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PROPOSAL No. AF

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Are you (Proposed Holder/Proposed Insured/Premium Payor) or your family member(s)/close relatives/associate(s) a Politically Exposed Person (PEP)^. (If yes, please fill PEP Questionnaire) A Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicals, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials **Total VIII (1): Health declaration **Total VIII (1): Health declaration **Total VIII (1): Health declaration may lead to the rejection of the proposal form, and the contract of insurance shall be treated as null and void. It may also result in the rejection test to (Any false declaration may lead to the rejection of the proposal form, and the contract of insurance shall be treated as null and void. It may also result in the rejection the declar of the file assured.) **Total VIII (2): Health declaration may lead to the rejection of the proposal form, and the contract of insurance shall be treated as null and void. It may also result in the rejection the declaration for the proposal form, and the contract of insurance shall be treated as null and void. It may also result in the rejection the rejection of the proposal form, and the contract of insurance shall be treated as null and void. It may also result in the rejection the rejection of the proposal form, and the contract of insurance shall be treated as null and void. It may also result in the rejection of the proposal form, and the contract of insurance shall be treated as null and void. It may also result in the rejection of the proposal form, and the contract of insurance shall be treated as null and void. It may also result in the rejection of the proposal disease. **IND CAN TABLE VIEW C	Income Proof	IT R	eturn	L CA	Certifica	te	Aud	lited F	P&L A/	/C		Otne	rs (Spi	есту)				- 10	NO_						_ =	xpiry	date		
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PROPOSAL No.	AF

