भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

FORM NO. 300 (Rev 2024)
PROPOSAL FOR INSURANCE ON OWN LIFE
(Not be used for insurance on the lives of minors)

LATEST COLOUR PHOTO OF THE LIFE TO BE ASSURED

Division: **Branch Office:**

INSTRUCTIONS TO FILL THE PROPOSAL FORM

1. This form is to be completed in **BLOCK LETTERS** by the Life to be assured.
2. Please read all the questions carefully and fill up the details truthfully.
3. If the Life to be assured signs this proposal in vernacular or puts his/her thumb impression upon it, then the respective declaration must be completed.
4. Answers should be legible. Questions should be answered in 'Yes' or 'No'. (Strokes / dots / dashes / leaving the questions unanswered will not be accepted). Details need to be provided in case of affirmative answers.
5. The Life to be assured must countersign any cancellation and alterations made in this form. White ink must not be used.

To be filled by Agent/ Intermediary :
1. D.O./CLIA/Chief Organizer/ Intermediary Agency Code No& Mobile number :
2. Agent's/Specified Person's/DSA's/Sup Agent's Name ,Code No & Mobile number:
3. Licence No/Registration No:4. Date of Expiry(DD/MM/YYYY):

For Office Use Only	Inward no : Date(DD/MM/YYYY):Proposal no : B.O.C No: Date(DD/MM/YYYY) : Amt of Deposit (Rs) :

Section -I:Details of the Life to be assured

I	**Personal Details**					
1	Customer ID					
2	C KYC number					
3	ABHA number					
4	Name	Prefix First Name Middle Name Last Name				
5	Father's Full name	First Name Middle Name Last Name				
6	Mother's Full name	First Name Middle Name Last Name				
7	Gender	Male / Female / Transgender				
8	Marital Status					
9	a. Date of Birth (DD/MM/YYYY)	____/_____/_____	Age___ (Yrs)	b. Age proof submitted		
10	**Proof of Identity:**	Aadhar / Driving License / Passport / Voter Id		**Id Number** (In case of Aadhar only last four digits)		
11	**Permanent Address as per above Proof of Identity**					
	House No./Building Name / Street					
	Town/ Village / Taluka					
	City/ District					
	State &Country					
	PIN Code					
12	**Correspondence / Current Address if different from above (Proof to be submitted)**					
	House No./ Building Name / Street					
	Town/ Village / Taluka					
	City/District					
	State &Country					
	PIN Code					
13	Contact details	Mobile Number		WhatsApp Mobile No.		Email id
14	Nationality					
15	Residential status	Resident Indian / Non Resident Indian*/Foreign National of Indian Origin* *NRI Questionnaire mandatory				

16	Is your country of Tax Residency outside India ?			Yes / No(If yes, fill the Self Certification Form)		
17	Are you an Income Tax Assessee			Yes / No		
18	Permanent Account Number (PAN)					
19	If Registered under GST, please give GSTIN					
II	**Educational Qualification and Occupation**					
1	Educational qualification					
2	Present Occupation / Source of Income					
3	Name of the present employer					
4	Exact Nature of duties (please specify if engaged in police duty)					
5	Length of service					
6	Annual Income (Rs.)					
7	Are you employed in the Armed Forces (If Yes, submit relevant questionnaire)				**Yes / No**	
III	**Others**					
1	Is your occupation associated with any specific hazard or do you take part in hazardous activities or have hobbies that could be dangerous in any way? If yes , give details and submit respective questionnaire.					
2	Have you ever been or are currently being investigated, charge sheeted, prosecuted or convicted or having pending charges in respect of any criminal/civil offences in any court of law in India or abroad ? If yes, give details.					
3	Are you a Politically Exposed Person OR are you a family member or close relative of Politically Exposed Person?(*As per RBI guidelines PEPs are the individuals who are or have been entrusted with prominent public functions by a foreign country*).					
IV	**Existing Insurance:** Please give details of your previous insurance taken from LIC as well as from other insurers (including policies surrendered / lapsed during last 3 years) Note: 1. If space is not sufficient for all existing policies, please use separate sheet in the same format. It must be duly signed by the Life to be assured 2. Corporation normally does not entertain fresh proposal for insurance where a policy has been lapsed or converted into paid up policy within the last 3 years.					
1	Policy Number					
2	Name of the Insurer/ Division/ Branch					
3	Plan and Term					
4	Sum assured (Rs.)					
5	Term Rider Sum Assured (Rs.)					
6	CI Rider Sum Assured (Rs.)					
7	AB/ ADDB Sum assured (Rs.)					
8	Date of Commencement (DD/MM/YYYY)					
9	Date of Revival (DD/MM/YYYY)					
10	Whether accepted at ordinary rate, if not give details					
11	Medical/ Non medical					
12	Whether Inforce (Yes/No)					
13	If not , Date of FUP/ Date of surrender (DD/MM/YYYY)					
14 a	Has a proposal (or an application for revival of a policy) on your life made to any office of the Corporation or to any other Insurer ever been Accepted with extra or modified terms, Withdrawn, Deferred, Dropped or Declined?, if yes give proposal number& branch / policy number / Name of Insurer					
b	Have you during the past one year returned any policy of the Corporation as the same was not acceptable to you?, if yes give policy number.					

