



Politically Exposed Person  
If Yes, give details

YES Details

No  YES Details

No

Politically Exposed Person or PEP are individuals who are or have been entrusted with prominent public functions in India or abroad, e.g. Heads of States or Governments, Sr. Govt./judicial/military officers, Sr. Executives of State-Owned corporations, political party officials & family members of these individuals (spouse, children, parents, siblings, in-laws)

3. Education & Occupation Details

Proposed Insured

Proposer / 2<sup>nd</sup> Proposed Insured

Education:  Master & above,  Graduation,  Intermediate (HSC),  Matriculation,  Primary,  None/ illiterate. Occupation:  Salaried,  Business,  Professional,  Retired,  Housewife,  Unemployed,  Agriculture,  Student,  Others.

Nature of Duties/ Designation: \_\_\_\_\_  
Employer's Name & Website/ Business details: \_\_\_\_\_

4. KYC & AML Details

Proposed Insured

Proposer / 2<sup>nd</sup> Proposed Insured

Annual Income (in ₹), PAN, GSTIN, Unique KYC Identifier code, E-Insurance Account (eIA) No., Age Proof, Identity Proof, Address Proof, Income Proof, Any other document/s.

5. Nominee Details (Under Sec. 39 of Insurance Act 1938) To be filled where Proposed Insured and Proposer are same

Appointee Details (If Nominee is a minor)

Name & Surname, Date of Birth / Gender, Relationship to Insured, % Share of Nomination, Appointee Signature.

6.a) Product Details

Product Name, Option/Variant, Product Type, Premium Amount, Premium Frequency, Multiplier, Joint Life Premium Paying Term, Cash Bonus, Sum Assured (SA)/ Guaranteed Maturity Benefit (GMB) table.

\*Child Education Extra Cover C1, C2, Child 1 Name, Child 2 Name, Guardian/Parents, Contact no., Relationship with Child.

For Third Party Premium Payment

Premium Payer's Name, Relationship to Proposed Insured, PAN, Date of Birth, Address, PIN code.

Premium Apportionment (for Unit Linked)

Investor Selectable Portfolio Strategy, Trigger based Portfolio Strategy, Systematic Switching Option (SSO), Target Asset Allocation Strategy, Name of Fund table.

6.b) For Pension Products (The annuity option selected shall be subject to the availability of the option on the date of vesting)

Spouse Age, Age at Vesting, Pension Option, Annuity for life, Joint Life Last Survivor with 50% of annuity to spouse, Joint Life Last Survivor with 100% of annuity to spouse.

7. Bank Details

Premium Collection Details

Bank & Branch Name, Account Number, IFSC Code, Account Type, Proposal Deposit, Renewal Premium Payment Method, TOP UP Sum Assured, TOP UP Multiplier, TOP UP Premium Amt.

8. Details of Policies held and/or applied for with Bajaj Allianz Life Insurance Company Limited and/or any other Insurance Company, including details of declined, deferred or postponed proposals

	Proposed Insured	2 <sup>nd</sup> Proposed Insured
Has any life and /Health Insurance or Critical Illness Insurance proposal or revival request been declined / postponed / dropped / rated up or accepted with modified terms?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual premium paid by you for Insurance policies of your spouse / children / dependents?	₹ <input type="text"/>	₹ <input type="text"/>
Please provide if any Life Insurance / medical Insurance cover held or currently applied with any of the Insurer?	Count of Total Policies	Count of Total Policies
	Total SA (in ₹)	Total SA (in ₹)

9. Family Details

	Proposed Insured	2 <sup>nd</sup> Proposed Insured
Is there a history of Diabetes, Cancer, High Blood Pressure, Heart or Kidney diseases, communicable diseases like Tuberculosis, Alcoholism, Mental Illness or suicide in your family?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, how many family members were aged 50 or below at the time of diagnosis?	<input type="text"/>	<input type="text"/>

	Proposed Insured	2 <sup>nd</sup> Proposed Insured						
Family Member	Age	Health Status (If Alive)	Age (When Died)	Cause of Death	Age	Health Status (If Alive)	Age (When Died)	Cause of Death
Father								
Mother								
Brothers								
Sisters								
Spouse								
Children								

