



Bandhan Life

iTerm
PRIME

Product Name: Bandhan Life iTerm Prime

UIN: 138N084V03

A Non-Linked Non-Participating Individual Pure Risk Life Insurance Plan

<<Intermediary name: _____>>

<<Intermediary Code: _____>>

<<POS Code: _____>>

Thank you for putting your trust in Bandhan Life. We hope to live up to your expectations and provide you with solutions to fulfil your financial needs. This is your Proposal Form.

SECTION 1 Personal Details

Part A: Life Assured Details		
1.	Full Name	<<Mr./Mrs./Ms.>> _____
2.	<< Maiden Name (if any)	_____>>
3.	<<Father's Name/Husband's Name (In case of married Female)	_____>>
4.	Date of Birth (dd-mm-yyyy)	_____
5.	Gender	<<Male/Female/Transgender>>
6.	Resident Status:	a. Nationality: _____ b. Country of Residence: _____
7.	<< Educational Qualifications	_____>>
8.	<< Annual Income (₹)	_____>>
9.	<< Occupation	_____>>
10.	<< Nature of work	_____>>
11.	Communication address	11.a. Pin Code: _____
12.	<< Permanent address	12.a. Pin Code: _____>>
13.	Mobile Number	_____
14.	E-mail	_____
15.	<< PAN	_____>>
16.	<< Is your occupation associated with any specific hazard or do you take part in activities that could be dangerous in any way? (E.g. Heavy machines, Chemical factory, mines explosives, radiation, etc.- Yes/No If yes, give details _____>>	
17.	<<Are you a Politically Exposed Person? Yes/No If yes, give details _____>>	

Politically Exposed Persons are individuals who are or have been entrusted with prominent public functions, e.g., Heads of States or Governments, Senior politicians, Senior Government / Judicial / Military Officers, Senior Executives of State-owned Corporations, important Political Party Officials, etc. in domestic / foreign country.

Nominee Details

Name of Nominee	Percentage Share of Sum Assured	Date of Birth	Gender of Nominee	Relation with Nominee	Name of Appointee (if Nominee is minor)	Appointee's Date of Birth	Gender of Appointee	Appointee's Relationship with Nominee

SECTION 2: Insurance Plan Details

Plan / Rider name	Sum Assured (₹)	Policy Term (years)	Premium payment term (years)	Installment Premium (a)	Premium Details - Year 1		
					Goods & Services Tax (GST) (b)	Total Installment premium (a+b)	Annualized Premium (₹)
<Plan>							
<Rider>							
Frequency of Premium Payment:	Total Installment premium (Base plan + Rider(s)) (₹)						

Premium Details - Year 2 Onwards							
Plan / Rider name	Sum Assured (₹)	Policy Term (years)	Premium payment term (years)	Installment Premium (a)	Goods & Services Tax (GST) (b)	Total Installment premium (a+b)	
<Plan>							
<Rider>							
Frequency of Premium Payment:			Total Installment premium (Base plan + Rider(s)) (₹)				

<< SECTION 3: Insurance History >>

<< Below Set of questions may be asked as per our Board Approved Underwriting Policy:>>

- << Do you have any Insurance (life/accident/disability/critical illness or medical insurance) policy with Bandhan Life Insurance or any other insurer?: Yes/No
 a.If Yes, Provide Total Sum Assured of all the policies that are In-forced/Lapsed/Applied status:

 b.Is any of your existing policy issued with reduced sum assured and/or extra premium?: Yes/No. If yes, give reason for counteroffer _____ >>
- << Have your life / Disability/ CI / health insurance proposal or application for reinstatement ever been declined/postponed/dropped/ rejected or accepted at special terms? Yes/No >>

<< Name of Insurance Company	Reason for change in terms of declined/ postponed/ dropped/ rejected>>

>>

SECTION 4: Lifestyle Information

<< Below Set of questions may be asked as per our Board Approved Underwriting Policy:>>

1.	<< Have you ever consumed narcotics, e.g. Heroin, Cocaine, Cannabis/Ganja, LSD, etc.? >>	Yes/No
2.	<< Do you consume alcohol? If yes, occasional/regular >>	Yes/No

3.	<< Have you smoked cigarettes / bidis, or consumed any tobacco/any nicotine product in the last 3 years? >>	Yes/No
4.	<< Do you regularly take part in any hazardous sports, pastimes, hobbies such as diving, motor sports, mountaineering or sailing? If yes, please provide details. >>	Yes/No
5.	<< Do you engage in regular physical activities like walking, cycling, wheeling, sports, active recreation and play? If yes, provide details _____ >>	Yes/No

<< SECTION 5: Medical History >>

<< Below Set of questions may be asked as per our Board Approved Underwriting Policy:>>

<<NB: Please read the questions below carefully and then answer. Any fraud, misstatement or suppression of material facts may lead to rejection of claim subject to clauses applicable under Section 45 of Insurance Act1938 as amended from time to time.>>

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

<< Part A

1. Insured Medical Questions: >>

a. Have you ever been diagnosed, investigated, experienced symptom, treated, or prescribed medication by a medical professional for any of the following?

Disorder	Details	Response
<< 1. Heart disorder	<i>Including 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.>></i>	Yes/No
<<2. Diabetes	<i>Including Elevated blood sugar or sugar in the urine >></i>	Yes/No
<< 3. Lung or respiratory disorder	<i>Including Asthma, Tuberculosis/Shortness of breath/Chronic cough/ Chronic Bronchitis, Emphysema, Pneumonia, Other Chest & lung complaints >></i>	Yes/No

<< 4. Cancer, Tumor or Cyst	<i>Including Cancer, Tumor, Abnormal Growths, Cyst, enlarged Lymph nodes, Leukemia, Lymphoma, Polyp or undergone chemotherapy or radiotherapy or Goiter or pituitary Tumors >></i>	Yes/No
<< 5. Kidney & Reproductive organ disorder	<i>Including Disease of Kidney, Bladder, Urinary system, Reproductive organs, Enlargement of Prostate, Renal Calculi/Stone>></i>	Yes/No
<< 6. Stomach, Liver, or gastrointestinal disorder	<i>Including Gastrointestinal or liver disorders, like Ulcer, Colitis, Chronic Diarrhea, Piles, Fistula, Jaundice/Hepatitis, Hernia, Cirrhosis, Recurrent indigestion, Pancreatitis, Other disease of liver, stomach & bowels >></i>	Yes/No
<< 7. Joint or bone disorder or Physical Deformity	<i>Including Rheumatic Arthritis, Polio, Gout, Slip Disc, Osteopenia, Osteomyelitis or any disease of the joints, bones, spine or muscles, Physical deformity/defect >></i>	Yes/No
<< 8. HIV / STDs	<i>Were you or your spouse ever tested positive for Hepatitis B or C, HIV, AIDS, or any other sexually transmitted disease or are you awaiting results of such a test? >></i>	Yes/No
<< 9. Disorder of the brain, nervous system or Depression or anxiety disorder	<i>Including 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 >></i>	Yes/No
<< 10. Any other illness/ Disorder / symptoms*	<i>Like:</i> <ul style="list-style-type: none"> • <i>Thyroid Disorder, any infection, Hormonal disorders, Anemia.</i> • <i>Any disorder of Eyes, Ears, Nose or Throat.</i> • <i>Other than the conditions mentioned above, have you ever been hospitalized, or have you consulted a medical practitioner for any medical condition, or do you intend to do so, or have you had or been advised to have any operation, tests or treatment? >></i> 	Yes/No
<< 11. Applicable for Female Life	<i>Are you pregnant? >></i>	Yes/No
<<11.a.	<i>If currently pregnant, how many weeks? _____</i>	Yes/No
<< 12. Applicable for Female Life	<i>Are you suffering, being investigated, or treated for any pregnancy related complication or any other gynecological disorder? >></i>	Yes/No
<<13. Criminal History (if any)	<i>Have you ever been/Are you currently being investigated, charge sheeted, prosecuted, convicted, acquitted or do you have pending charges for any criminal/civil offences in any court of law in India or abroad? If Yes, give details>></i>	Yes/No

<< Part B

1. Insured Medical Questions:>>

Questions	Response
<< Have 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? >>	Yes/No
<< During 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? >>	Yes/No
<< Are 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? >>	Yes/No

2. <<Height: _____ cms>>

3. << Weight: _____ kgs>>

4. <<Family History

Did more than one of your biological parents or siblings suffer from any medical condition before they were 60 years of age? (E.g., diabetes, high blood pressure, angina, heart attack, any heart disorder, polycystic kidney disease, cancer, etc.) (Yes/No)

If yes, please give details >>

Note: If you have answered any of the above questions as 'Yes' in **SECTION 4 & 5** please provide the relevant and complete details such as diagnosis, medication, period of treatment etc. Here

Question No	Details

<< Section 6: e-Insurance Account (eIA) Details

1. If you have an eIA, provide details

a. Name of Insurance Repository _____ b. eIA No _____

c. Name as appearing in eIA _____ >>

Declarations/ Consents

I/we fully understand the nature of questions including my/our personal details as well as health related questions and the importance of disclosing all material information to Bandhan Life Insurance Limited (“Company”) while answering such questions in this e-proposal.

I understand and agree that by submitting this e-proposal, I will be bound by such statements / disclosures of material facts in the same manner and to the same extent, as if I have signed and submitted a written proposal for insurance to the Company which shall form basis of the insurance policy.

I hereby declare and confirm that I am not prohibited / precluded by the laws of any country / jurisdiction to avail life insurance policies from insurance company registered in India

I hereby declare and confirm that I am applying for this policy while I am in India.

I undertake to notify the Company of any change in the information furnished subsequent to the submitting of this e-proposal and before the acceptance of risk by the Company as well as keep the company informed of any change related to my policy post issuance of policy.

I understand that the contract of insurance shall only commence after the Company accepts this proposal through a written electronic communication via e-mail, SMS, or other electronic mode.

I understand that any mis-statement or suppression or non-disclosure of material information submitted or where the Company is not notified of any material changes, the Company reserves right to repudiate the claim or declare the policy void in accordance with Section 45 of the Insurance Act as amended from time to time.

I provide my consent to update my personal information including demographic information in my other policies (if any) with Bandhan Life Insurance Company and all communication will be shared as per the details shared in this e-proposal.

I hereby authorize the Company to provide information related to this proposal and resulting policy, through SMS/Email/WhatsApp or any other communication medium.

I confirm that all premiums under this policy will be paid from legally bonafide source of income. I also undertake to provide any information regarding the source of income when required.

I hereby authorize any organization, institution or individual and third-party service providers that has any record or knowledge of my health or medical or financial status/history to disclose any such information upon request by and to the Company or any of its authorized representatives for the purpose of this proposal or the resulting policy.

I authorize the Company or any of its approved medical examiners or laboratories to perform the necessary medical assessment and test to underwrite and evaluate my health status in relation to application and claim arising therefrom or request/collect such information, from any doctor or hospital who/which at any time has attended to me or from any past or present employer concerning anything

which affects my physical or mental health and seek information from any insurer to whom an application for insurance for me has been made for the purpose of underwriting the proposal and/or claim settlement.

I authorize medical practitioner, hospital employer or any other person to disclose to Bandhan Life Insurance Limited any information as may be considered relevant relating to my financial or health or employment, past or present or at any time as may be required in future including at the time of claim.

I am aware and agree that the Company has/may have tie-ups with UIDAI, various financial institutions, IRDAI approved agencies, credit rating agencies and other such entities and provide my consent to enable sharing/collecting/validating/verifying my/our KYC related documents/information, as available with the said institutions/agencies/ entities.

I also understand and confirm 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, and such other information also be shared if required or permitted by any law, rule or regulation or at the request of any public or regulatory authority or if required for the purpose of preventing fraud.

I undertake to declare and disclose any changes in tax jurisdiction within 30 days from the date of such change that may take place in the information provided in this proposal form or any annexure or documents related thereto, or any changes in any certification under FATCA/CRS and provide fresh self-certification along with documentary evidence.

I hereby agree that the address on the Officially Valid Document/Address Proof submitted by me and/or verified by the Company through government repositories/ third parties contains the recent address details which shall serve as my permanent address for the KYC purposes. In case of any mismatch, I shall contact customer care to get the same updated.

For online sale - I authorize the Company to collect, store, communicate and process information relating to the e-proposal/application and policy post issuance for the purpose of insurance as per the Company's cookie consent statement and privacy policy.

I hereby give my consent to all the declarations mentioned above. Yes / No
In case you tick as 'No', please send us your objections to customer.care@Bandhanlife.com

Electronic Signature of the Life Assured:

Name of the Life Assured:

Place _____ Date _____

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 forfeiture would be dealt with in accordance with provisions of Section 45 of the 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 written to the insured or the legal representative 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 misstatement 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 misstatement of or suppression of a material fact are within the knowledge of the insurer. Provided that in case of fraud the onus of the disproving lies upon the beneficiaries, in case the policyholder 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.

Registered Office: Bandhan Life Insurance Limited Regd. IRDAI Registration No. 138. A - 201, 2nd Floor, Leela Business Park, Andheri-Kurla Road, Andheri (E), Mumbai - 400059. Tel: +91 226118 0100, Toll Free No.:1800 209 90 90 (9am to 7 pm, Mon to Sat), Email: customer.care@bandhanlife.com. Website: www.bandhanlife.com.

Corporate Identity No.: U66010MH2007PLC169110