V	**Details of Nominee and Appointee** (*It is in the interest of the Life to be assured to avail the facility of nomination.The nomination can be Single or Multiple. Please give % share in case of multiple nomination*)							
	Name of the Nominee	% share	DOB (DD/MM/YYYY)	Age (Yrs)	Relationship with the Life to be assured	Mobile No.	Email ID	Address of the Nominee
	Nominee's Bank Details:							
	Bank name			Bank Account no.		IFSC code		
	Appointee's details (Applicable in case of Minor Nominee)							
	Name of Appointee	DOB (DD/MM/YYYY)	Age (yrs)	Relationship to Nominee	Mobile no.	Email ID	Address of Appointee	Appointee's signature or thumb impression as a token of consent
VI	**Bank Details**							
	a) Type of Account-Savings / Current b) Your Account No :_____ c) IFS Code:_____ d) Name of your bank: _____ {Attach a cancelled cheque leaf (along with copy of bank passbook if name is not printed on the cheque leaf)}							

Section – II: Proposed Plan Details

I	Objective of Insurance	Saving / Risk Cover/ Saving and Risk Cover
II	Whether proposal is under (please tick relevant options)	Individual life / Employer- Employee Scheme /HUF /MWP **
	** Note:If proposal is not under individual life , please submit relevant questionnaire / annexure/supporting documents along with the proposal form	

III a	**Details of Plan and Ridersopted. (Riders are subject to availability under the selected plan). Depending on plan selected, Addendum for plan specific details to be completed**				
	Plan		**Riders opted**	**Tick the opted Rider**	**Rider Sum Proposed (Rs)**
	Term		**LIC's New Term Assurance Rider**		
	Premium Paying Term		**LIC's New Critical Illness Benefit Rider**		
	Sum Proposed (Basic Sum Assured) Rs		**LIC's Premium Waiver BenefitRider**		
	Mode of Premium Payment (Yly/Hly/Qly/SSS /NACH/ Single)		**LIC's Accident Benefit Rider ======== OR==========**		
			LIC's Accidental Death and Disability Benefit Rider		
	Date if policy is to be dated back (DD/MM/YYYY)		If engaged in police duty do you wish to avail AB/AD&DB Rider while on police duty **Yes / No**		

b	For SSS Policies : i) Paying Authority code and Dept No ii) Badge or SR No	
c	Do you wish to avail "Option to take Maturity Benefit in Instalments": Do you wish to avail "Option to take Death Benefit In Instalments" : If 'Yes', Kindly fill the addendum which forms a part of the proposal form.	Yes /No Yes /No

IV. To be answered only if proposing for "LIC's Premium Waiver Benefit Rider " in case of insurance on Minor Life

Premium Waiver Benefit under this rider shall be equal to waiver of premiums payable under the Base Policy falling due on and after the date of death of Proposer till the expiry of rider term.

However, premiums in respect of any riders, if opted for, other than this rider under the base policy shall not be waived and continue to be paid as per respective rider conditions.

Further if premium paying term of the base policy exceeds the rider term all the premiums due under the base policy from the date of expiry of "LIC's Premium Waiver Benefit Rider" shall be payable by the Life Assured as per the terms and conditions of the Base policy.

