

Annexure - Bandhan Life Group Credit Protection Insurance Plan
A Non-linked Non-Participating Group Pure Risk Premium Credit Life Insurance Plan

(UIN: 138N079V01)

Channel Code: _____

Policy No: _____

Type of Entity <input type="checkbox"/> Regulated Entity/Financial Institution <input type="checkbox"/> Other Entity						
MEMBER ENROLMENT FORM						
IMPORTANT NOTES to the Borrower/Joint-Borrower						
1. Please fill this form in BLOCK LETTERS and disclose all facts. Any correction or overwriting in this form must be authenticated by you.						
2. You are required to disclose ALL material facts and circumstances in this form, which shall form the basis of the contract, otherwise the cover 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.						
3. If the Borrower/Joint-Borrower signs this proposal in vernacular or puts their 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. All details marked with (*) are mandatory						
SECTION A. PERSONAL DETAILS						
Personal Details	Borrower			Joint Borrower		
A.1. Name*	First Name _____ Last Name _____			First Name _____ Last Name _____		
A.2. Gender*	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender		
A.3. DOB*	DD/MM/YYYY			DD/MM/YYYY		
A.4. Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow (er)			<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow (er)		
A.5. Nationality*	<input type="checkbox"/> Indian <input type="checkbox"/> NRI <input type="checkbox"/> Others (Specify) _____			<input type="checkbox"/> Indian <input type="checkbox"/> NRI <input type="checkbox"/> Others (Specify) _____		
A.6 PAN	_____			_____		
A.7. Communication Address	Line 1 _____			Line 1 _____		
	Line 2 _____			Line 2 _____		
	City _____ Pin Code _____			City _____ Pin Code _____		
	State _____			State _____		
	Tel/Mobile No _____			Tel/Mobile No _____		
SECTION B. NOMINEE DETAILS						
Beneficiary Type	Name (First, Last)	Date of Birth	Age	Gender	Relationship with Borrower	% share
B.1. Nominee 1						
B.2. Appointee (If Nominee is Minor)						
Nominee 2						
Appointee 2 (If Nominee is Minor)						
SECTION C. PLAN DETAILS						

C.1. Loan Account No.	_____		
C.2. Loan Type	<input type="checkbox"/> Home loan <input type="checkbox"/> Auto Loan <input type="checkbox"/> Personal Loan <input type="checkbox"/> Education Loan <input type="checkbox"/> Others (Please specify: _____)		
C.3. Lives Covered	<input type="checkbox"/> Single Life <input type="checkbox"/> Joint Life		
C.4. Cover Type	<input type="checkbox"/> 1. Life Cover <input type="checkbox"/> 2. Life Cover plus Terminal Illness <input type="checkbox"/> 3. Life Cover plus Terminal Illness plus Accidental Death <input type="checkbox"/> 4. Life Cover plus Terminal Illness plus Accidental Total & Permanent Disability <input type="checkbox"/> 5. Life Cover plus Terminal Illness plus Accidental Death plus Accidental Total & Permanent Disability <input type="checkbox"/> 6. Life Cover plus Terminal Illness plus Critical Illness <input type="checkbox"/> 7. Life Cover plus Terminal Illness plus Critical Illness plus Accidental Death		
C.5. Loan Amount	Rs. _____	C.6. Loan Term	_____ yrs.
C.7. Moratorium Period	_____ yrs.	C.8. Interest accumulation during Moratorium period	<input type="checkbox"/> Yes <input type="checkbox"/> No
C.9. Cover Amount (Initial Sum Assured)	Rs. _____	C.10. Instalment Premium (incl. GST)	Rs. _____
C.11. Policy term	_____ Yrs __ Months __ Days	C.12. Premium Payment Term	__ Yrs __ Months
C.13. Frequency	_____	C.14. Sum Assured Type:	<input type="checkbox"/> Level Sum Assured <input type="checkbox"/> Decreasing Sum Assured

Note: Premium Payment Term, Premium Frequency & Type of Sum Assured is as per the scheme rules, which is available with the policyholder.

