भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

Proposal Form (Rev-2024)
For
LIC's Index Plus

LATEST COLOUR PHOTO OF THE PROPOSER	LATEST COLOUR PHOTO OF THE LIFE TO BE

Division: **Branch Office:**

"IN THIS POLICY, THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER"
LIC'sIndex Plus is a 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 Life to be assured/ Proposer.
2. Please read all the questions carefully and fill up the details truthfully.
3. If the Life to be assured /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/ Life to be assured 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 No4 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 / Proposer

I	**Personal Details**					
1	Customer ID					
2	C KYC number					
3	ABHA number					
4	Name	Prefix	First Name	Middle Name	Last Name	
5	Father'sFull name	First Name	Middle Name	Last Name		
6	Mother's Full Name	First Name	Middle Name	Last Name		
7a	Name of the Proposer in case of minor life and Employer- employee Scheme					
b	Relationship of proposer with life to be assured					
8	Gender	Male / Female / Transgender#				
# LIC's Index Plus is allowed to Transgender.						
9	Marital Status					
10	a. Date of Birth (DD/MM/YYYY)	____/_____/_____	Age___ yrs	b. Age proof submitted:		
11	**Proof of Identity:**	Aadhar Voter Id	Driving License Passport	**Id Number** (In case of Aadhar only last four digits)		

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	Mobile Number	WhatsApp Mobile No.	Email id
15	Nationality			
16	Residential status	Resident Indian / Non Resident Indian*/Foreign National of Indian Origin* *NRI Questionnaire mandatory		

		Details of Life to be assured	**Details of Proposer**
17	Is your country of Tax Residency outside India ? (If yes, fill the Self Certification Form)	Yes / No	Yes / No
18	Are you an Income Tax assessee	Yes / No	Yes / No
19	Permanent Account Number (PAN)		
20	If Registered under GST, please give GSTIN		
21	Educational qualification / class in which studying		
22	Present Occupation / Source of Income		
23	Name of the present employer		
24	Exact Nature of duties (please specify if engaged in police duty)		
25	Length of service		
26	Annual Income (Rs)		
27	Are you employed in the Armed Forces (If Yes, submit relevant questionnaire)		

II	**Others**	
1	Is the life to be assured's occupation associated with any specific hazard or does the life to be assured 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/ life to be assured 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 bya foreign country].*	
III	**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 / Life to be assured during the past one year returned any policy of the Corporation as the same was not acceptable ?, if yes give givepolicy number.					

IV	(a). If the Proposal is on the life of Minor or Major student, please 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 No	Total Sum Assured
	Father		
	Mother		
	Brothers		
	Sisters		
	(b). Whether all the children are insured equally? If No, 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*		

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 Nominee	% share	DOB	Age (in yrs.)	Relationship with the Llife to be assured	Mobile no.	Email ID	Address of nominee
	##Q.Vto be filled only if Life to be assured is major							
	Nominee 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 Appointee	Appointee's signature or thumb impression as token of consent

VI	**Bank Details (If Life to be assured is minor, give 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	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	

IIIa	Policy Term		**b**. Mode of Premium Payment	Yly/ Hly/Qly/Monthly(NACH)
c	Installment Premium (In figures)		Rs.	
d	Installment Premium (In words)		Rs.	
e	**Basic Sum Assured For Age at Entry 0 years to 50 years choose any one the following Basic Sum Assured options**			7 times of Annualized Premium **OR** 10 times of Annualized Premium
	Basic Sum Assured For Age at Entry 51 years to 60 years			7 times of Annualized Premium
f	Does Life to be assured wish to opt for LIC's Linked Accidental Death Benefit Rider ?			Yes/ No
g	If "Yes" , Sum Assured under LIC's Linked Accidental Death Benefit Rider			Rs.
h	If engaged in police duty do you wish to avail AB/AD&DB Rider while on police duty			Yes/ No
i	Does Life to be Assured wish to avail "Settlement Option to take Death Benefit In Instalments" If 'Yes', Kindly fill the addendum which forms a part of the proposal form			Yes/ No