Do you agree with the above	**Yes/ No**	
Note: Proposal shall be considered for LIC's Premium Waiver Benefit Rider only, if your answer to the above question is "Yes"		
V	**Simultaneous Proposals**	
a	Is your life now being proposed for another assurance or an application for revival of a policy on your life under consideration in any office of the Corporation or with any other Insurer? If yes, give Proposal no. / Policy no. and Branch Code	Y/N
b	Whether proposed simultaneously on the life of spouse and children? If yes, give Proposal no. and Branch Code	Y/N
VIa	**Do you wish to avail the physical policy document?**	
b	**Please give EIA no. (e-Insurance Account) If available.**	

Section- III: Personal and family details of health / habits

I	**Personal Health**				
a	Please state exact height and weight (without shoes)	Height(in cms)		Weight(in Kgs)	
b	During the last five years did you consult a Medical Practitioner for any ailment requiring treatment for more than a week ? If yes, give details			Y/N	
c	Have you ever been admitted to any hospital or nursing home for general check up, observation, treatment, accident, injury or operation? If yes, give details			Y/N	
d	Have you remained absent from place of work on grounds of health during the last 5 years? If yes, give details			Y/N	
e	Are you suffering from or have you ever suffered or undergone investigation in the past or have you been advised to undergo investigation or treatment for the following ailments:				
	Diseases	**Y/N**	**Diseases**		**Y/N**
	1. Lungs/ Respiratory Disease / Persistent cough, asthma, bronchitis, pneumonia, Tuberculosis/, pleurisy / spitting of blood/Covid 19etc		2. Peptic ulcer/colitis, Jaundice, Hepatitis, anaemia, piles, dysentery, or any other disease of the stomach, liver, spleen, gall bladder or pancreas/ digestive disorder		
	3.Hypertension, Hypotension, rheumatic fever, pain in chest, breathlessness, palpitation, any disease of the heart or arteries?		4. Endocrine disorders such as Diabetes, Goitre, Thyroid etc or have you ever passed sugar, albumin, pus or blood in urine		
	5. Any disease of kidney /prostate or urinary system?		6. Bone / Joint/ Spine Disease/ Arthritis / varicose veins /any bodily defect or deformity		
	7. Any disease of ear, nose, throat or eyes, including defective sight or hearing and discharge from the ears		8. Cancer/ Leukaemia /Lymphoma/ tumour / cyst/ Any other growth / lumps/ blood disorder /enlarged glands		
	9.Paralysis/epilepsy/ insanity/ tremors, numbness, double vision, dizzy or fainting spells/ head Injury / insomnia/ nervous breakdown / Mental Disorder (Depression/ Anxiety, etc.). / any other disease of the brain or the nervous system		10. Chronic infections- Skin Disease/ skin eruption/ Leprosy / ,Filariasis, Gonorrhoea, syphilis or any other venereal disease or AIDS&HIV related condition		
	11. Hernia/Hydrocele, Varicocele, fistula		12. Any other disease?		

f	If answer to any of the questions mentioned in 'e' above is yes, please give details as below (If hospitalized, enclose the discharge summary and all investigation papers along with the proposal form.)				
	Nature of disease / illness	Date of Diagnosis (DD/MM/YYYY)	Fully recovered (Y/N)	Still on treatment (Y/N), If Yes give details of treatment	Name and address of Doctor/ Hospital

II	**Personal Habits**		
	Do you smoke/consume or have youever smoked/consumed the following	Y/N, If yes, quantity consumed and duration	If stopped, since how many months
a	Alcoholic drinks		
b	Narcotics		
c	Any other drugs, If yes, which one		
d	Tobacco***in any form in past 60 months.(in sticks /packets/sachets or gms /day)		
	***Tobacco product includes but not limited to cigars, cigarettes, beedis, chewable tobacco like Gutkha, flavoured paan masala, etc.**		

III	**Family History**(Please mention specifically if suffering from or died of heart disease, stroke, high blood pressure, diabetes mellitus, cancer, kidney disease or any hereditary disorders, Insanity, or any contagious diseases such as tuberculosis ,hepatitis, AIDS / HIV etc)				
		Living		Dead	
		Age (in Yrs)	State of health	Age at death (in Yrs)	Year and cause of death
	Father				
	Mother				
	Brothers No.				
	Sisters No.				
	Spouse				
	Children No.				
IV	**For Female Proponents only**				
a	Are you pregnant now?				
b	Date of last delivery (DD/MM/YYYY)				
c	Have you had any abortion or miscarriage or Caesarean section? If so, give details				
d	Have you ever consulted a gynaecologist or undergone any investigation, treatment for any Gynaec ailment? (If yes, give details)				
e	**Husband's details**				
	Husband's full Name				
	His Occupation				
	His Annual Income				
f	Details of Husband's Insurance				
	Policy number	Name of branch/ Division/ Name of the insurer (if other than LIC) from where policy has been taken	Sum Assured	Plan & Term	Present status of the policy