10. Life Style Details (Not Applicable for Immediate Annuity Proposals)

	Proposed Insured	2 <sup>nd</sup> Proposed Insured
Height (cms) Weight (kgs)	(H) (H) (H) (W) (W) (W)	(H) (H) (H) (W) (W) (W)
Has your body weight changed in last 6 months? Cause of Weight Change	Same <input type="checkbox"/> Gained <input type="checkbox"/> kgs <input type="text"/> Lost <input type="checkbox"/> kgs <input type="text"/>	Same <input type="checkbox"/> Gained <input type="checkbox"/> kgs <input type="text"/> Lost <input type="checkbox"/> kgs <input type="text"/>
Do you plan to or were involved in any adventurous avocation such that but not limited to flying or travelling in a non-commercial aeroplane, automobile racing, horse riding, boat race, scuba diving?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted in the court of law or are there any criminal proceedings pending against you before a court?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever taken or undergone treatment for Narcotics or any addictive drug?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you consumed tobacco in any form during last 5 years? Used as (Name of the tobacco product) Quantity per day If Quit, since when (MMYYYY)	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text"/> <input type="text"/> M M Y Y Y Y	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text"/> <input type="text"/> M M Y Y Y Y
Do you regularly consume alcohol? Frequency of Consumption per week Quantity of Consumption per week (ml.) Has the consumption increased in last 6 months	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text"/> <input type="text"/> Yes <input type="checkbox"/> EQUALLY <input type="checkbox"/> LESS <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text"/> <input type="text"/> Yes <input type="checkbox"/> EQUALLY <input type="checkbox"/> LESS <input type="checkbox"/>

11. a) Declaration of Good Health

	Proposed Insured	2 <sup>nd</sup> Proposed Insured
Have you ever been diagnosed with, received any treatment or been referred for investigations related to :		
a) Chest Pain / Heart Attack / blood pressure / high cholesterol/ other cardiovascular disease or disorder?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Undergone Angioplasty / Bypass surgery / any other Heart related surgery?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Diabetes / High blood sugar / Sugar in Urine / Other Endocrine system disorders such as hypothyroidism?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
d) Asthma / Tuberculosis / any other respiratory disorder?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
e) Stroke / paralysis / Epilepsy / Head Injury / Other Nervous disorder?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
f) Pancreatitis / Colitis / recurrent indigestion / ulcers / other Gastrointestinal disorders?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
g) Liver or gall bladder disorders / Jaundice / Hepatitis B or C?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
h) Genitourinary disorders related to Kidney, prostate or urinary system?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
i) Cancer / Tumor / Unusual growth or cyst of any kind?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
j) HIV infection or positive test of HIV for yourself / spouse / parents?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
k) Any blood disorders like Anemia, Thalassemia etc?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
l) Any Physical deformity or handicap, joints or muscular disorder, congenital defect or mental / psychiatric disorder?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
m) Any Injury / Surgery / Medical condition requiring Hospitalization or any medical condition / disorder not covered	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

11. b) Declaration of Good Health (Only For Females)

	Proposed Insured	2 <sup>nd</sup> Proposed Insured
a) Are you pregnant or undergone miscarriage or ectopic pregnancy or abortion in last 3 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Have you suffered / are suffering from or have undergone investigation or treatment for any gynecological complications such as disorders of Cervix, uterus, ovaries, breast , breast lump, cyst etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Total life insurance coverage on husband sum assure _____ Annual income of husband ₹ _____		

**Question:** If the answers to any of the questions in section 11 are "YES", please fill full particulars with details such as medical history, diagnosis, when it happened, treatment taken, names of medications, tests done, results of tests as annexed to this.

12. Declaration Under Income Tax (11<sup>th</sup> Amendment) Rules, 2015 for Premium Payer

Question	Answer	If there is any Yes, please provide following details along with the attested photocopy of the passport and/ or the TIN Certificate/ proof.
Are you resident of any country outside India?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Country: Address:
Are you a Tax Resident of a country (or countries) outside India (Country in which you are taxed because of your Residence/ Service/ Trade/ Business etc)	Yes <input type="checkbox"/> No <input type="checkbox"/>	TIN/Functional Equivalent No. TIN /Functional Equivalent No. Issuing Country (or Countries) Name:

I declare that where required by domestic or overseas regulators and/or tax authorities, I consent and agree that Bajaj Allianz Life Insurance Company Limited may withhold from my policy account(s) such amount as may be required according to applicable laws, regulations and directives. I undertake to inform Bajaj Allianz Life Insurance Company Limited if there is a change in response to any of the questions above or to my nationality or residential status. I hereby declare that the information disclosed above is true, accurate and complete to the best of my knowledge and nothing material has been concealed or misrepresented

Self-Certification: To be filled only if: If your place of Birth or current residence or Tax residence is in a place outside India and Tax Identification Number (TIN) or Functional equivalent is not available Or in case you are declaring US person status as "no" but your country of birth is US, please provide document evidencing relating to relinquishment of US citizenship. if not available provide reasons for not having relinquishment certificate

I confirm that I am neither a US person nor resident for Tax purpose in any other country other than India, though one or more parameters in Part I suggest my relation with any country outside India. Therefore, I am providing the following document as proof of my citizenship and tax residency in India. Submission of a copy of Passport is mandatory.