Se	ection VIII (ii): Short Medical Q	Questionnair (SMQ)							Life In:	sured /	Prop	oser/
Se	ection VIII (ii) (a): Lifestyle Que	estions & Personal	Details of the	e Proposed Insured (no	ot to be f	illed for Annuity Product)			Prima	y Life	Second	ary Life
1.	Is your occupation / hobbies are chemical factory, mines, radiatio	-	-	-					Yes	No	Yes	No N
	Are you employed in the Armed,	•							Υ	N	Υ	N
3.	Have you ever been or currently I of any criminal/civil offences in a		-	•	l or acquit	tal or having pending charge	s in respect		Υ	N	Υ	N
Se	ection VIII (ii) (b): Medical Deta	ails (not to be filled	d for Annuity	Product)								
1.	Have you ever had symptoms of, (The following conditions are pro or might be relevant. If answer for	ovided as an example	only. You are	requested to disclose all	disorders,	disease or other health cond			Life Ins	y Life	Prop Second	ary Life
	Cancer, Tumour or growth, Chest disorder, Diabetes, High blood pr form of disability, Kidney disease Genitourinary disorder, HIV infec disease or disorder not mentione	oressure, Asthma, Tub e, Liver disease inclu ections or AIDS, Autoir	perculosis or an ading hepatitis mmune disorde	ny other Respiratory disea B/C, Digestive system di er, any major surgery or h	ase, Disord sorder, Blo	der of muscles, bones, spine and disorder, Thyroid or other	or joint, Paraplegia, an Endocrine disorder,	у	Yes	No N	Yes	No N
2.	During the first five year (a) Have you ever sustained an il (b) Have you undergone or advise hospital for treatment or investig	ed to undergo or awa	-			-	d tests or been admitte	d to a	Y	N N	Y	N
3.	To be answered by Female applic	cants only										
	(a) Are you currently pregnant?(b) Have you suffered from or do	you have any Gynae	cological probl	lems or Illness related to	uterus/ova	aries or breasts?			Y	N	Y	N
	If answer to any of the above que	estions (Section IX) is	s Yes, Please g	give the following details								
	Life Insured/Primary Life Details of the Treating	Nature of ailment	Date of	Fully recovered or sti		Proposer/Secondary Life Details of the Treating	Nature of ailment	Date o	of	Fully roce	overed or	etill
	/ Family Doctor	/ disease etc	diagnosis	undergoing treatmen		/ Family Doctor	/ disease etc	diagno		-	ng treatm	
	Name Address					Name Address						
							1					
	ection VIII (ii) (c): Previous Poli	·					Life Insured / I	Primary Li	fe	Proposer/	/ Seconda	ary Life
1.	Have you ever applied for life ins (Has any application or proposal ever been declined, deferred, wit	for Life/Health/Accide	ent/Critical IIIr	ness/Mediclaim including	renewal a		Yes ad? (If Yes,give details)	N No		YY	es N	No
	Life Insured/Primary Life											
	Policy / Proposal No.	Company N	lame	Sum Assured	Decisio	on (Std/With Extra/Postponed	I/Declined/Not complet	ed)	Status (Inforced/	Lapsed/A	pplied)
									l			
	Proposer/Secondary Life											
	Policy / Proposal No.											
		Company N	Name	Sum Assured	Decisio	on (Std/With Extra/Postponed	I/Declined/Not complet	ed)	Status (Inforced/	Lapsed/A	pplied)
		Company N	Name	Sum Assured	Decisio	on (Std/With Extra/Postponed	I/Declined/Not complet	ed)	Status (Inforced/	Lapsed/A	pplied)
		Company N	lame	Sum Assured	Decisio	on (Std/With Extra/Postponed	I/Declined/Not complet	ed)	Status (Inforced/	Lapsed/A	pplied)
1	ection VIII (iii): Long Medical Q	Questionnair(LMQ)						ed)	Status (Inforced/	Lapsed/A	pplied)
1	ection VIII (iii) (a): Lifestyle Qu	Questionnair(LMQ)		ne Proposed Insured (n	not to be			ed)				
Se	ection VIII (iii) (a): Lifestyle Qu	Questionnair(LMQ)			not to be			ed)	Status (sured /	Lapsed/A Prop	oser/
Se	ection VIII (iii) (a): Lifestyle Qu	Questionnair(LMQ) lestions & Personal		ne Proposed Insured (n	not to be	filled for Annuity Product		ed)	Life In:	sured /	Prop	oser/
1. 2.	cction VIII (iii) (a): Lifestyle Qu Life Insured/Primary Life Height in cms	Questionnair(LMQ) lestions & Personal	Details of th	Proposed Insured (n Proposer/Secondary Li 3. Height in cms 4. Weight in Kg	not to be	filled for Annuity Product		ed)	Life In: Primal	sured / ry Life	Prop. Second	oser/ ary Life
1. 2. 5.	Life Insured/Primary Life Height in cms or Weight in Kg Have you in the past used or do	Questionnair(LMQ) lestions & Personal r in Ft / Inches you use any habit for	Details of th	Proposed Insured (n Proposer/Secondary Li 3. Height in cms 4. Weight in Kg	not to be	filled for Annuity Product		ed)	Life In: Primal	sured / ry Life No	Prop. Second	oser/ ary Life
1. 2. 5.	Life Insured/Primary Life Height in cms or Weight in Kg Insured or do Have you in the past used or do	Questionnair(LMQ) lestions & Personal r in Ft / Inches you use any habit for	Details of th	Proposed Insured (n Proposer/Secondary Li 3. Height in cms 4. Weight in Kg	not to be	filled for Annuity Product		ed)	Life In: Primal	sured / ry Life No	Prop. Second	oser/ ary Life
1. 2. 5.	Life Insured/Primary Life Height in cms or Weight in Kg Have you in the past used or do If Yes, give details Do you consume or have consum Substance Consumed Tobacco Products	Questionnair(LMQ) lestions & Personal r in Ft / Inches you use any habit for ned any of the followi Consumed as Cigar / Gutka / Be	Details of the rming drugs or ing	Proposed Insured (n Proposer/Secondary Li 3. Height in cms 4. Weight in Kg	not to be	filled for Annuity Product or in Ft / Inches tinence treatment? Quantity Qty per day (Nos)		ed)	Life In: Primal	sured / ry Life No	Prop. Second	oser/ ary Life
1. 2. 5.	Life Insured/Primary Life Height in cms or Weight in Kg Have you in the past used or do If Yes, give details Do you consume or have consum Substance Consumed Tobacco Products Alcohol	Questionnair(LMQ) lestions & Personal r in Ft / Inches you use any habit for ned any of the followi Consumed as	Details of the rming drugs or ing	Proposed Insured (n Proposer/Secondary Li 3. Height in cms 4. Weight in Kg	not to be	filled for Annuity Product or in Ft / Inches tinence treatment?		ed)	Life In: Primal	sured / ry Life No	Prop. Second	oser/ ary Life