Section IV: Declaration

DECLARATION BY THE LIFE TO BE ASSURED

I _____ the person whose life is herein being proposed to be assured, do hereby declare that the foregoing statements and answers have been given by me after fully understanding the questions and the same are true and complete in every particular and that I have not withheld any information and I do hereby agree and declare that these statements and this declaration shall be the basis of the contract of assurance between me and the Life Insurance Corporation of India and that if any untrue averment be contained therein the said contract shall be dealt with as per provisions of Section 45 of the Insurance Act,1938 as amended from time to time.

Not-withstanding the provision of any law, usage, custom or convention for the time being in force prohibiting any doctor, hospital ,diagnostic center and/or employer, reinsurer/ credit bureau from divulging any knowledge or information about me concerning my health or employment , occupation, insurance , financial etc. on the grounds ofprivacy, I , my heirs, executors, administrators and assignees or any other person or persons, having interest of any kind whatsoever in the policy contract issued to me, hereby agree that such authority , having such knowledge or information, shall at any time be at liberty to divulge any such knowledge or information to the Corporation, and the Corporation to divulge the same to any Authorised Organisation / Institution / Agency / and Governmental / Regulatory Authority for the sole purpose of underwriting / investigation / risk mitigation / fraud control and/or claim settlement. And I further agree that if after the date of submission of the proposal but before the issue of First Premium Receipt (i) any change in my occupation or any adverse circumstances connected with my financial position or the general health of myself or that of any members of my family occurs or (ii) if a proposal for assurance or an application for revival of a policy on my life made to any office of the Corporation is withdrawn or dropped, deferred or accepted at an increased premium or on terms other than as proposed, I shall forthwith intimate the same to the Corporation in writing to reconsider the terms of acceptance of assurance. Any omission on my part to do so shall render this contract to be dealt with as per provisions of Section 45 of the Insurance Act, 1938 as amended from time to time.

I am aware that if the information on my Tax Residency is found to be false or untrue or misleading or misrepresenting, I may be held liable for it. I also undertake to inform the Corporation of any change in my Tax Residency status.

I undertake to inform the Corporation immediately of any changes in KYC documents such as residence. I also give my consent to obtain and share my data from / with Central KYC Registry respectively and to receive phone calls , SMS/ E mail from Central KYC registry in this regard.
I understand that the Corporation reserves the right to accept /Postpone/ drop/ decline or offer alternate terms on this proposal for life insurance.

I hereby give my consent to receive phone calls, SMS/whatsapp messages, E mail on the above mentioned registered number(s)/ E mail address from / on behalf of the Corporation with respect to my life insurance policy/regarding servicing of insurance policies/ notifying about the status of Claim
I also understand that the premium and benefits under the policy are subject to taxes / duties/ charges in accordance with the laws as applicable from time to time.

Dated at _____ on the _____ day of _____ 20_____

_____ _____

Signature or Thumb impression of Witness Signature or Thumb impression of the Life to be assured

Name, Occupation & Address:

1. **Declaration by the person filling in the form (In case form is filled up/signed in a language different from that of the Proposal Form or in case the Life to be assured is person with disability (PWD) where he/she is not able to fill the proposal form himself/ herself.)**

   "I hereby declare that I have fully explained the above questions to the Life to be assured and I have truthfully recorded the answers given by the Life to be assured and Life to be assured has affixed the thumb impression/ signature as below after fully understanding the contents thereof."

   Name and Address of the Declarant:_____ Signature:_____

   "I certify that the contents of the form have been fully explained to me by (Name, Designation, occupation) Mr. / Ms.:_____

   Signature or Thumb impression of the Life to be assured: _____

2. **In case the Life to be assured is illiterate, his/her thumb impression should be attested by a person of standing whose identity can easily be established, but unconnected with the Corporation and this declaration should be made by him/her.**

   "I hereby declare that I have fully explained the above questions and contents of the proposal form to theLife to be assured in _____language, and that the Life to be assured has affixed the thumb impression above after fully understanding the contents thereof."