<< SECTION D. Other personal details (Required as per the plan chosen) >>

Personal Details	Borrower	Joint-Borrower
A.1. Occupation	<input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Farmer <input type="checkbox"/> Student <input type="checkbox"/> Salaried <input type="checkbox"/> Others (Please specify) _____	<input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Farmer <input type="checkbox"/> Student <input type="checkbox"/> Salaried <input type="checkbox"/> Others (Please specify) _____
A.2. Education		
A.3. Annual Income	Rs. _____	Rs. _____

SECTION E. Questions on Health Declaration: (To be filled in, basis the board approved underwriting policy)

Part A and/or B and/or C will be applicable as per our Board Approved Underwriting Policy:

Part A:

Questions	Borrower	Joint Borrower
Are you in sound health, are suffering/have not ever suffered from any illness/disease (other than minor conditions like common cold, flu etc.) and do not have any physical defect, deformity or disability and that you are able to perform all your routine activities independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you suffered from/diagnosed of COVID 19 disease anytime in the past?	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No
Have you been quarantined or been in close contact with anyone who has been diagnosed positive for COVID-19 in the last 14 days from the date of this proposal	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No

Part B:

1)HEALTH & LIFESTYLE PARTICULARS	Borrower	Joint Borrower
1.1 Height	---- feet --- inches	---- feet --- inches
1.2 Weight	----- Kg	----- Kg
1.3.a) Do you consume alcohol? If yes, please provide details	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No
1.3.b) Have you smoked cigarettes/bidis or used any other products containing tobacco/nicotine in last 1 year? If yes, please provide details	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No

2.MEDICAL HISTORY OF THE LIFE TO BE INSURED

Questions	Borrower	Joint Borrower
2.1Have you ever suffered/Are you suffering from any illness/disease (other than minor conditions like common cold, flu etc.) for which you had to seek/are currently undertaking medical advice/treatment?	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No
2.2During the past 3 years, have you been advised or undergone any surgery (other than dental, caesarean and cosmetic surgery) or required treatment with an admission in hospital/clinic for more than 3 days in continuation or undergone any medical tests with abnormal results?	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No
2.3Are you taking/Have you been prescribed any regular (daily/weekly/fortnightly/monthly) medication/treatment/diagnosis for Cancer, elevated Blood pressure, elevated Blood Sugar, elevated Cholesterol, Asthma, Chest Pain, HIV/AIDS, Heart/Liver/Kidney disorders, Alcoholism, or any physical or mental disability?	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No
2.4Have you suffered from/diagnosed of COVID 19 disease anytime in the past?	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No
2.5Have you travelled outside of India in the last 45 days from the date of this proposal	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No
2.6Have you been quarantined or been in close contact with anyone who has been diagnosed positive for COVID-19 in the last 14 days from the date of this proposal	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No

*If the answer to any question above is “YES” then please give details _____

Part C:

Following questions will be applicable as per our Board Approved Underwriting Policy.

Block 1. PERSONAL DETAILS OF LIFE TO BE INSURED

1.1 Habits and Personal details	Borrower	Joint - Borrower
1.1a) Do you consume alcohol? If yes, please provide details _____	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No
1.1b) Have you smoked cigarettes/bidis or used any other products containing tobacco/nicotine in last 1 year? If yes, please provide details _____	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No
1.2 Do you engage or intend to engage in any aerial flight other than a fare-paying passenger on a commercial airline, sports, races, business or occupation or any hobby of a hazardous nature?	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No
1.3 Has any of your applications for reinstatement for life, health or accident insurance with Bandhan Life Insurance Limited, or any other insurance company, ever been declined, deferred, withdrawn or accepted at extra premium or reduced cover?	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No
1.4 Has the life to be insured remained absent from his/her place of work for more than 7 days, on health grounds or claimed against his/her health insurance policies?	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No

Questions	Borrower	Joint-Borrower
2. Family History: did more than one of your biological parents or siblings suffer from any medical condition before they were 60 years? (E.g. diabetes, high blood pressure, Angina, heart attack, any heart disorder, polycystic kidney disease, cancer, etc.) If yes, please give details	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No
3. Residential Status: <input type="checkbox"/> Resident Indian <input type="checkbox"/> NRI/PIO/OCI If NRI/PIO/OCI please provide the city and country of residence	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No
Foreign Travel : Do you have any plans to Travel abroad?	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No

