

10. a) Country of Residence

b) Country of birth c) City of Birth

d) Citizenship e) Nationality

f) Tax Residency Country

g) Tax Identification Number
(TIN number mandatory for other than Indian)

11. a) Occupation ☐ Salaried ☐ Retired ☐ Housewife ☐ Student ☐ Business Owner ☐ Other (specify)

b) Exact nature of occupation/duties

c) Organization/Employer Name

d) Nature of industry of the Employer/Organization

e) Office Address – Country

f) Office Address - City

12. Are you a Politically Exposed Person (PEP)? ☐ Yes ☐ No
(PEPs are individuals who are or have been associated with a political party/politician or holding any senior role in any ministry/government/state owned enterprises/judicial body/military/police in India or abroad or those individuals who have any close family members or associates in the said capacity)
If yes, please provide details

13. Does your nature of work involve any association with Money services businesses*/State run lotteries/Casinos/Gaming activity/Gambling/Horse jockey/ Jockey club Not for profit organization/Trusts/Charities/Non Government Organizations/ Organizations involved in promoting social, religious, humanitarian cause/real estate /Jewelry/Precious or semi Precious stones or scrap dealers? ☐ Yes ☐ No
*Money service businesses are entities / proprietorship concerns offering services involving currency exchange/dealer/exchange house/third party payment processors/payment/collection agents etc which are not registered as banks
If yes, please provide details

14. a. e- Insurance Account Number (eIA)

b. Name of the Insurance Repository to which eIA is linked. ☐ CAMS ☐ CDSL ☐ KARVY ☐ NSDL

c. If you do not have an eIA account, would you like to create one? ☐ Yes ☐ No
If yes, please name the preferred Insurance Repository ☐ CDSL ☐ KARVY ☐ NSDL ☐ CAMS

Details of Nominee:

Title	Name of Nominee	Date of Birth	Relationship to Life to be Assured	Gender	Contact Number

If any of the nominee is Minor then Please fill appointee details (age below 18 years), then:

Details of Appointee

Title	Name of Appointee	Date of Birth	Relationship to Life to be Assured	Gender	Contact Number

15 Bank Account Details:

Please share your Bank details for all payouts arising out of this policy to be made through NEFT :-

Policyholder name as per Bank records:

Bank Name: Branch Name:

Bank Account No:

IFSC Code MICR Code

Bank Account Type: - ☐ Saving ☐ Current account ☐ NRO account

Preference for Renewal Premium Payment

☐ Cheque/Demand Draft ☐ Standing Instructions/NACH ☐ Credit Card ☐ Others

Declaration by the new Policyholder

- I, _____ daughter/son of _____ am the Life Assured under the Application/Policy bearing number. _____ I understand that as per the automatic vesting feature in the Policy, I shall be recognized as the Policyholder with effect from. _____
- I have provided my specimen signatures, the same may be updated against the above mentioned Insurance Policy.

AUTHORIZATION: In order to enable the company to assess the risk under this proposal and anytime thereafter including at the time of claim processing, I/We hereby authorize the past and present employer(s), business associates, any life and nonlife company, hospitals, nursing homes, organizations, banks, financial institutions, tax and other authority(ies) or any third party(ies) to release to the company or its authorized third party agents details including but not limited to employment, business, financial, personal and medical records and provide such records or other details as may be considered relevant and further authorize the Company to obtain the same. I/we further consent that the information in this proposal has been given by me/us voluntarily and for the purpose of completion/servicing of this proposal or the resulting policy. That I/We have voluntarily given my/our consent to collect, process, receive, possess, store, deal / handle / share my/our sensitive personal data or information (as defined in the Information Technology (Reasonable security practices and procedures and sensitive personal data or information) Rules 2011 as amended from time to time) for the purpose of processing of this Proposal or servicing of the resulting policy and claims related services, with regulated entities / third parties/ vendors associated with the Company including but not limited to Third Party Administrators, claim investigators, data analytics or any other entity which may be engaged for this purpose in accordance to the legal framework.

(Signature of the New Policyholder)

Vernacular Declaration - To be filled in case Policyholder's signature is in vernacular or in the form of a thumb impression: I hereby declare that, I have fully explained the contents of the Policy Servicing Form to the Applicant/Policyholder in the language understood by him/ her. The same have been fully understood by the Applicant/ Policyholder and the replies have been recorded by the Applicant/ Policyholder in _____ language. I have recorded the replies as per the information/ instruction provided by the Applicant/ Policyholder and the replies have been read out to, fully understood and confirmed by him/ her.

Name of Declarant: _____

Date:

D	D	M	M	Y	Y	Y	Y
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 Place: _____ Declarant Signature: _____

Policy Owner Signature : _____

Pramerica Life Insurance Limited

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Customer Service Helpline: Tel. No. 1860 500 7070 (Local charges apply) or Dial- 011- 4818 7070, IRDAI Registration Number: 140