   Signature: _____

   Name and Address of the Declarant: _____

SECTION 45 OF THE INSURANCE ACT,1938

(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 the materials on which such decision is based.
Explanation I - For the purpose of this sub section, the expression "fraud" means any of the following acts committed by the insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy :

(a) The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
(b) The active concealment of a fact by the insured having knowledge or belief of the fact ;
(c) Any other act fitted to deceive ; and
(d) Any such act or omission as the law specially declares to be fraudulent.

Explanation II – Mere silence as to facts likely to affect the assessment of the risk by the insurer is not fraud, unless the circumstances of the case are such that regard being had to them, it is the duty of the insured or his agent, keeping silence to speak, or unless his silence is, in itself, equivalent to speak.

(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 a material fact was true to the best of his knowledge and belief or that there was no deliberate intension 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.

Explanation: A person who solicits and negotiates a contract of insurance shall be deemed for the purpose of the formation of the contract, to be agent of the insurer.

(4) 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 that any statement of or suppression of a 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 or the legal representatives or nominees or assignees of 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 a material fact, and not on ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.

Explanation – For the purposes of this sub-section, the mis-statement of or suppression of fact 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 he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

In accordance with the applicable provision of Section 41 of the Insurance Act, 1938:

"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 prospectus or tables of the insurer"

Various Sections of the Insurance Act, 1938 applicable to LIC to apply as amended from time to time.

Please visit our site www.licindia.in and register yourself with LIC Portal after completion of this proposal to avail the benefit of e services.

Proposal No. to be furnished by the Proposer/ Life to be assured

Addendum to Proposal Form for Settlement Option (for Maturity Benefit)

Do you wish to avail Settlement Option (for Maturity Benefit) under the proposal ? YES /NO

If yes, please Tick/Strikeout (if not applicable) the following:

1. Period for settlement option (in years): 5 / 10 / 15 (As applicable under the plan)
2. Whether Settlement Option (for Maturity Benefit) is required for: Full / Part of the benefit proceeds
   If in part, specify the amount/ percentage of the benefit proceeds:
   Absolute amount (in Rs): ----------
   Percentage of benefit proceeds: ----------
3. Mode of Instalment payment: Yearly / Half-Yearly / Quarterly / Monthly

If the Net Claim Amount is less than the required amount to provide the minimum instalment amount (as mentioned below) as per the option exercised by the Proposer/Life to be Assured, the claim proceed shall be paid in lump sum only.

Mode of Instalment payment	Minimum Instalment amount (Rs)
Monthly	Rs. 5,000/-
Quarterly	Rs. 15,000/-
Half-Yearly	Rs. 25,000/-
Yearly	Rs. 50,000/-

Place &Date (DD/MM/YYYY)

Name &Signature / Thumb impression of the Life to be Assured

Addendum to Proposal Form for Option to take Death Benefit in Instalments

Do you wish to make provision for your nominee/s to avail the Option of receiving if the unfortunate circumstances arises, Death Benefit in Instalments under the proposal ? YES/ NO

If yes, please Tick/Strikeout (if not applicable) the following:

1. Period forOption to take Death Benefit in Instalments (in years): 5 / 10 / 15 (As applicable under the plan)
2. Whether Option to take Death Benefit in Instalments is required for: Full / Part of the benefit proceeds
   If in part, specify the amount/ percentage of the benefit proceeds:
   Absolute amount (in Rs): ----------
   Percentage of benefit proceeds: ----------
3. Mode of Instalment payment: Yearly / Half-Yearly / Quarterly / Monthly

If the Net Claim Amount is less than the required amount to provide the minimum instalment amount (as mentioned below) as per the option exercised by the Proposer/Life to be Assured, the claim proceed shall be paid in lump sum only.

Mode of Instalment payment	Minimum Instalment amount (Rs)
Monthly	Rs. 5,000/-
Quarterly	Rs. 15,000/-
Half-Yearly	Rs. 25,000/-
Yearly	Rs. 50,000/-

Place &Date (DD/MM/YYYY)

Name &Signature / Thumb impression of the Life to be Assured