



Bandhan Life

**Pradhan
Mantri
Jeevan Jyoti
Bima Yojana**

A graphic overlay in the bottom left corner. It consists of a white circular area containing a dark blue banner with the "Bandhan Life" logo, and a large red speech bubble-like shape with the text "Pradhan Mantri Jeevan Jyoti Bima Yojana" in white. There are decorative starburst symbols around the graphic.

Master Proposal Form

Agent/Broker Code: _____ Application received date: _____

IMPORTANT NOTES TO THE PROPOSER

1. Please fill the Proposal form in BLOCK LETTERS and disclose all facts. Any correction or overwriting in the Proposal must bear your full signature along with the seal of the Company at the location of our General Office, or in any other manner as may be approved by the Company.
2. You are required to disclose ALL material facts and circumstances in this proposal, which shall form the basis of the contract, Otherwise the policy issued shall stand void at the option of the Company. If you are in doubt as to whether any of the facts and circumstances are material or not, you must disclose them. You may use annexure wherever required.

SECTION 1. DETAILS OF PROPOSER

a. Name of Proposer	
b. PAN of Proposer	
c. Nature of Company (Co-Operatives Society/ Partnership Public Limited/ Private Limited Company/ Any other)	
d. Address (Register office/ Principal office)	
e. Pin Code	

SECTION 2 : DETAILS OF AUTHORISED SIGNATORY

a. Name	
b. Designation	
c. Mobile Number	
d. E-Mail ID	

SECTION 3. COVERAGE STRUCTURE

a. Name of Plan	Bandhan Life Pradhan Mantri Jeevan Jyoti Bima Yojan
b. Sum Assured	₹ 2,00,000
c. Policy Term	1 Year (annually renewable)
d. Entry Age	Minimum (18 last birthday) – Maximum 50 Years (Nearest Birthday)

e. Maximum Age of Maturity	Maximum 55 years (Nearest Birthday)
f. Sum Assured based on	Flat Cover
g. Initial number of Members covered:	50
h. Nature Of Scheme	Voluntary
i. Premium of Scheme	Annual
j. Mode of Payment: (Direct Debit Online Payment)	

SECTION 4 : BANKING DETAILS

a. Bank Name	
b. Branch Name	
c. Bank Account Number	
d. IFSC Code	

SECTION 5 : DECLARATION AND CONFIRMATION BY THE PROPOSER

- I/We, the authorized representative of the Proposer, do hereby declare that the statements made herein and answers have been given by me/us after fully understanding questions and the importance of disclosing all material information while answering such questions, I/We declare that answers given in the proposal form are true and complete in every respect. I/We agree that if any statement made by me/us is untrue, the Company shall have the right to cancel this policy, if issued, and forfeit any payments received. I/We hereby declare that any personal information collected or held by the Company (whether contained in this proposal or otherwise obtained) is provided and may be held, used and disclosed by the Company to individuals /organizations associated with the Company or any selected third party (within or outside of India, including reinsurance and claims investigation companies and industry associations / federations) for the purpose of processing this Proposal and providing subsequent services and to communicate with Proposer for such purposes.
- We undertake to notify the Company, forthwith in writing, any change in any of the statements made in the Proposal subsequent to the signing of this proposal and acceptance of risk and issuance of Policy by the Company.
- We also confirm if any future premium or other payment due to the Company is made by us directly or through the Agent Advisor, then the Company shall not be liable unless the amounts are received and released by the Company within the time the Company stipulates for receipt of the payments.

Signature of Authorised Signatory (on Behalf of Proposer) _____

Company Stamp/Seal _____ Date _____ Place _____

Declaration by Insurance Agent /Intermediary Broker (If Applicable)

- I _____ declare that I have explained the nature of the questions contained in this Proposal form to the Proposer. I have also explained that the answers to the questions form the basis of the contract of Insurance between the Company and the Proposer and if any untrue statement is contained therein and/or any information that may be relevant to enable the Company make an informed decision, the Company shall have the right to vary the benefits which may be payable and/or treat the policy as void and all premiums paid under the policy may be forfeited by the Company. I confirm that I am not aware that the Proposer is engaged in activities including a hazardous avocation or occupation or any other information material for underwriting this proposal form, unless expressly stated in this Proposal.
- I also declare and represent to the Company that I am in full compliance with the regulatory requirements applicable to agents/intermediary prescribed by the Insurance Act, 1938, The Insurance Regulatory and Development Authority Act, 1999, IRDAI (Appointment of Insurance Agents) Regulations, 2016/ IRDAI (Registration of Corporate Agents) Regulations, 2015/ IRDAI (Insurance Broker) Regulations, 2018 , The Code of Conduct prescribed under these Regulation and the Code of Ethics of the Company.
- I certify and confirm having seen the originals of the documents attached with the proposal form, self-attested by the Proposer and confirmed by me

Agent Advisor/Broker Code _____

Signature of Agent/Broker _____

Stamp/Seal _____

Date _____

Place _____

Witness By Sales:

Name: _____ Date: _____ Place: _____

Extract of Section 41 of Insurance Act, 1938 as amended from time to time: '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 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'.

Extract of Section 45 of Insurance Act, 1938 as amended from time to time: Fraud, Misstatement and suppression of material facts the policy contract shall be treated in accordance with the Sec 45 of Insurance Act,1938 as amended from time to time.

Registered Office:

Bandhan Life Insurance Limited (formerly Aegon Life Insurance Company Limited)

Regd. A - 201, 2nd Floor, Leela Business Park,

Andheri-Kurla Road, Andheri (E),

Mumbai – 400059

Tel: +91 22 6118 0100 | 300,

E-mail: group.care@bandhanlife.com

Website: www.bandhanlife.com

Corporate Identity No.: U 66010MH2007PLC169110

IRDAI Reg. No. 138