भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

FORM NO. 360 (Rev 2024)
PROPOSAL FOR INSURANCE ON THE LIFE OF MINOR LIVES

COLOUR PHOTO OF THE PROPOSER	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 proposer.
2. Please read all the questions carefully and fill up the details truthfully.
3. If the Proposer 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 Proposer must countersign any cancellation or 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 Proposer and Life to be assured

I.	Personal Details	Proposer	Life to be assured
1	Customer ID		
2	C KYC number		
3	ABHA number		
4	Name	Prefix First Name Middle Name Last Name	Prefix First Name Middle Name Last Name
5	Father's Full name	First Name Middle Name Last Name	First Name Middle Name Last Name
6	Mother's Full Name	First Name Middle Name Last Name	First Name Middle Name Last Name
7	Gender	Male / Female / Transgender	Male / Female / Transgender
8	Marital Status		
9	Date of Birth	____/_____/_____ (DD/MM/YYYY) Age___Yrs	____/_____/_____ (DD/MM/YYYY) Age___Yrs
10	Age Proof submitted		
11	Relationship between Proposer & Life to be assured		
12	**Proof of Identity must be any one of Aadhar/ Driving License/ Voter Id / Passport. In** case of Aadhar only last four digits to be mentioned		
a	**Proof of Identity**		
b	**Id Number**		
13	**Permanent Address as per above Proof of Identity**		
	House No./Building Name / Street		
	Town/ Village/Taluka		
	City / District & State		
	State &Country		
	PIN Code		

14	**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		
15	**Contact details**		
a	Mobile Number	WhatsApp Mobile No	Email id
16	**Nationality**		
17	**Residential status**	Resident Indian / NRI* / FNIO*	Resident Indian / NRI* / FNIO*
18	Is your country of Tax Residency outside India**	Yes / No	Yes / No
	* NRI Questionnaire mandatory	** If yes, fill the Self Certification Form	
19	Are you an Income Tax Assessee	Yes / No	Yes / No
20	Permanent Account Number (PAN)		
21	If Registered under GST, please give GSTIN		
II	**Educational Details of Life to be assured and Occupation of the Proposer**		
1	If the child is studying, state the class and /or type of course#		
# Submit Latest school report card			
2	Educational qualification of Proposer		
3	Present Occupation / Source of Income		
4	Name of the present employer		
5	Exact Nature of duties		
6	Length of service		
7	Annual Income (Rs)		
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 of Minor life (** Please give details of 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 any fresh proposal for insurance where a policy has lapsed or has been 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	PWB Rider (Yes/ No)					
6	Date of Commencement (DD/MM/YYYY)					
7	Date of Revival (DD/MM/YYYY)					
8	Whether accepted at ordinary rate, if not give details					
9	Medical/ Non medical					
10	Whether Inforce(Yes/No)					
11	If not , Date of FUP/ Date of surrender (DD/MM/YYYY)					

12 a	Has a proposal (or an application for revival of a policy) on the Life to be assured 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.			
Va	Give below the particulars of all the assurance in full force on the lives of parents, brothers and sisters of Life to be assured			
	Relationship	Policy Number	Total Sum Assured	
	Father			
	Mother			
	Brothers			
	Sisters			
b	If all the children are not insured equally, please mention reason for the same			
	Note: (Please give details of all questions in the space provided for the same.). If space is insufficient, attach a separate sheet duly signed by Proposer			
VI	**Bank Details (of Proposer)**			
	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	**Details of Plan and Riders opted (Riders are subject to availability under the selected plan). Depending on plan selected, Addendum for plan specific details to be completed. If LIC's Premium Waiver Benefit Rider is opted , please fill Proposal form 300 separately.**						
a	**Plan**	**Term**	**Premium paying Term**	**Sum Proposed (Basic Sum Assured) (Rs)**	**Mode of Premium Payment** (Yly/Hly/Qly/ NACH/SSS/ Single)	**Do you wish to obtain LIC's Premium Waiver Benefit Rider?**	**Date if policy is to be dated back** (DD/MM/YYYY)
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	
III	**Simultaneous Proposals**						
a	Is any other proposal on the Life to be assured now being made to, or is any other proposal or an application for revival of a policy on his life under consideration in this or any other office of the Corporation or to any office of any other Insurer? If yes, give Proposal no. / Policy no. and Branch Code.						Y/N
b	Whether proposed simultaneously on the life of siblings / parents ?If yes, give Proposal no. and Branch Code						Y/N
IVa	**Do you wish to avail the physical policy document ?**						
b	**Please give EIA no. (e-Insurance Account) If available**						

Section - III: Health/ habits of the Life to be assured

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 Life to be assured consult a Medical Practitioner for any ailment requiring treatment for more than a week ? If yes, give details		Y/N
c	Has Life to be assured 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	Has Life to be assured remained absent from school/ college/ educational institute on grounds of health during the last 5 years? If yes, give details		Y/N
e	Is the Life to be assured suffering from or ever suffered or undergone investigation in the past or ever 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 **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.				

Section-IV : Declaration

DECLARATION BY THE PROPOSER

I.....(Name of the proposer) do hereby declare that the foregoing statement 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 the Life to be assured concerning the health, insurance , financial etc. on the grounds of privacy, I, on behalf of myself, the Life to be assured, our heirs, executors, administrators and assignees or any other person or persons, having interest of any kind whatsoever in this policy contract issued on the Life to be assured, 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 Authorized Organization / 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 any change in the general health of the Life to be assured or that of any members of his family occurs, 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 / Thumb impression of the Proposer
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 Proposer 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 Proposer and I have truthfully recorded the answers given by the Proposer and Proposer has affixed the thumb impression/ signature as below after fully understanding the contents thereof."

   Name & Address of the Declarant:_____ Signature of the Declarant: _____

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

Signature/ Thumb impression of the Proposer: _____

2. **In case the Proposer 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 the Proposer in _____language, and that the proposer has affixed the thumb impression above after fully understanding the contents thereof."

Signature: _____

Name & 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.

FOR MINOR LIVES ONLY **F.NO.3293A**

With reference to the Proposal for Rs.....on the life of my son/daughter/ Grand Son/ Daughter, I hereby agree and undertake that if under the policy that may be issued, any payment is received by me by way of, loan (if admissible) surrender, Cash Option, or for any other reasons whatsoever before the policy has vested in Life Assured, I shall utilize the moneys thereby received for the benefit of the minor or his estate.

Signature or Thumb impression of Witness Signature/ thumb impression of the Proposer

ADDENDUM TO PROPOSAL

"I understand and agree that the policy shall automatically vest on the Life to be assured on the policy anniversary coinciding with or immediately following the completion of 18 years of age and shall on vesting be deemed to be a contract between the Corporation and Life to be assured."

Dated at _____on the _____day of _____20 _____

Signature or Thumb impression of Witness Signature or Thumb impression of the Proposer

Name_____
Occupation_____
Address_____

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 (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 Proposer

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 for Option 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 (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 Proposer