IV	**Fund Selected**	**FLEXI GROWTH FUND / FLEXI SMART GROWTH FUND(See the information below)**				
Fund Type	**Investment in Government/ Government Guaranteed Securities/ Corporate Debt**	**Short-term investments such as money market instruments**	**Investment in Listed Equity Shares**	**Details and objective of the fund for risk /return**	**Risk Profile**	**SFIN No.**
Flexi Growth Fund	0% to 20%	0% to 40%	40% to 100%	To provide long term capital appreciation through investment primarily in select stocks which are a part of NSE NIFTY100 Index.	Very High Risk	ULIF00510 /11/23 LICULIPFL X512
Flexi Smart Growth Fund	0% to 20%	0% to 40%	40% to 100%	To provide long term capital appreciation through investment primarily in select stocks which are a part of NSE NIFTY50 Index.	Very High Risk	ULIF00610 /11/23 LICULIPFS G512

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

V	**Simultaneous Proposals**	
a	Is the life to be assured now being proposed for another assurance or an application for revival of a policy or any other proposal under consideration in any office of the Corporation or to any other Insurer? If yes, give Proposal no. / Policy no. and Branch Code	Y/N
b	Whether proposed simultaneously on the life of spouse/ children/ parents ? If yes, give Proposal no. and Branch Code	Y/N
VIa	**Do you wish to avail the physical policy document?**	
b	**Please give EIA (e-Insurance Account) no. if available**	

Section- III:Personal and family details of health /habits ofLife 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 the 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 the Life to be assured ever been admitted to any hospital or nursing home for		Y/N

	general check up, observation, treatment, accident, injury or operation? If yes, give details	
d	Has the Life to be assured remained absent from place of work 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 has the Life to be assured ever suffered or undergone investigation in the past or has the Life to be assured been advised to undergo investigation or treatment for the following ailments:	

	Diseases	Y/N	Diseases	
	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/leukemia/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**		
	Does the Life to be assured smoke/consume or has ever 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 Life to be Assured only				
a	Is Life to be Assured pregnant now?				
b	Date of last delivery (DD/MM/YYYY)				
c	Has Life to be Assured had any abortion or miscarriage or Cesarean section? If so, give details				
d	Has Life to be Assured ever consulted a gynecologist 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 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 subject to a lien 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, 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 , financials etc. on the grounds of privacy, 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.

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 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 below 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 in case of Minor life

I.....(Name of the proposer) 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 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 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 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 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 below 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 further declare that I have discussed my financial standing with the agent/intermediary. I have been informed about the risk profile of the ULIP plan(s) and fund(s). In consultation with the agent/intermediary, I have taken a personal and independent decision in an informed manner to go for the Plan and Fund which I have chosen.

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 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 Proposer 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 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 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 Proposer/ Life to be assured

2. **In case the Proposer is illiterate, his/her thumb impression should be attested by a person of standing whose identitycan 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 and 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.

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

DECLARATION BY PARENT / GUARDIAN (In case Life to be assured is a Minor)

"With reference to the proposal for Rs._____ on the life of my 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 surrender or for any other reasons whatsoever before the policy has vested in Life to be assured, I shall utilize the moneys hereby received for the benefit of the minor or his/her estate."

Signature of Parent / Guardian:_____
Signature or Thumb impression of Witness:_____
Name:_____
Occupation:_____
Address:_____

ADDENDUM TO PROPOSAL (In case Life to be assured is a Minor)

"I understand and agree that the policy shall automatically vest on the Life 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_____

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

(To be furnished by the Life to be assured / Policyholder)

Proposal No. / Policy No.

Do you wish to avail Settlement Option to take Death Benefit in Instalments? YES/ NO

If yes, please give the following details:

1. Period for Settlement Option to take Death Benefit in Instalments (maximum 5 years):
2. Mode of Installment payment: Yearly / Half-Yearly / Quarterly / Monthly

Note: The instalment shall be the total number of units as on the date of intimation of death divided by total number of instalments (i.e. 5, 10, 20 and 60 for yearly, half-yearly, quarterly and monthly instalments in 5 year period respectively). The number of units arrived at in respect of each instalment will be multiplied by the NAV of the applicable fund type as on the date of instalment payment. The first payment will be made corresponding to the date of intimation of death and thereafter based on the mode opted by the policyholder i.e. every month or three months or six months or annual from the date of intimation of death, as the case may be.

Date (DD/MM/YYYY)

Place :

Signature/ thumb impression of the Life to be assured/Policyholder

Name of Life to be assured/Policyholder