<< **Block 4. MEDICAL HISTORY OF THE LIFE TO BE INSURED** >>

4.1. Height _____ cms. Weight _____ kgs.

4.2. **Have you ever been diagnosed, tested, consulted a doctor, hospitalized, treated or experienced any of the below conditions?**

Type of disorders/related to	Details	Borrower	Joint-Borrower

a) Blood Pressure/cholesterol/ Heart Disease	High blood pressure/ Hypertension, High cholesterol/Lipids, Heart attack /Chest pain, Heart disease, Heart murmur, Palpitation, Rheumatic fever, any other disease or abnormality of heart, Pulse or Arteries, Coronary Bypass, Valve replacement, Angioplasty	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No
b) Cancer/ Tumors /Enlarged Lymph Node / Cyst	Cancer, Tumor, Abnormal Growths, Cyst, enlarged Lymph nodes, Leukemia, Lymphoma, Polyp, or undergone chemotherapy or radiotherapy, Thyroid Disorder/Goiter, Pituitary Tumors or other hormonal disorders	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No
c) Kidneys/Bladder/ Prostate/Liver/Reproductive organs disorder	Disease of Kidney, Bladder, Urinary system, Reproductive organs, Enlargement of Prostate, Renal Calculi/Stone, Gastrointestinal or liver disorders, like Ulcer, Colitis, Chronic Diarrhea, Piles, Fistula, Jaundice/Hepatitis, Hernia , Cirrhosis, Recurrent indigestion, Other disease of liver, stomach & bowels	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No
d) Diabetes /Elevated Blood Sugar	Diabetes/ Raised blood sugar/ Sugar in urine	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No
e) Respiratory or Lung disorders	Respiratory disorders like Asthma, Tuberculosis/Shortness of breath/Chronic cough/ Chronic Bronchitis, Emphysema, Pneumonia, Other Chest & lung complaints	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No
f) Bone & Spine Disorder/Physical Deformity/Defects.	Rheumatic Arthritis, Polio, Gout, Slip Disc, Osteopenia, Osteomyelitis or any disease of the joints, bones, spine or muscles, Physical deformity/defect, Congenital & Genetic disease	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No
g) Nervous or Psychiatric Disorder	Nervous system disorders/ailments related to Brain, Stroke, Transient ischemic attack, Epilepsy, Paralysis, Fits/ Seizures, Coma, Head injury, dizzy or fainting spells, Multiple sclerosis, Any mental illness including Psychiatric Disorder, Schizophrenia, Depression, Anxiety, Stress, Nervous Breakdown or Insomnia	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No
h) ENT	Any disease or disorder of ear, nose, eyes or throat, including defective sight or hearing and discharge from ears?	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No
i)	During last three years, has the life to be insured consulted a Medical Practitioner for any ailment /injury requiring treatment for more than 7 days?	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No

j)	During last three years, has the life to be insured undergone any cardiological / pathological or radiological tests, other than routine testing for insurance or employment?	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No
k)	HIV/AIDS/Hepatitis B or C/Sexually Transmitted Diseases (applicable to you and your spouse)	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No
l)	Any Other Illness/Disorder / Symptom not mentioned above	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No
m) Covid Questions	Have you suffered from/diagnosed of COVID 19 disease anytime in the past?	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No
	Have you travelled outside of India in the last 45 days from the date of this proposal	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No
	Have you been quarantined or been in close contact with anyone who has been diagnosed positive for COVID-19 in the last 14 days from the date of this proposal	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No
n)FOR FEMALE LIVES TO BE INSURED ONLY			
i)	Is the life to be insured pregnant now?	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No
ii)	Has the life to be insured had any abortion or miscarriage or caesarian section	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No
iii)	If the answer to a) or b) above is “YES” then please give details		

*If the answer to any question above is “YES” then please give details _____

SECTION F. Member's Bank Account Details

1. Accountholder's Name: _____ 2. Bank Name: _____ 3. Branch Name: _____
4. Bank Account Number: _____ 5. IFSC Code: _____ >>

Declaration by the Borrower/Joint-Borrower

- I/ We confirm that the answers I have given are, to the best of my knowledge, true, and that I have not withheld any material information that may influence the assessment or acceptance of this application.
- I/ We understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the Company and that the policy will come into force only after full payment of the applicable premium .
- I/ We further declare that I will notify in writing any change occurring in my occupation or general health or financial position after the proposal has been submitted but before communication of the risk acceptance by the Company.

4. I/ We declare and consent that the Company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.

5. I/ We authorize the Company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.

6.I/We understand that any mis-statement or suppression or non-disclosure of material information submitted or where the Company is not notified of any change as mentioned above, the Company reserves the right to repudiate the claim or declare the policy void in accordance with Section 45 of the Insurance Act.

7.I agree that the Insurance protection shall only be provided effective from the date of acceptance of risk by the Company.

8.I declare that the premiums paid have not been generated from the proceeds of any criminal activities/offences and I shall abide by and conform to the Prevention of Money Laundering Act 2002 or any other applicable laws.

9.I declare that the Company has disclosed and explained all the information related to this product to me and I declare that I have understood the same before signing this proposal form.

10. I hereby confirm that I have voluntarily provided my Contact details, including my telephone number and Email address to the Company and I hereby consent to receiving information related to this proposal and resulting policy, through SMS/Email as updated by me from time to time.

11. I hereby agree and authorize the Company that my contact details or other information may be shared on confidential basis, with any service provider/third party agency with whom the Company has tie-ups/arrangements for processing of this proposal or servicing of the resulting policy.

12. I understand that The Company reserves the right to accept, decline or offer alternate terms on this application for life insurance.

Signature/ Thumb Impression of Borrower_____

<< Signature / Thumb Impression of Joint-Borrower_____>>

<<Signature/ Thumb Impression of Witness _____>>

Place _____ Date _____

Declaration to be submitted if the form is signed in vernacular or bears the thumb impression of the Borrower/Joint-Borrower

Vernacular Declaration (applicable if Proposal form is signed in Vernacular language)

Declaration to be made by a 3rd person where: a) The Member has affixed his/her thumb impression; OR b) The Member has signed in vernacular; OR c) The Member has not filled the application. I hereby declare that I have explained the contents of this application form to the Member in _____ language and have truthfully recorded the answers provided to me. I further declare that the Member has signed/affixed his/ her thumb impression in my presence.

Signature/Thumb impression of Witness*

Signature of the Declarant Name & Address _____

Date & Place: _____ Occupation _____

* Witness Signature, Address and Occupation is required along with signature of Member

Declaration from Life to be Assured

Declaration from Life to be Insured

"I certify that the contents of the form and documents have been fully explained to me by (Name, Designation, occupation) Mr. / Mrs.: _____ and I have understood the significance of the proposed contract.

Signature or thumb impression of the person whose life is proposed to be Insured

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. Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.

Extract of Section 45 of Insurance Act, 1938 as amended from time to time: In case of 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. Some provisions of the Section have been reproduced for reference: 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 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 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 materials on which such decision is based. 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 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/member is not alive. 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 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 the 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 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. 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.

Authorisation From Borrower/Joint-Borrower (Only for Regulated Entities/Financial Institutions)

I hereby authorise Bandhan Life Insurance Limited or its successors, assignees to pay out of the claim proceeds, the Outstanding Loan Balance upon occurrence of insured event directly to (name of the Master Policyholder) in discharge of the Outstanding Loan Balance as on the date of Insured Event.

Signature/Thumb impression of Borrower _____

<< Signature/Thumb impression of Joint-Borrower _____ >>

Place: _____ Date _____

<<Signature / Thumb Impression of Witness _____>>

Place _____ Date _____

Benefits Payment

In case of claim payment to the members of Regulated Entities/Financial Institutions: Upon the occurrence of Insured Event, during the Policy Term and Member's authorization received from Policyholder, the Company will pay Outstanding Loan Balance to the Master Policyholder and Balance Claim Amount, if any directly to the Nominee or Beneficiary as the case may be. Benefits will be payable only if the Policy is in force on date of occurrence of Insured Event and in accordance with the terms and conditions hereof, subject to receipt of the appropriate Premiums and documents specified by the Company from time to time. We will send complete details of the claim amount settled to the Member/Nominee/Beneficiary as the case may be.

In case of claim payment to the members of Other Entities: Upon the occurrence of Insured Event, during the Policy term, the claim amount will be payable to the Member or the Nominee/Beneficiary.