Details of Document proof submitted: Passport  Election Id card  PAN card  Driving Licence  Latest ITR  Other Govt. issued id card \_\_\_\_\_

**13. Declaration**

- i) I/We hereby declare and agree that:-
  - a) I/We have read the proposal form/the same was explained to me/us and the answers entered in the proposal form are mine / ours;
  - b) I/We hereby certify that I have signed on the Proposal form after fully understanding the content and purport of the nature of the information asked for in this Proposal Form and confirm that each of the above answers is full, complete, and true to the best of my /our knowledge and nothing has been concealed and suppressed or declared false. I/We understand that Bajaj Allianz Life Insurance Company Ltd. (hereafter called the company) believing on the answers, will rely and act on them in utmost good faith.
  - c) Submission of proposal form along with premium is not to be construed as commencement of cover. Cover shall only commence upon acceptance of my/our proposal which shall be communicated to me/us in writing or by issuance of policy document.
  - d) For the purpose of processing this proposal and providing subsequent services including but not limited to policy issuance/servicing/claim settlement, I/We hereby authorize the Company to provide my/our details (whether contained in this proposal form or otherwise obtained) to financial institutions, bureaus (credit/insurance), insurance repositories, reinsurers, third party service providers engaged by the Company and insurance intermediaries.
- ii) I/We hereby authorize:-
  - a) Any organization, institution or individual that has any record of knowledge of my /the insured's health and medical history or any treatment or advise that has been or may hereafter be consulted or other personal information to disclose to the Company such information and such information shall only be used to decide on the terms of acceptance of this proposal or any claim arising out of the policy of insurance issued in accordance with this proposal. This authorization shall bind my/the insured successors and assigns and remain valid not withstanding my/ the insured's death or incapacity in so far as legally possible.
  - iii) And I/We further agree that if after the date of submission of the proposal but before the proposal of acceptance on First premium receipt the of issuance of me/us to communication a) any change in my/insured occupation or any adverse circumstances connected with my/insured financial position or the general health of myself/insured or that of any members of my family, occurs or b) if a proposal for assurance or any proposal form for revival of a policy on my life made to any office of the Company or any other Company has been withdrawn or dropped, deferred or accepted at an increased premium or subject to a lien or on terms other than as proposed I/we shall forthwith intimate the same to the company in writing to reconsider the terms of acceptance of assurance. In the case of fraud or misstatement by me, I/We understand that action will be taken accordance with the provisions of Section 45 of the Insurance Act, 1938, as amended from time to time
  - iv) Notwithstanding my registration with the NCPR or any Telecom Service Provider under Fully/Partially blocked category, I/We hereby consent to and authorize Bajaj Allianz Life Insurance Company Limited (hereinafter referred to as Company) to call or send SMS and/or send WhatsApp communication on the telephone number mentioned in this proposal form or any other telephone number as may be provided to the Company by me/us or contact me/us, through its representatives, for any matter (including ascertaining of feedback) relating to this proposal for insurance or any matter concerning the policy of insurance which may be issued pursuant to this proposal for insurance. I further authorize the Company to mail all service related communications to the email id as mentioned in the proposal form (applicable only if email id provided).
  - v) I/We declare that money used by me/ us to pay the premium/ s under the policy is acquired by legal means and confirms to the AML guidelines as they are updated from time to time.
  - vi) I/We acknowledge that my/our Aadhaar details voluntarily furnished to BALIC will be submitted to the UIDAI for the purpose of authentication. Upon authentication, UIDAI may share with BALIC my/our demographic information (including photograph) to BALIC and I/We voluntarily give my/our consent to BALIC to use this demographic information (including photograph), for Identity and address proof verification (Know Your Customer), in connection with processing this proposal form and for servicing the Policy issued thereafter. I/We understand that (a) There are other alternatives that can be submitted as proof of identification apart from Aadhaar, (b) Aadhaar information shall not be used for any purpose other than mentioned above, or as per requirements of law, and (c) My/our Biometric details will not be stored by BALIC. I/We hereby declare/confirm that all the information voluntarily furnished by me/us are true, correct and complete. The above terms of consent and purpose of collecting Aadhaar has been explained to me/us in my/our local language. I/We further provide my/our voluntary consent to BALIC for verification of my/our physical copy of Aadhaar card/physical e-Aadhaar/ masked Aadhaar /offline electronic Aadhaar xml to establish its genuineness through Quick Response (QR) code embedded in the Aadhaar card or through such other acceptable manner as per UIDAI

**14. Signature**

(Please do not sign on blank Proposal)

Signature or thumb impression of Proposed Insured	Signature or thumb impression of 2 <sup>nd</sup> Proposed Insured/Proposer	Place: _____ Date: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
Name & Address of the Witness _____	Signature of Witness _____	Witness Date <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			

**Vernacular Declaration:** If signature of Proposer is in other than English Language.

"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."