1. 2. 5. 6.	Life Insured/Primary Life Height in cms or Weight in Kg Have you in the past used or do If Yes, give details Do you consume or have consum Substance Consumed Tobacco Products Alcohol Narcotics	Questionnair(LMQ) lestions & Personal r in Ft / Inches you use any habit for ned any of the followi Consumed as Cigar / Gutka / Be Beer / Wine / Hard	Details of the control of the contro	Proposed Insured (n Proposer/Secondary Li 3. Height in cms 4. Weight in Kg narcotics or received any	not to be	filled for Annuity Product or in Ft / Inches tinence treatment? Quantity Qty per day (Nos) Qty per week (ml)		ed)	Life In: Primal	sured / ry Life No	Prop. Second	oser/ ary Life
1. 2. 5. 6.	Life Insured/Primary Life Height in cms or Weight in Kg Have you in the past used or do If Yes, give details Do you consume or have consum Substance Consumed Tobacco Products Alcohol	Questionnair(LMQ) lestions & Personal r in Ft / Inches you use any habit for ned any of the followi Consumed as Cigar / Gutka / Be Beer / Wine / Hard	Details of the control of the contro	Proposed Insured (n Proposer/Secondary Li 3. Height in cms 4. Weight in Kg narcotics or received any / Pan masala/others	not to be	filled for Annuity Product or in Ft / Inches tinence treatment? Quantity Qty per day (Nos) Qty per week (ml) only for TERM Plan)		ed)	Life In: Primal	sured / ry Life No	Prop. Second	oser/ ary Life
1. 2. 5. 6.	Life Insured/Primary Life Height in cms or Weight in Kg Have you in the past used or do If Yes, give details Do you consume or have consume Substance Consumed Tobacco Products Alcohol Narcotics Have you ever stopped smoking/	Questionnair(LMQ) lestions & Personal r in Ft / Inches you use any habit for med any of the followi Consumed as Cigar / Gutka / Be Beer / Wine / Hard tobacco consumption ith any specific hazar ory, mines, explosives	Details of the printing drugs or sing drugs or dedi / Cigarette / d Liquor in any form?	Proposed Insured (n Proposer/Secondary Li 3. Height in cms 4. Weight in Kg narcotics or received any / Pan masala/others If Yes, please specify (Ap Reason ke part in activities or ho rrosive chemicals etc & h	pplicable of for disconobbies that nobbies: av	filled for Annuity Product or in Ft / Inches ctinence treatment? Quantity Qty per day (Nos) Qty per week (ml) could for TERM Plan) tinuation t could be dangerous in any wistion other than fare paying	No. of Years	ed)	Life In: Primal	sured / ry Life No	Prop. Second	oser/ ary Life
1. 2. 5. 6. 7. 8.	Life Insured/Primary Life Height in cms or Weight in Kg Or Have you in the past used or do If Yes, give details Do you consume or have consumed Tobacco Products Alcohol Narcotics Have you ever stopped smoking/N Duration since stopped Is your occupation associated wire. (e.g. Occupation: chemical factor mountaineering, deep sea diving Are you employed in the Armed, Category after last Medical Exam	Questionnair(LMQ) lestions & Personal you use any habit for led any of the followi Consumed as Cigar / Gutka / Be Beer / Wine / Hard Tobacco consumption ith any specific hazar ory, mines, explosives g or any form of racing Para-Military or Police inination:	Details of the ming drugs or ming drugs or dedi / Cigarette / d Liquor drugs or de or do you tal, radiation, cog) if yes, pleas ce Forces? If Y	Proposed Insured (n Proposed Secondary Li 3. Height in cms 4. Weight in Kg narcotics or received any / Pan masala/others If Yes, please specify (Ap Reason ke part in activities or ho per complete the relevant of the complete the relevant of the secondary provide below	pplicable of for discon obbbies that nobbies: an Occupation details and	filled for Annuity Product or in Ft / Inches stinence treatment? Quantity Qty per day (Nos) Qty per week (ml) conly for TERM Plan) tinuation the could be dangerous in any or viation other than fare paying an/Avocation Questionnaire d complete the armed forces	No. of Years vay? g passenger, questionnaire	ed)	Life In: Primal	sured / ry Life No	Prop. Second	oser/ ary Life
1. 2. 5. 6. 7. 8.	Life Insured/Primary Life Height in cms or Weight in Kg Or Have you in the past used or do If Yes, give details Do you consume or have consumed Tobacco Products Alcohol Narcotics Have you ever stopped smoking/N Duration since stopped Is your occupation associated wire. (e.g. Occupation: chemical factor mountaineering, deep sea diving Are you employed in the Armed, Category after last Medical Exam	Questionnair(LMQ) lestions & Personal you use any habit for you use any habit for med any of the followi Consumed as Cigar / Gutka / Be Beer / Wine / Hard Itobacco consumption ith any specific hazar yoy, mines, explosives g or any form of racing Para-Military or Police nination: Dept/Div: being investigated, ci	Details of the management of the control of the con	Proposed Insured (n Proposed Insured (n Proposer/Secondary Li 3. Height in cms 4. Weight in Kg narcotics or received any / Pan masala/others If Yes, please specify (Ap Reason ke part in activities or ho rrosive chemicals etc & received any es complete the relevant fee complete the relevant fee please provide below Date of Last Medi prosecuted or convicted	pplicable of for disconobbies that nobbies: an Occupation details and ical Exami	filled for Annuity Product or in Ft / Inches tinence treatment? Quantity Qty per day (Nos) Qty per week (ml) only for TERM Plan) tinuation t could be dangerous in any oviation other than fare paying m/Avocation Questionnaire d complete the armed forces nation:	No. of Years vay? g passenger, questionnaire	ed)	Life In: Primal	sured / ry Life No	Prop. Second	oser/ ary Life

