	e Reposit	tory A	4/C I	Num	ber																							Please affix recent					(
	I would like to recei			ce p	olicy	and	all th	ne inf	orma	atior	n rela	ted	to th	ie pr	оро	osed	insu	ranc	e p	olic	cy t	hrou	ıgh	ins	ura	nce					hot	tog	Irap	ph		
repository as and when applicable.													t	he	Joi	nt	Life	e.																		
	dly DATE BACK *my oths within the same fir									•			ed onl	· ·																						
	k of policy is allowed or	,								the	same	4.10	Case	orju	veni	le (le	55 016	an i y	/ear) Da		ale	IS III	ot di	IOW	:u. 5	. Dai	.e								
INS	URANCE APPLIED	FOR																																		
	Base Plan and Ri		<u>,</u>			S	Im A	ssure	d		Poli	cy Te	orm			Dro	miur	n Da	vin	a Ta	orm				Pror	niur	<u></u>	T	Dr	omi	um	Dav	ina	Mo	do	
	Dase Fiall allu hi		:			Su	inn A: (₹		u			Year				FIE		(Yeai	-	y n	em			г		(1) (5)			Premium Paying Mode (Single Premium/Annual/Half							
																													у	early	/Qua	rterly	//Mo	nthly	y)	
<u> </u>					\rightarrow									$ \rightarrow$													⊢									
																							+					+								
"Pre	mium is excluding Servio	e tax and a	pplica	able S	Surcha	arge a	ind Ce	255.																												
Ins	tructions for Life A	ssured/Jo	oint l	Life:	Kine	dly fo	ollov	v the	se ca	refu	ılly																									
	ortant Guidelines: 1.																																			
	position to do so or if th t make a declaration to																																			
not,	kindly disclose it. Life li	nsurance is	a cor	ntract	t of ut	tmost	good	d faith	n. 3. Ki	inḋly	ensu	ire th	nat yo	ou affi	ix yo	our sig	gnatu	ires ir	n all	l the	e pla	ces	as re	equi	red.	4. T	his	form	о со	ntaiı	ns 2	see	ctio	ns r	nam	ely
	tion A: the Details of Jo ress field is left blank, the																																			
nee	ds to be filled in the Pro	posal Form	n. If so	ome a	are no	ot app	olicab	le kin	dly m	entic	on NA	. Kin	dly co	ounte	ersig	in any	y corr	ectio	ns i	mad	le. 8	.Cas	h sl	noul	d be	e dep	oosit	ted c	only	with	n aut	thori	ized	l cas	hier	of
	AIA Life Insurance Con Life Assured.11.For NR																											vill b	e re	quir	ed fo	or b	oth	- Joi	int L	ife
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	tructions to Interm		<u> </u>																																	
	Please ensure that the p Please ensure that you a																										ofth	a Joir	nt Lil	ie ev	en if	requ	uest	ed to	o do	so
SEC	TION A: DETAILS O	F JOINT L	LIFE a	and	/ or l	LIFE	ASSI	URED) (Ma	nda	atory	1)																								
	SONAL DETAILS																																			
	PARTICULARS						L	IFE A	SSU	RED														JOINT LIFE (If other than Life Assure							red))				
1.	Title		Mr.		M	s.	N	1rs.		Dr.	0	ther	s					м	r.		N	s.		M	rs.		Dr.		Ot	ners						
2.	Name	First			<u></u>												_											<u> </u>	_	_	_					
	Hume				4							-		<u> </u>					_	_			_	_	_		_	1	1	Ļ						
		Middle																	_						_	_		1	Ļ	<u> </u>						
		Last																																		
3.	Father's Name/ Spouse Name	First																																		
	spouse Name	Last																																		
4.	Maiden Name(For fe	emale																										\top								
_	Lives only)	• /								-							1				_		_			_										
5.	Gender / Date of B	irth /	Ma	le		۲ 	ema	le	_		D	Μ	MY		Y	Y		M	ale				Fei	mal	e			DI		M	/ Y	(Y			(
	Country of Birth																_																			
	Identification marks-Vi																																			
	Which is your Dominant	t Hand?	Lef	t			Rig	ht											eft					Rig	ht											
7.	Marital Status		Sin	ngle		Mar	ried		Divo	orce	d	W	/idov	v / V	Vido	owei	r	Si	ng	le		Ma	arrie	ed		Di	/orc	ed		Wi	dov	v / \	Nid	ow	er	
8.	Nature of Age pro	of	Mu	unici	ipalit	y Birt	th Ce	ertific	ate		Pass	port	:	PAN	N Ca	ard		м	uni	icip	alit	y Bi	rth	Cer	tific	ate		Pa	sspo	ort		PAN	۱Ca	ard		1
0.	(Non standard age proof	submission	Scl	hool	l/Edu	icatio	on Ce	ertific	ate		Driv	ing	Licer	nce		L		Sc	ho	ol/E	Edu	cati	on	Cer	tific	ate		Dr	rivin	ng Li	cen	ce				1
will attract extra premium.)				thers	s, kin	dly sp	pecif	- Y										0	the	ers,	kin	dly	spe	cify								L				
9.	Nationality			esident Indian NRI OCI PIO Resident Indian NRI OCI PIO																																
<u> </u>	[#] If other than resident Indian					ional	(Nati	 onality				L												Vatio	i naliti		· L									
mention current country of residence,						Resi												1		-				ence												_
<u> </u>	Residence for Tax purposes	,		YES	· _	N		If 'Yes'	then I	FATC	4 & C F	<u> </u>	lf Ceri	tificat	tion F	Form	to be	-	_	/ES						hen I	ATC	A & C	CRS-1	Self	ertif	Ìcati	on F	orm	toh	 e
lurisdiction(s) outside India							0		atorily										1	J			v.U					plete								

