भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

Proposal Form No. 442 (Rev-2024)
Proposal Form
for LIC's Saral Pension

Recent Photograph of Annuitant	Recent Photograph of Spouse (If Option II is opted for)

Division: **Branch:**

INSTRUCTIONS TO FILL THE PROPOSAL FORM

1. This form is to be completed in **BLOCK LETTERS** by the Annuitant
2. Please read all the questions carefully and fill up the details truthfully.
3. If the Annuitant and/ or Spouse (in case of Option II) 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 Annuitant 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 Annuitant and Spouse

I	**Particulars of Annuitant and Spouse** (Details of spouse to be filled only if Annuity Option II - Joint Life Last Survivor Annuity with Return of 100% of Purchase Price on death of the last survivor, is opted for)				
	Particulars	**Annuitant**		**Spouse**	
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				
6	Mother's Full name				
7	Gender	Male / Female / Transgender		Male / Female / Transgender	
8	Marital Status				
9	Date of Birth (DD/MM/YYYY)	____/_____/_____	Age ___ yrs	____/_____/_____	Age ___ yrs
10	Age Proof Submitted				
11	**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**				
12	**Permanent Address as per above Proof of Identity**				
	House No../Building Name / Street				
	Town/ Village/ Taluka				
	City / District				
	State &Country				
	PIN Code				
13	**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				
14	**Contact details**				
a	Mobile Number				
b	WhatsApp Mobile No				

c	Email id		
15	**Nationality**		
16	**Residential status**	Resident Indian / *NRI / *FNIO	Resident Indian / *NRI / *FNIO
17	Is your country of Tax Residency outside India**	Yes / No	Yes / No
	*NRI Questionnaire mandatory	** If yes, fill the Self Certification Form	
18	Are you an Income Tax Assessee	Yes / No	Yes / No
19	Permanent Account Number (PAN) (Please provide Form 60, if PAN is not available)		
20	If Registered under GST, please give GSTIN		
21	**Occupation**		
a	Present Occupation / Source of Income		
b	Nature of duties		
c	Annual Income (Rs)		

II	**Others**		
		Annuitant	**Spouse**
1	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.		
2	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].		

III **Details of Nominee and Appointee** (*It is in the interest of the Annuitant to avail the facility of nomination. The nomination can be Single or Multiple. Please give % share in case of multiple nomination*)

Name of Nominee	% share	DOB	Age (in yrs)	Relationship with the Annuitant	Mobile No.	Email ID	Address of Nominee

Nominee's Bank Details:

Bank name	Bank Account no.	IFSC code

Appointee details (applicable in case of minor nominee)

Name of Appointee	DOB	Age (in yrs)	Relationship with Nominee	Mobile no.	Email ID	Address of Appointee	Appointee's signature or thumb impression as a token of consent

IV **Bank Details**

(To receive payments through NEFT)
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 : Details of Annuity Opted

I	**Annuity Option**	
1.	Please state either **The Purchase Price** (Rs) _____ ***OR*** **Amount of annuity installment** (Rs) _____	
2.	Mode of annuity installment to be paid:	Yearly / Half – Yearly / Quarterly / Monthly
3.	Please indicate the type of annuity (Choose (✔) only one out of the given options).	

	Annuity Options	**Annuity Options - Details**	
	Option I	Life Annuity with Return of 100% of Purchase Price	
	Option II	Joint Life Last Survivor Annuity with Return of 100% of Purchase Price on death of the last survivor.	
4a	**Do you wish to avail the physical policy document?**		
b	**Please give EIA no. (e-Insurance Account) if available**		

Section-III : Declaration

DECLARATION BY ANNUITANT(S)

I/We ……..do hereby declare that the foregoing statements and answers are true and complete in every particular and do agree and declare that these statements and this declaration shall be the basis of the contract of annuity between me/us and the Life Insurance Corporation of India. In case of fraud, mis-statementand suppression of material facts the policy contract shall be treated in accordance with the Section45 of Insurance Act, 1938 as amended from time to time.

Not-withstanding the provision of any law, I/We authorize the Corporation to share the information pertaining to my proposal to any Authorized Organization / Institution / Agency / and Governmental / Regulatory Authority for the sole purpose of investigation / risk mitigation / fraud control and/or claim settlement.

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/We 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/We hereby give my/ our 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/We 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 Annuitant

Name of Witness …….
Occupation …….
Address …….

Signature or Thumb impression of the Spouse

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 Annuitant and/or Spouse 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 and contents of the proposal form to the Annuitant and/or Spouse and I have truthfully recorded the answers given by the Annuitant and/or Spouse and the Annuitant and/or Spouse 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 Annuitant

Signature or Thumb impression of the Spouse

2. **In case the Annuitant and/or Spouse is/are illiterate, the thumb impression of the Annuitant and/or Spouse 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 Annuitant and/or Spouse in _____language, and that the Annuitant and/or Spouse has affixed the thumb impression above after fully understanding the contents thereof."

Name and Address of the Declarant: _____ Signature:_____

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.