										PROPOSAL	No		
Are any of your Yes No Yes No (Parents Cancer,	or Sibling Multiple S	s suffering or have clerosis, Alzheime	ed for Annuity Pro suffered from Hear r, Parkinson or any h	t Disease, Dia			Raised	Cholesterol	Life Insured /	Primary Life No	Proposer/	Secondary L
			he below section)				- In 10		•				
Life Insured/F	-		Dataila of process	t hoolth 0	Ago et	Cause of	Proposer/Seco	T -		Dataila of present	haalth 9	1 4 7 9 9	Coupe
Relationship with Insured	Age	Current Status	Details of presentual particulars of	f any major illness	Age at Onset	Death	Relationship with Insured	Age	Current Status	Details of present full particulars of		ess Age a Onset	
Parent 1							Parent 1						
Parent 2							Parent 2						
Sibling 1							Sibling 1						
Sibling 2							Sibling 2						
The following co or might be releved as the following co or might be releved as the following color might be releved as the fo	nditions and tions are the control of the control o	s are provide answer for e. Chest Ping to the horn, Mental ma, Bronch st, Leuken testinal dis Diabetes, did to Ear, E. Limbs, Sinia or any opposes ever transmitt address is of the transmitt of the service of the serv	led as an example any of the question ain, Angina, shortr eart or Circulatory ailment, Stroke, Paitis, Avian Flu, diffinia, Growth, Lump order, Kidney, Live Thyroid or any othe ye, Nose, Throat or pine, Joint or Bone other blood related received any medied Disease? different from Propom any illness, impressed to undergoed an illness lasting advised to undergored and illness lasting advised to undergored.	aralysis, Multiple So riculty in regular bre or other Malignancy r, Bladder Disorder, r Gland Related Dis r Skin? Disorders or any ot	sted to disclos "yes", please itation, Rheur clerosis or any eathing or any ? Reproductive orders? her physical of in separate s ny medication ar? or any major	se all disorder provide all matic Fever, For other Nervou other Respirate, Urinary Disorder in connection and atta polypills/drugs?	is, disease or oth ledical reports, if the ledical reports, if the ledical reports, if the ledical reports, if the ledical reports is breakdown? ledical ledical ledical reports in the ledical ledica	er healt availal Att. Cirrhosi	ch condition ole ack or any o	s, which are,		-	Proposer/ Secondary L Yes N Y Y N Y N Y N Y N Y N Y N Y N Y N Y N
To be answered I (a) Are you cur (b) Have you u If Yes, men (c) Have you si	by Fema rently p ndergor tion per uffered	ale applica regnant? le an abort riod elapsed	If Yes, duration ion / caesarian second since the last occurrence you have any Gyna	n of weekstion, or had a misca	n last 3 mont s or Illness re	lated to uteru	3 to 6 months s/ovaries or breas	sts?	more tha	an 6 months			Y
Life Insured/I	,		(,) ()	, 8			Proposer/Se	condary	Life				
Details of the family			Nature of ailment / disease etc		ully recovere undergoing tr		Details of / Famil			Nature of ailment / disease etc	Date of diagnosis		vered or still g treatment
Name Address							Name Address						
Have you ever a (Has any applic ever been decline Life Insured/F	applied ration or ned, de	for life insum proposal ferred, with	urance policies with for Life/Health/Acci ndrawn or accepted	be filled for Anni n Pramerica Life or dent/Critical Illness at special rates or	with other ins Mediclaim in terms by Pran	urers? ncluding rener nerica Life In	surance or any o	ther ins			No No s,give details))	Y	
Policy / P	TOPOSAI	140.	Company	valle	Sum Assured	Dec	naion (atu/WILI) t		ыропец/Д	eclined/Not comple	icu) Sta	atus (Inforced/L	ωμοσα/Αμμπε
Proposer/Seco	ondary l	_ife				ı					l		
Policy / P	roposal	No.	Company	Name :	Sum Assured	Dec	cision (Std/With E	Extra/Po	ostponed/De	eclined/Not comple	ted) Sta	atus (Inforced/L	apsed/Applie
In case Life Ins	ured is	a student /	housewife, please	provide insurance of	details regard	ing parents / I	husband / sibling	gs					