10. Highest Educational		Below 10 th	0 th 12 th	Graduate	Post Graduate	Below 10 th 10 th 12 th Graduate Post Graduate								
0	Qualification	1	Uneducated	Others, kind	lly specify		Uneducated Others, kindly specify							
11. (Current Add	ress												
		[
		Landmark:												
		City:												
		State:												
		Pin Code:												
12.	Permanent A	ddress												
		Landmark:												
		City:												
		State:												
		Pin Code:												
	Address for Communicat	ion	Current	Perma	nent		Current Permanent							
	Telephone and Email	Residence No.	STD				S T D							
	Details	Office No.	S T D				S T D							
		Mobile No.												
		E-mail												
15. (Occupation (Class		ofessional	Housewife		Salaried Professional Housewife Retired							
			Student (Current St		If Employed/B	usiness Owner	Student (Current Std.) Self Employed/Business Owner							
			Others (Spe	ecify)			Others (Specify)							
	Employment													
	Name of the E Business/ Sch													
	Address of the													
E	Business/ Sch	ool/College												
	0		Govt Publi	c Ltd Pv	t Ltd	Partnership firm	Govt Public Ltd Pvt Ltd Partnership firm							
	Organisation Type		Proprietorship fi	rm Pr	ofessional		Proprietorship firm Professional							
	туре		Others (kindly	specify)			Others (kindly specify)							
d. 1	ndustry		Financial	Manufao	turing	Retail	Financial Manufacturing Retail							
			Infrastructure	Others			Infrastructure Others							
e. 1	Nature of wor	rk		Heavy / Man		Skilled Worker	Desk job Heavy / Manual Labor Skilled Worker Agriculture Driver Jeweler Crane operator							
				Driver		Crane operator Contractor	Agriculture Driver Jeweier Crane operator Machine Operator Armed forces Contractor							
				Machine Operator Armed forces Contractor Machine Operator Armed forces Mariner (Offshore/Onshore) Others (Specify) Mariner (Offshore/Onshore) Others (Specify)										
f. /	Annual incom	ne in ₹												
	Income Proo		ITR P&L acc	ount C	A Certificate	Salary Slip	ITR P&L account CA Certificate Salary Slip							
17.1	income Proo	1	Form 16 O	thers (S	pecify)		Form 16 Others (Specify)							
			Passport P	AN Card	Voter's ID	Aadhaar Card	Passport PAN Card Voter's ID Aadhaar Card							
18. I	dentity Proc	of	Driving License		Others		Driving License Others							
			(Specify with ID proof	no)			(Specify with ID proof no)							
10	Address Prod	of	Voter's ID Card	Telepho	ne Bill E	Electricity Bill	Voter's ID Card Telephone Bill Electricity Bill							
1.7.7	Address 1100		Ration Card	Aadhaar Car	d Others		Ration Card Aadhaar Card Others							
20. L	Jnique Ident	ification												
	Number (Aad	dhaar) :	I Do not have	Aadhaar	_		I Do not have Aadhaar							
	Permanent A Number (PAI		*I Do not hav	e PAN (*kindly	(kindly attach) attach copy of Forr	copy of Pan card) n 60 duly signed)	*I Do not have PAN (*kindly attach copy of Form 60 duly signed)							
22. P	Politically Exp	osed Person	a. Are you a Po	litically expo	sed person**	? Yes No	a. Are you a Politically exposed person**? Yes No							
(PEP):		If Yes, Please pro				If Yes, Please provide details							
			b. Are any of y				b. Are any of your family members or close							
						Yes No	relative a Politically Exposed Person? Yes No							
**Def	inition of PEP·"	PEP are individua	If Yes, Please pro			ublic functions. domest	If Yes, Please provide details							
							ant indicial or military officials canier evecutives of state owned corporations							

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 E DD/MM/		Gender M / F	Rel	ationship	Percentage* (%) Do not enter % in decir				
First Mid	Idle			Last											
First Mid	ldle			Last											
First Mid	ldle			Last											
* Total % should be equal to 1	00														
25. Details of Appointee (where	e Nominee is a	a minor, Appointee	lso to be f	furnished)											
	Name							Date of Birt DD/MM/YYY		Gender M / F	Relationship				
First Mic	ldle			Last											
 26. FUND SELECTION DETAIL a. Kindly mention the nam applicable c. Kindly fill in whether the second se	es of the f	und chosen. k	. Incase	e you opt for a spe ly. Decimals and F	cific ractio	Portfolio Strat ons not allowe	egy*, d (*as	kindly mentio s available wi	on the Fu	und Names or dual products	other details as				
Name of Fund			% Alloca	ation		*Chosen Portfolio Strategy									
						Funds f	or the	chosen Port	folio Stra	tegy (If Appli	cable)				
								ited fund		- 1	uity oriented fund				
					OR	Other De	etails(if applicable)								
27. PAYMENT DETAILS Premium Payment Mode : Annual Semi-Annual Quarterly Monthly Single															
	Cheque	Demand		Credit Card			CS [#]		-	g Instructions	#				
r remain r dyment method.	Online	(Net Ba				Credit			Stanum						
Name of Card Holder :	Online	(Net Ba	ткіпд	Debit Car		Number (16 D)							
		lssuin	a Bank				-	Branch							
	Cheque/DD No Issuing Bank Branch Branch														
Amount Date Premium ₹ + Service Tax^ ₹ = Total Payment ₹ for months initial deposit (To be filled for monthly mode only)															
Government or any statutory authori Non-resident policyholders are exemp Company Limited reserves the right to time. Kindly refer the Sales Illustration Cheque/ DD should be drawn in fav of the cheque. Kindly refer the AML	ot from servi o recover/de o for the exact or of "Tata A	ice tax as per prev educt from the po ct premium. AIA Life Insuranc	ailing tax licyholde	k laws subject to subm er, any levies and dution	nissioi es (inc	n of declaration of declaration of declaration of declaration of the cluding Service To	along w ax, Swaa	vith valid addres chh Bharat Cess	ss proof of s and TDS)	residence outsic , as imposed by	the government from time				
28. Mandatory Bank Details P mentioned bank account thr	•			•					•		will be made to the be				
Name of Account holder	, <u> </u>	nk Account No		Bank Name				count Type			IFSC Code				
Note: 1. Please provide a personaliz accountnumber. 2. In case of non cre information, I would not hold Tata Al.	edit to my b A Life Insura	ank account with ince Co Ltd respo	/ withou	it assigning any reas	ons th	cheque is not av	ansacti	e, attach bank s	statement	cted at all for rea	asons of incomplete/ inco				
29. EXISTING INSURANCE POL A. Do you have life insurance			Insuran	ice Company? Y	N	lf Yes, kindly p	rovide	e details as be	elow:-						
Life As	sured							Joint Life	(If other tha	an Life Assured)					
Policy Nos			ium Ass	sured		F	Policy	Nos		S	um Assured				
B. Do you currently hold or have		for Life Insuran	e/Pensi	ion/Health/Persona	al Aco	cident Policies \	with ot				provide details as belo				
Life As	sured			**Decision	_			Joint Life	(If other that	an Life Assured)	**Desision				
Type of Insurance (Life/Health/Unit Compar Linked/Pension/ Name Personal Accident)	Basic Assu in	ured Premi	Annual (Standa Premium Revised or Ev in (₹) /Deferred/D Comp		ו ו	Type of Insura (Life/Health/Un Linked/Pension Personal Accider	it /	Company Name	Basic S Assur in (₹	ed Premiu	m Revised or Extra Prem				
					\top										
**If Decision Other than Standa	rd kindly	give details							I	1					

30. What is the Purpose of your opting for this policy?	Risk
Legacy F	lanning

Savings Child Education/ Marriage 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**

Risk

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).	cms/ft Kgs/lbs	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?	Y	Y
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?	Y	Y
4.	Have you undergone treatment/surgery or is any treatment/surgery on going or planned. If yes, please specify name of the treatment/surgery.	Y	Y N
If answer	to any of the above questions is Yes, kindly provide details	·	

