भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

Proposal Form
for LIC's New Pension Plus (Rev 2024)

LATEST COLOUR PHOTO OF THE LIFE TO BE ASSURED

Division: **Branch Office:**

"IN THIS POLICY, THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER"
LIC's New Pension Plus is ULIP plan which is different from the traditional policy in the sense that it is subject to market risk.
LIC does not authorize its agents/intermediaries, staff and officials to express their opinion on the future performance of the "ULIP" fund, excepting the prescribed illustrative rate of 4% and 8% growth.

INSTRUCTIONS TO FILL THE PROPOSAL FORM

1. This form is to be completed in **BLOCK LETTERS** by the Proposer / Life to be assured.
2. Please read all the questions carefully and fill up the details truthfully.
3. If the Proposer / 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 Proposer / 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 and Proposer

I	**Personal Details of Life to be assured**					
1	Customer ID					
2	C KYC number					
3	ABHA number					
4	Name of the Life to be assured	Prefix	First Name	Middle Name	Last Name	
5	Name of the Proposer (Applicable only if proposed under Employer Employee Scheme)					
	Proposal taken under Employer – Employee Scheme, where Employer is the Proposer, must be assigned in favour of Life assured immediately after completion					
6	Relationship of proposer with life to be assured					
7	Father's Full name	First Name	Middle Name	Last Name		
8	Mother's Full Name	First Name	Middle Name	Last Name		
9	Gender	Male / Female / Transgender				
10	Marital Status					
11	a. Date of Birth (DD/MM/YYYY)	____/____/____	Age ___yrs	b. Age proof submitted:		
12	**Proof of Identity:**	Aadhar Id	Driving License	Voter Passport	**Id Number** (In case of Aadhar only last four digits)	
13	**Permanent Address as per above Proof of Identity**					
	House No./Building Name / Street					
	Town/ Village/ Taluka					
	City / District					
	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	Mobile Number	WhatsApp Mobile No.	Email id
16	Nationality			
17	**Residential status**	Resident Indian / Non Resident Indian*/ Foreign National of Indian Origin* *NRI Questionnaire mandatory		
18	**Occupation**			
a	Present Occupation / Source of Income			
b	Name of Employer			
c	Nature of duties			
d	Annual Income (Rs)			

II	**Details of Life to be assured and Proposer**		
		Life to be assured	Proposer (in case proposal is under Employer Employee Scheme)
1	Is your country of Tax Residency outside India ?	Yes / No (If yes, fill the Self Certification Form)	XXXXXXXXXX
2	Are you an Income Tax Assessee	Yes/No	Yes/No
3	Permanent Account Number (PAN)		
4	If Registered under GST, please give GSTIN		

III	**Others**	
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.]	

IV	**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 Nominee	% share	DOB	Age (in Yrs)	Relationship with the life to be assured	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 the nominee	Mobile No.	Email ID	Address of the Appointee	Appointee's signature or thumb impression as a token of consent

V	**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 Proposed Plan Details

I	Plan Details	
1	Policy Term	
2	Vesting Age	
3	Mode of Premium Payment	Single/ Yearly/ Half yearly/ Quarterly/Monthly(NACH)
4	Instalment Premium (in figures.)	Rs.
5	Instalment Premium (In words)	Rs.

II	Fund Selected	PENSION BOND / SECURED / BALANCED / GROWTH FUND (See Information below)

BROAD INVESTMENT PATTERN OF THE INVESTIBLE FUNDS(***)

Fund Type	Investment in Government/ Government Guaranteed Securities/ Corporate Debt	Short-term investments such as money market instruments	Investment in Listed Equity Shares	Objective	Risk Profile	SFIN
Pension Bond Fund	60% to 100%	0% to 40%	NIL	To provide relatively safe and less volatile investment option mainly through accumulation of income through investment in fixed income securities.	Low risk	ULIF0010 1/02/22LI CPENFB ND512
Pension Secured Fund	50% to 90%	0% to 40%	10% to 50%	To provide steady income through investment in both equities and fixed income securities.	Lower to Medium risk	ULIF0020 1/02/22LI CPENFSE C512
Pension Balanced Fund	30% to 70%	0% to 40%	30% to 70%	To provide balanced income and growth through similar proportion investment in both equities and fixed income securities	Medium risk	ULIF0030 1/02/22LI CPENFBA L512
Pension Growth Fund	0% to 60%	0% to 40%	40% to 100%	To provide long term capital growth through investment primarily in equities	High risk	ULIF0040 1/02/22LI CPENFG RW512

*** For further details regarding Funds, you can refer to the Sales Literature and/or Policy Document of this plan available on our website www.licindia.com

IIIa	Do you wish to avail the physical policy document?	
b	Please give EIA no. (e-Insurance Account) if available	

Section III: 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, I 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 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 understand that if I have deposited “application money” as a token consideration under this proposal for insurance, the closing NAV of the date of completion only will be applied for allotment of units.
I also understand that the premiums, charges 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 _____

DECLARATION BY THE PROPOSER

I _____ (Name of the Proposer) do hereby declare that the statement and answers of the proposal form have been given by me after fully understanding the questions and the same are true and complete in every particular and agree and declare that these statements and this declaration along with the statements made by the Life to be assured in the proposal form and declaration relative thereto shall be the basis of the contract of assurance between me and the Life Insurance Corporation of India and that if any untrue averment to be contained there in the said contract shall 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 if I have deposited “application money” as a token consideration under this proposal for insurance, the closing NAV of the date of completion only will be applied for allotment of units.
I also understand that the premiums, charges 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 Proposer**

Name, Occupation & Address _____

1. **<u>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.)</u>**

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

   Name of the Declarant: _____ Signature _____

   Address of the Declarant: _____

<u>SECTION 45 OF THE INSURANCE ACT,1938</u>

(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.