							PROPOSAL No.	AF	
_									
	ection XI: Details of Product A	pplied for							
1.	Product & Rider Details Payment Options Limiter	d Pay Regu	ılar Pay Si	ngle Pay Mode	e of Payment (Not Applicable	e for Single Pay Plan)	Annually Semi A	nnually Q	uarterly Monthly
	Product Name/ Rider Name	Policy Term	Premium Payment Term	Deferment Period	Sum Assured/ Annuity Amount	Premium/Purchase Price	Option	Payout Option	Additional Benefit/ Income Period
	Base Product								
	Rider 1								
	Rider 2								
	Rider 3								
	Rider 4								
	In case of Pramerica Life WOP	l rider, the rider Li	fe Insured will alv	ways be the Pro	poser under the Proposal	form			
	Applicable only for Term Insurar Optional Covers: Spouse Cover, Please mer Increasing Life Cover, Please Life Stage Cover Enhance	ntion Sum Assure	25% Increa	se 50	a) % Increase b)	ath Benefit Payout Optio Lump Sum No. of months of Month Lump Sum Proportion	Monthly Income 60	Lump Sum + Moi 120 of Lump Sum + N	•
2.	Strategy and fund allocation (to Please select Investment Strate	_	of ULIP) Defined Portfo	olio Strategy	Life Stage Por	tfolio Strategy	stematic Transfer Plan	Voc	No
	To be filled if Defined Portfoli	io Strategy is sele	ected: Please sele	ct the proportio			ngle Premium Plan	Yes 6	No 12 24
	premiums (%) as per the opti	ons available wit Large Cap Equity	·		vth Momentum Fund		gular/Limited Pay	6	12
2	Balance Fund	Multi Cap Oppor Balanced Equilit Correlation Fund	tunities Fund —	% Larg	e Cap Advantage Fund				
э.	Details of Secondary Annuitant Name: Date of Birth:	R S T		nder:	Male Female	D D L E Transgender	Relationship with Prima	L A S	Т
Sar	ction X: Premium Payment De	atails (Chagua/ D	ID made payable	to "Pramerica Li			·		
								/	
	Method of Payment Deb Amount (in ₹).	oit Card	Credit Card Cheque / DD	Cash No./Transaction	DD / Cheque	Others 4. Bank Nam	e & Branch Address		
	Is the Premium paid by a person					Yes No			
	Name		Relation	ship with Propos	ser		PAN No.:		
6.	Preference of Renewal Premium	Online	e Credit Card SI	Chequ	e Demand Dr	aft ECS - Dir	ect Debit AC	CAS	h
Sec	ction XI: Policy Payout Details	S Account	Type Cu	rrent	Savings				
Bar	nk Name				Bra	nch Address			
Acc	count Holder's Name				Acc	ount Number			
IFS	SC Code				MIC	R Code			
	per IRDAI guidelines all future po onvenience. Original cancelled ch								
Sec	ction XII: Declaration, Agreem	ent & Authoriz	ation						
thei by in part the rece gen and	CLARATION: I/We_ reof. I/We have made complete, tru me/us to pay the premium under the iculars given by me are true and c basis of the insurance policy and eipt of the premium chargeable an- ieral health after the proposal has is t to the best of my/our knowledge a REEMENT: I/We do hereby agree the isstatement and concealment of ma	his Application has complete in all res that the policy is d upon issuance of been submitted b and believe the ce that My/Our answ	lisclosure of all factors not been derived pects to the best of subject to the Board the policy. I furtuit before communicatification is true, ers and/or statements.	ets to the best of d from any crimin of my knowledge and approved und her declare that dication of the ris correct, and cor- ents provided her	nal or illegal activity or any and that I am authorized I letwriting policy of Pramer I will notify Pramerica Life sk acceptance by Prameric nplete including the taxpa ein and this declaration sl	and that I/We have not wi v unknown sources. I herel o propose on Life Insured ica Life Insurance Limited Insurance Limited in writ a Life Insurance Limited. yer identification number hall form the basis of polic	thheld any information. I/ by declare, on my behalf to s behalf. I understand that I and that the cover will coing of any change occurrin I/We certify that I/We have of the applicant. by issued by Pramerica Lif	We hereby declare that the above state at the information pome into force and in my occupation provided the information p	that the money used ements, answers and/or provided by me forms effect only after full n, financial health or rrmation on this form d. In case of fraud,