SECTION B : PART 2

LI	E STYLE DETAILS	LIFE ASSURED	JOINT	T LIFE
1.	Are you employed in the Armed Forces, Paramilitary or Police Forces or Fire Brigade?	YN	Y	Ν
2.	ls 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)?	YN	Y	Ν
3.	Have you ever been convicted of any criminal proceedings under any court of law in India or abroad? If Yes, kindly give details	YN	Y	Ν
4.	Do you intend to live or travel outside India for a period of more than 30 days apart from vacation or pleasure ? If Yes ,kindly submit Travel Questionnaire	YN	Y	Ν
	Kindly specify habits impacting health adversely			
5.	Do you consume alcohol? If Yes, whether occasionally or frequently kindly specify type (Beer/Wine/Hard Liquor) and Quantity per day consumed	YN	Υ	Ν
6.	Do you consume Tobacco ? If Yes, whether occasionally or frequently kindly specify type (Cigarette/ Beedi/Gutkha/Others) and Quantity per day consumed	YN	Y	Ν
7.	Have you consumed tobacco in any form (smoking, chewing etc) during the past 12 months? If Yes, kindly confirm type, quantity and duration of consumption	YN	Y	Ν
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	Y N	Y	Ν
SE	CTION B : PART 3	•		
HE	ALTH DETAILS			
1.	Are you presently in good health?	Y N	Υ	Ν
2.	Did you have any Loss or Gain of weight of 10 kgs or more in the last six months?	YN	Y	Ν
3.	Do you have any physical deformity/ handicap or congenital defect/ abnormality?	YN	Y	Ν
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?	YN	Υ	Ν
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?	Y	Y	Ν
4	Tear away portion			

Tear away portion

(To be handed over to the customer)

Proposal Number:

Dear Customer

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 or call our helpline numbers 1800 267 9966 (toll free) or 1860 266 9966 (local charges apply) or email us at customercare@tataaia.com or SMS "LIFE" to 58888.

4

This is only acknowledgement slip and not the premium receipt.

Agent code

Agentname

Signature of Agent

Date of Acknowledgement

	HEALTH DETA	ILS						LIF ASSU		JOIN	T LIFE
6	A	of on house you over hoose in				Oncolonist					
6.		of or have you ever been in	5	•	alized of referred to	Oncologist		Υ	Ν	Υ	Ν
7.		nor, cysts or any other benig ave any ailment/ injury requ	• •		for more than a we	ok?		Y	Ν	Y	Ν
8.		suffered or are suffering fro	-			:ek:		I	IN	I	IN
0.		igh Blood Sugar or Sugar in		wing.				Y	Ν		Ν
		3P (Blood Pressure) or Raise					Y	N	Y	N	
	5	Palpitation, Rheumatic Feve		Hoart Attacl	Shortness of Brea	ath or any other					
	Heart relate	d disorder/disease.						Υ	Ν	Υ	Ν
		f Eye, Ear, Nose, Throat inclu			-	•		Υ	Ν	Y	Ν
	e. Symptoms/ailment relating to Brain Depression, Brain Disorder/disease, Mental/Psychiatric ailment, Parkinson's disease, Multiple Sclerosis, Nervous disorder, Stroke, Paralysis or Paraplegia, Epilepsy.							Υ	Ν	Υ	Ν
	f. Asthma, Bro	onchitis, Blood spitting, Tub	erculosis or other	Respiratory	disorders.			Y	Ν	Y	Ν
	g. Anaemia or	any other Blood related dis	orders.					Y	Ν	Y	Ν
	h. Musculoskeletal disorders such as Arthritis, Recurrent Back Pain, Slipped disc or any other disorder of Spine, Joints / Limbs or Leprosy?								Ν	Υ	Ν
	i. Were you o	r your spouse ever tested fo	r Hepatitis B or C,	HIV /AIDS o	r any other Sexuall	y Transmitted Disease?		Y	Ν	Y	Ν
	j. Hydrocele, f	fistula, piles or symptoms/a	ilment relating to	Kidney, Pros	state, Urinary Syste	m or Reproductive Syste	em.	Y	Ν	Y	Ν
	k. Gastritis, Stomach or Duodenal Ulcer, Hernia, Jaundice or any other disease or disorders of the liver and Gastrointestinal System.							Υ	Ν	Υ	Ν
	I. Thyroid disc	order or any other disease o	r disorder of the E	Endocrine Sy	vstem.	Y	Ν	Y	Ν		
	m. Any other il	Iness or impairment not me	entioned above.					Y	Ν	Y	N
9.		ergone/ have been recomm Heart Valve Surgery, Aorta S					nv kind?	Y	Ν	Y	Ν
10.		been absent from work for				-		Y	Ν	Y	Ν
	. Female Life Qu										
	a. Are you nov	w Pregnant? If 'yes', kindly st	ate expected deliv	very date			Y	Ν	Y	Ν	
		ndergone any gynaecologic gram or biopsy?	al investigations f	for illness, in	ternal checkups, b		Y	Ν	Y	Ν	
	c. Have you ev menstruatio	ver consulted a doctor beca on, complications during pr	use of an irregula eqnancy or child o	rity at the bi delivery or a	reast ,vagina, uteru sexually transmitte	s, ovary, fallopian tubes, ed disease?	,	Υ	Ν	Υ	Ν
		uffered from any other disor						Y	N	Y	Ν
13	5	ny of the question above	ic 'voc' kindly aiv	o full dotai	le noting the gue	tion number					
	uestion No. Deta		is yes, kindly giv	e full detai	is noting the ques	stion number					
	destion no. Deta	115.									
13	. Family Details	s (Mandatory if the life to be	insured is Juveni	le / Student	/ Housewife)						
Fa	mily Details	Name		Gender	Date of Birth	Occupation	Annual Ir	icome		rance De	
				(M/F)	(DD/MM/YYYY)				(Existir	ng /Appl	ied for)
	ther / Husband st Child										
	cond Child										
	. Family details	Father		Mother	Brother	Siste	r		Spouse		
Ľ	Assured only										-
a.	If Alive, Health	Status									
b.	If Deceased, Ca	ause of Death									
c.	Age at Death										

Y

1. Please carry valid Identity card to the medical examination centre wherever applicable. **2**. For cash payment, please visit our nearest Tata AIA Life branch. Please do not handover cash to Agent. If handed over to the agent, the company will not be liable for any loss. **3**. In case there is any change in the particulars given above including Life Assured/Joint Life'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 risk acceptance by the company; please inform the company. **4**. Acceptance of premium does not constitute risk commencement. **5**. Risk commencement starts after the acceptance of risk by the company and receive the premiums after deducting a) Proportionate risk premium for the period on cover & b) Stamp duty and medical examination costs including service tax, which have been incurred for issuing the Policy. Such notice must be signed by you and received directly by the Company within 15 days from the date of receipt of the policy document by you or person authorized by you. The said period of 15 days shall stand extended to 30 days, if the policy sourced through distance marketing mode which includes solicitation through any means of communication other than in person. For Unit Linked Life Insurance products, you would receive the non – allocated premiums plus charges levied by cancellation of units plus fund value at the date of cancellation and after deducting the charges as mentioned in (a) & (b) above.

Tata AIA Life Insurance Company Ltd. (IRDA of India Regn. No. 110 • CIN: U66010MH2000PLC128403). Registered & Corporate Office Address: 14th Floor, Tower A, Peninsula Business Park, Senapati Bapat Marg, Lower Parel, Mumbai 400013.

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 as 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'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/authorise 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 heath 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 immunodefiency virus (HIV), immune disorder or the presence of medications, drugs nicotine or their metabolites.

						Date:				dd mm yyyy			
Si	gnature /Thumb Impression of Life Assured	I S	ignature /Thumb	Impression of Joir	nt Life	Place:]			
immed "I, the u	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												
	N 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.												
l,	I, (name) have explained the contents of this proposal to the (Joint												
Life/Life	Assured) in	(languag	e) and ensured that	t the contents have	e been fully	y understo	od by him	/her.lhav	/e accui	rately recorded			
the Join	t Life/Life Assured's responses to the informati	ion sought in	the proposal form	and I have read or	ut the resp	onses to tl	he Joint Li	fe/Life As	sured a	nd he/ she has			
confirm	ed that they are correct.												
Sign	ature of the person making the declaration					ing the de	claration:						
	derstood the contents of this proposal explain	_ Date:											
me are o		ied to me in _				uage and	commu	lat the res	ponses	provided by			
Signa	ature / Thumb Impression of the Life Assured	Place:		Signature / Thum	nb Impress	ion of the	Joint Life	Place:					
		Date:						Date:					
	tion of Rebates) Section 41 - of the Insurance Act, 19 take out or renew or continue an insurance in respect												

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 insurance. 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 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 commencement of risk or the date of revival of the policy, whichever is later. A policy or the date of the policy or the date of the policy, whichever is later. A policy or the date of 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.

Unique Reference No.: L&C/Advt/2016/Jun/334