Name of the Declaring: \_\_\_\_\_ Signature: \_\_\_\_\_ Address of the Declarant: \_\_\_\_\_

In case the Proposer is illiterate, his/her thumb impression should be attested by a person of standing whose identity can easily be established, but unconnected with the insurer 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 proposer in \_\_\_\_\_ language, and that the proposer has affixed the thumb impression above after fully understanding the contents thereof."

Name of the Declaring: \_\_\_\_\_ Signature: \_\_\_\_\_ Address of the Declarant: \_\_\_\_\_

"I certify that the contents of the form have been fully explained to me by (Name, Designation, and occupation) Mr. / Mrs.: \_\_\_\_\_ and I have understood the significance. Signature or thumb impression of the person whose life is proposed to be assured : \_\_\_\_\_

Vernacular declaration _____	Customer's Preferred Language <input type="checkbox"/> ENGLISH <input type="checkbox"/> Other Language _____	Signature or thumb impression _____
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**15. Insurance Consultant / Sales Intermediary-Details & Report**

Name & Surname of Proposed Insured _____					
How long you have known Proposed Insured?	Year <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td> </td><td> </td></tr> </table> Month <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td> </td><td> </td></tr> </table>				
Is Proposed Insured immediate relative of IC or of BALIC employee?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Proposed Insured Occupation & Income details _____					
Is Proposed Insured physically handicapped or having any adverse feature?	If Yes, please provide details _____				
Any other risk associated with Occupation, Sports Pursuit, Financial/ Social Position or Personal Habits of Life to be Assured/ Annuitant that could affect the risk in the Insurance Proposal: _____					

On the basis of my independent inquiries, I certify that the particulars of the applicant are the same as stated in the proposal form. I state that the proposal has been filled up by the proposer/ person authorized by the proposer after fully understanding the nature of the questions in the proposal form and importance of disclosing all material information that has been explained by me to the proposer. I have also explained the features and benefits of the product plan to the applicant vide Benefit Illustration No. \_\_\_\_\_, if any, before the applicant consented to it. I also confirm that I have not induced or coerced the applicant / life assured have responded in their free volition. To the best of my knowledge the applicant has not applied for life insurance through any other agent other than indicated in the proposal form. I recommend this proposal for insurance. I confirm having verified the identity and address of the customers and proofs submitted for the same.

<input type="checkbox"/> IC <input type="checkbox"/> POSP <input type="checkbox"/> SP <input type="checkbox"/> MI Agent <input type="checkbox"/> QP <input type="checkbox"/> Employee <input type="checkbox"/> FSC	Place: _____ Date: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
Name _____ Code _____	Signature _____								

**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 prospectuses or tables of the insurer.

**SECTION 45** of the Insurance Act 1938: 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. A policy of life insurance may be called in question at any time within three years from the date of policy, 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 materials on which such decision is based. 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 material fact was true to the best of his knowledge and belief or that there was no deliberate intention 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. A policy of life insurance may be called in question at any time within three years from the date of policy, 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 mis-statement or suppression of a material fact, and not on the 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. 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. For complete details of the section, please refer Section 45 of the Insurance Act, 1938, as amended from time to time.

\*FUND NAMES AND SFIN: EQUITY GROWTH FUND II: ULIF05106/01/10EQTYGROW02116; ACCELERATOR MID-CAP FUND II: ULIF05206/01/10ACCMIDCA02116; PURE STOCK FUND: ULIF02721/07/06PURESTKFUN116; PURE STOCK FUND II: ULIF07709/01/17PURSTKFUN2116; ASSET ALLOCATION FUND II: ULIF07205/12/13ASSETALL02116; BLUECHIP EQUITY FUND: ULIF06026/10/10BLUECHIPEQ116; BOND FUND: ULIF02610/07/06BONDFUNDLI116; LIQUID FUND: ULIF02510/07/06LIQUIDFUND116; FLEXI CAP FUND: ULIF07917/11/21FLXCAPFUND116; SUSTAINABLE EQUITY FUND: ULIF08017/11/21SUSEQUFUND116; DYNAMIC ASSET ALLOCATION FUND: ULIF08617/01/23DYNASALLO116; SMALL CAP FUND: ULIF08717/01/23SMALLCAPFU116; INDIVIDUAL SHORT TERM DEBT FUND: ULIF08817/01/23INDSTRMDBT116

Glossary of all full form of riders:- WOP (Waiver of Premium); ADB (Accidental Death Benefit); APTPDB (Accidental Permanent Total/Partial Disability Benefit); FIB (Family Income Benefit); C.I. (Critical Illness)