AGREEMENT: I/We do hereby agree that My/Our answers and/or statements provided herein and this declaration shall form the basis of policy issued by Pramerica Life Insurance Limited. In case of fraud, misstatement and concealment of material facts, contract shall be treated in accordance with Section 45 of the Insurance Act, 1938, as amended from time to time. If, after submission of this Proposal and before issue of the policy, if an proposal of rinsurance on the life of the Proposed Insured/Proposed Holder made to any other insurance company or an proposal of revival, has been withdrawn or dropped or accepted at an increased premium or on terms other than as originally proposed, I/We shall forthwith intimate the same to Pramerica Life Insurance Limited in writing to reconsider the terms of acceptance of this Proposal. The payment made along with the proposal is a deposit with Pramerica Life Insurance Limited to be adjusted towards premium in the event of acceptance of the risk sought to be insured by me/us. Unless accepted, no risk shall attach to Pramerica Life Insurance Limited to issue the policy commencing from any date subsequent to the date of submission of the Proposal by me/us. I/we agree to undergo all medical tests required by Pramerica Life Insurance Limited as per its guidelines, including HIV-Elisa Test. The terms and conditions including the premium and benefits under the policy are subject to tax/duties/charges as per the applicable law. The information provided under this Proposal will be used for the purpose of underwriting this Proposal and for providing policy related services, in the event of the risk being accepted by Pramerica Life Insurance Limited. Any premium if paid by cash has to be paid only in Pramerica Life Insurance Limited services, and other authorized cash collection agencies against an official Receipt and not to Pramerica Life Insurance Limited's Financial Advisors/Broker/Corporate Agent. If it is paid to Financial Advisor/Broker/Corporate Agent for this purpose is acting as

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PROPOSAL No.			

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, Govt. repositories (like Ayushman Bharat Health Account -ABHA), nursing homes, organizations, banks, financial institutions, bureaus (credit/insurance), insurance repositories, reinsurers, 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 given my/our consent to collect, process, receive, possess, store, deal / handle / share my/our sensitive personal data or 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 / Thumb impression of Life Insured / Primary Life / Primary Annuitant	Signature / Thumb impression of Proposer / Secondary Lif Secondary Annuitant	e / Signature / Thumb impression of Witness	
Date D D M M Y Y Y Y	Date D D M M Y Y Y Y	Name of Witness	
Place	Place	Address of Witness	
Declaration for signing in vernacular language or for uneducated	person		
I, (full name of declarant)	, hereby declare that I have explained the contents of the	proposal form to the Life Insured / Proposer in	
		ured / Proposer has / have put his/her thumb impression after fully	
understanding the contents thereof.	ated by the to the Elie Hisared / Froposer and that the Elie His	ined / Froposer has / have put his/her than b impression after rany	
understanding the contents thereor.			
			
Signature of the Declarant		Signature / Thumb impression of Proposer	
Name		Date D D M M Y Y Y Y	i
		-	
Address		Place	
Section XIII: The Insurance Laws/ACT/Regulation, as a	amended from time to time		
Section 41 of the Incurrence Act 1029 or amended from time	to time. No parean shall allow as affect to allow either disactly	or indirectly, as an inducement to any person to take or renew or contin	nuo on
		or indirectly, as an inducement to any person to take or renew or contin n payable or any rebate of premium shown on the policy, nor shall any p	
taking out or renewing or continuing a policy accept any rebate			p0.00
Section 45 of the Insurance Act. 1938, as amended from time	to time: No policy of life insurance shall be called into questi	on on any ground whatsoever after the expiry of three years from the dat	ite of
		und of fraud or on the ground that any statement of or suppression of a	
		which the policy was issued or revived or rider issued. The insurer shall	
		erials on which such decision is based. No insurer shall repudiate a life	
		ue to the best of his knowledge and belief or that there was no deliberat	
		aud, the onus of disproving lies upon the beneficiaries, in case the police ne grounds of fraud, the premiums collected on the policy till the date of	
		ititled to do so, and no policy shall be deemed to be called in question	
		e proposal. For complete details of the section and the definition of 'dat	ite of
policy', please refer Section 45 of the Insurance Act, 1938, as	s amended from time to time.		
Section XIV: Sales Person/Agent Confidentiality Repor	t		
I hereby declare that I have personally met the applicant. Life	to be Insured, and the foregoing statements are true and corre	ct to the best of my knowledge and enquiries made by me. Ifurther stat	te that the
		he questions in the application form and importance of disclosing all the	
information has been explained by me to the Proposer. I have a	also explained the features and benefits of the plan and riders	to the applicant.	
1. Do you know the Life to be Insured / Proposer? If Yes please	e provide relation		
2. Is the Life to be Insured physically handicapped / mentally	retarded / has history of any illness / surgery or any medical in	vestigations? Yes N No	
3. Any other material information that may impact the compar	ny's underwriting decision?		
4. I confirm that the application form was signed by Mr /Ms	in front of me and I have verified it	with the proof of signature submitted by the customer.	
····	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Signature of Sales Person	c	marking of Consuming	
Signature of Sales Person		gnature of Supervisor	
Name of Sales Person	N	ame of SupervisorName/Designation	
Code & Designation	C	ode & Designation	
Date & Place	D	ate & Place	
Section XV: Abbreviations			
E/E: Employer/Employee	Audited P&L A/C: Audited Profit and Loss accoun	CAMSRep: Computer Age Management Services Limited Insuran	nce Renosit
MWPA: Married Women Property Act	AIDS: Acquired Immune Deficiency Syndrome	Karvy IR: Karvy Insurance Repository	.cc reposit
HUF: Hindu Undivided Family	HIV: Human immunodeficiency virus	CIRL: Central Insurance Repository Limited.	
NRI: Non-Residentil Indian	ECG: Electrocardiogram	AML: Anti-Money Laundering	
PIO: Person of Indian Origin		PAN: Permanent Account Number	
_	CT Scan: Computed Tomography Scan		
FATCA: Foreign Account Tax Compliance Act	MRI: Magnetic resonance imaging	ABHA: Ayushman Bharat Health Account	
CRS: Common Reporting standard	DD: Demand Draft	ACH: Automated Clearing House	

IRDAI Registration No. 140. Pramerica Life Insurance Limited. Registered Office and Communication Address: 4th Floor, Building No. 9, Tower B, Cyber City, DLF City Phase III, Gurgaon - 122002, Haryana. CIN: U66000HR2007PLC052028. For more details on risk factors, terms and conditions please read sales brochure carefully before concluding a sale. Customer Service Helpline Tel. No: 1860 500 7070 or 011 4818 7070 (Local charges apply) Timings: 9:30 a.m. to 6:30 p.m. (Monday-Saturday), SMS 'LIFE' to 5607070, Website: www.pramericalife.in, Email: contactus@pramericalife.in. The Pramerica mark displayed belongs to 'The Prudential Insurance Company of America' and is used by Pramerica Life Insurance Limited under license.

APP/AF-ENG/24/FEB/V22

IFSC: Indian Financial System Code MICR: Magnetic Ink Character Recognition

ECS: Electronic Clearance Service

NEFT: National Electronic Funds Transfer

NSDL IR: National Securities Depository Limited Insurance Repository

CA Certificate: Chartered Accountant Certificate: