Dream Fearlessly, While We Secure Your Future.

Bandhan Life

iInvest II

A Unit -Linked Non-Participating Individual Life Insurance Savings Plan | UIN: 138L089V01

Bharat Ki Udaan, Bandhan Se.

Product Name: Bandhan Life iInvest II **Proposal Number:**

UIN: 138L089V01

A Unit-Linked Non-Participating Individual Life Insurance Savings Plan

<<Intermediary Name: _____>> << SP/BQP name: _____ >>

<<Intermediary Code: _____ >> << SP/BQP code: _____ >>

NOTE: ALL UNIT LINKED POLICIES ARE DIFFERENT FROM TRADITIONAL INSURANCE POLICIES AND ARE SUBJECT TO DIFFERENT RISK FACTORS. IN UNIT LINKED POLICY THE INVESTMENT RISK IN YOUR CHOSEN INVESTMENT PORTFOLIO IS BORNE BY YOU.

The premium paid in Unit Linked Insurance policies are subject to investment risks associated with capital markets and the NAVs of the units may go up or down based on the performance of fund and factors influencing the capital market and the Policyholder is responsible for his/her decisions.

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: Proposer Details	
1. Full Name	<< Mr./Mrs./Ms./Mx.>> _____
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: □ Indian □ NRI □ OCI □ PIO □ Foreign National 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 **a. << Alternate 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, radiatiosn, etc.- Yes/No If yes, give details _____ >>
17. <<Are you a or any of the proposed applicants/beneficial owner Politically Exposed Person? (PEP) or Family member/Close relatives/Associates of PEPs* Yes/No If yes, give details _____>>
*<< * Politically Exposed Persons" (PEPs) are individuals who are or have been entrusted with prominent public functions by a foreign country, including the Heads of States/Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials >>*
18. Are you a tax resident of any country other than India? □ Yes □ No: _____ (If yes, it is mandatory to fill and the submit the FATCA/CRS form)
19. *<< Criminal History (if any)* 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 _____>>

20. << Company Name	_____>>
21. << Designation	_____>>
22. << Years of Service	_____>>
23. << Marital Status	_____>>
24. <<Have you suffered or are suffering from physical / mental / congenital deformity/ defect, abnormality / disability? >> – <<Yes / No>>	

<< Part B: Life Assured Details (Applicable only if Proposer is different from the Life Assured or Life Assured is a minor) >>	
1. Full Name	<<Mr./Mrs./Ms./Mx.>> _____
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: □ Indian □ NRI □ OCI □ PIO □ Foreign National 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 **a. << Alternate 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, radiatiosn, etc.- Yes/No If yes, give details _____ >>	
17. <<Are you a or any of the proposed applicants/beneficial owner Politically Exposed Person? (PEP) or Family member/Close relatives/Associates of PEPs* Yes/No If yes, give details _____>>	
*<< * Politically Exposed Persons" (PEPs) are individuals who are or have been entrusted with prominent public functions by a foreign country, including the Heads of States/Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials >>*	
18. *<< Criminal History (if any)* 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 _____>>	
19. Are you a tax resident of any country other than India? ☐ Yes ☐ No: _____ (If yes, it is mandatory to fill and the submit the FATCA/CRS form) a. << Company Name: _____ >> b. << Designation: _____ >> c. << Years of Service: _____>>	
20. << Marital Status	_____ >>
21. << Relation between Proposer & Life Assured:_____>>	

<< Nominee Details

Name of Nominee	
Percentage Share of Sum Assured	
Date of Birth of Nominee	
Gender of Nominee	
Relation with Nominee	
<<Reason for nomination in case nomination done other than 1st degree blood relation.>>	
<<Nominee: Mobile Number>>	
<<Nominee: Email ID>>	
<<Nominee: Present Address>>	
<<Nominee: Permanent Address>>	

<<Nominee: Bank Details>>	
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	Base Sum Assured (₹)	Death Benefit Multiple	Policy Term (years)	Premium Paying Term (years) (a)	Annualised Premium (₹)	Installment Premium (₹)
< Plan >						
< Rider >						
Frequency of Premium Payment:			Total Installment premium (Base plan + Rider(s)) (₹)			

Portfolio strategy: << Self-managed Portfolio Strategy/ Lifestyle Portfolio Strategy >>

<< Fund choice Information: >>

<< Fund Name 1 >>: << Allocation % >>
<< Fund Name 2 >>: << Allocation % >>

Information from section 3 to 7 must be pertaining to Life to be Assured. Reference to 'you' implies reference to the life to be assured.

SECTION 3: Insurance History

1. << Do you have any Insurance (life/accident/disability/critical illness or medical insurance) policy/ proposal with Bandhan Life Insurance Limited or any other insurer? □Yes □No
   a. If Yes, Provide Total Sum Assured of all the policies/ proposal that are In-forced/Lapsed/Applied status _____
   b. Provide Total Sum Assured of all accidental cover /policies / proposal that are In-forced/Lapsed/Applied status _____
   c. Provide Total annualized premium for all the policies/proposal _____ (where annualized premium is the premium amount payable in a year chosen by the Policyholder, excluding the taxes, rider premiums, underwriting extra premiums and loadings for modal premiums if any as specified in the Policy Schedule.
   d. Is any of your existing policy/proposal issued with reduced sum assured and/or extra premium? Yes/No If yes, give reason for counteroffer_____ >>
2. << 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 maybe asked as per our Board Approved Underwriting Policy: >>

Question	Life Assured	<<Proposer>>
1. << Have you ever consumed narcotics, drugs, psychotropic substances e.g. Heroin, Cocaine, Cannabis/Ganja, LSD, etc.? >>	□ Yes □ No	□ Yes □ No
2. << Do you consume alcohol? If yes, occasional/regular >>	□ Yes □ No	□ Yes □ No
3. << Have you smoked cigarettes / bidis, or consumed any tobacco/any nicotine product in the last 3 years? >>	□ Yes □ No	□ 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	□ 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	□ Yes □ No
6. << 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>>*	□ Yes □ No	□ Yes □ No

7. << Height:>>	<<_____cms>>	<<____cms>>
8. << Weight: >>	<<_____Kgs>>	<<_____Kgs>>

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 Act 1938 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: >>

Have you ever been diagnosed, investigated, medical advised, experienced symptom, treated, or prescribed medication by a medical professional or awaiting medical results for any of the following? (The below conditions provided are examples only and would request you to disclose all disorders, disease or other health conditions, which are, or might be relevant. If answer for any of the questions is "Yes" please provide all medicals reports and consultations papers.) >>

Disorder	Details	Life Assured	<<Proposer>>
<< 1 Heart disorder	*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.>>*	☐ Yes ☐ No	☐ Yes ☐ No
<<2 Diabetes	*Including Elevated blood sugar or sugar in the urine >>*	☐ Yes ☐ No	☐ Yes ☐ No
<< 3 Lung or respiratory disorder	*Including Asthma, Tuberculosis/Shortness of breath/Chronic cough/ Chronic Bronchitis, Emphysema, Pneumonia, Other Chest & lung complaints >>*	☐ Yes ☐ No	☐ Yes ☐ No
<< 4 Cancer, Tumor or Cyst	*Including Cancer, Tumor, Abnormal Growths, Cyst, enlarged Lymph nodes, Leukemia, Lymphoma, Polyp or undergone chemotherapy or radiotherapy or Goiter or pituitary Tumors, CIS (Carcinoma in Situ) of any stage or other Malignancy >>*	☐ Yes ☐ No	☐ Yes ☐ No

<< 5 Kidney & Reproductive organ disorder	*Including Disease of Kidney, Bladder, Urinary system, Reproductive organs, Enlargement of Prostate, Renal Calculi/Stone>>*	□ Yes □ No	□ Yes □ No
<< 6 Stomach, Liver, or gastrointest-inal disorder	*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 >>*	□ Yes □ No	□ Yes □ No
<< 7 Joint or bone disorder or Physical Deformity	*Including Rheumatic Arthritis, Polio, Gout, Slip Disc, Osteopenia, Osteomyelitis or any disease of the joints, bones, spine or muscles, Physical deformity/defect >>*	□ Yes □ No	□ Yes □ No
<< 8 HIV /STDs	*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? >>*	□ Yes □ No	□ Yes □ No
<< 9 Brain, nervous system or Depression or anxiety disorder	*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, Emotional Disorder, Attempt to Suicide, Schizophrenia, Depression, Anxiety, Stress, Nervous Breakdown or Insomnia >>*	□ Yes □ No	□ Yes □ No
<< 10 Eyes, Ears, Nose, Throat or Skin Disorder	*Including Cataract, Glaucoma, Retinopathy, Cholesteatoma, Mucormycosis, Fungal Sinusitis, Glanders, Skin Lesion, or other Eyes, Ears, Nose, Throat or Skin Disorder >>*	□ Yes □ No	□ Yes □ No
<< 11 Blood/ Endocrine Disorder	*Thyroid Disorder, any infection, Hormonal disorders, Anemia or Endocrine Disorder >>*	□ Yes □ No	□ Yes □ No
<< 12. Congenital Disorder	*Do you have or had any form of mental, physical, congenital disability, deformity, defect, abnormality >>*	□ Yes □ No	□ Yes □ No

<< 13. Any other illness/ Disorder / symptoms*	*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? >>*	□ Yes □ No	□ Yes □ No
<< 14. Applicable for Female Life	*Are you pregnant?* *If currently pregnant, how many weeks? _____ >>*	□ Yes □ No	□ Yes □ No
<< 15. Applicable for Female Life	*Are you suffering, being investigated, or treated for any pregnancy related complication or any other gynecological disorder? >>*	□ Yes □ No	□ Yes □ No

<< Part B

1. Insured Medical Questions: >>

Questions	Life Assured	<<Proposer>>
<< 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	□ Yes □ No
<< During the past 5 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 or special investigations (like ECG, TMT, 2D Echo, USG, CT scan, MRI or Angiography, Biopsy, Mammography, PAP smear etc.) with abnormal results? >>	□ Yes □ No	□ Yes □ No
<< Are you taking/Have you been prescribed any regular (daily/ weekly/ fortnightly/ monthly) medication/treatment/diagnosis for Cancer, any abnormal growth, Chest Pain, Stroke, Paralysis, elevated Blood pressure, elevated Blood Sugar, elevated Cholesterol, Asthma, Anemia, Chest Pain, HIV/AIDS, Heart/Liver/Kidney disorders, Alcoholism, or any physical or mental disability or any other medical condition not listed here? >>	□ Yes □ No	□ Yes □ No

>>

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 _____>>

<< SECTION 7: Proposer's Bank Account Details

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

Note:
Do you want a physical copy of your policy contract ? _____ Yes/No

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/we agree that the investment risk in the investment portfolio is borne by me/us.

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

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

I/we hereby declare and confirm that I/we am/are applying for this policy while I/we am/are in India. I/we 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 information provided by me/us post issuance of policy.

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

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

I/we confirm that all premiums under this policy including the proposal deposit will be paid by me/us from legally sourcedincome. I/we also undertake to provide any information regarding the source of income when required.

I/we hereby authorize any organization, institution or individual and third-party service providers that has any record or knowledge of my/our 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/we 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/our 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/us or from any past or present employer concerning anything which affects my/our physical or mental health and seek information from any insurer to whom an application for insurance for me/us has been made for the purpose of underwriting the proposal and/or claim settlement. Further Any personal information collected or held by the Company (whether contained in the this application or otherwise obtained) may be held, used and disclosed by the Company to reinsurance companies, claims investigation agencies, credit/claim/fraud bureaus or service providers or repositories and relevant industry associations /federations for the purpose of underwriting or claims processing or for analysis.

I/We hereby give my/our informed and voluntary consent to undergo the HIV 1/2 test as part of the medical examination for insurance underwriting.

I/we 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/our 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/we am/are aware and agree that the Company has/may have tie-ups with 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/financial related documents/information, as available with the said institutions/agencies/ entities for the purpose of evaluating this application.

I/We acknowledge that my/our Aadhaar details voluntarily furnished to Bandhan Life Insurance (Company) will be submitted to the UIDAI for the purpose of authentication. Upon authentication, UIDAI may share with the Company my/our demographic information (including photograph) and I/We voluntarily give my/our consent to the Company to use this demographic information (including photograph), for Identity and address proof verification (Know Your Customer), in connection with processing this Application 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 the Company. I/We hereby declare/confirm that all the information voluntarily furnished by me/us are true, correct and complete. I/We will not hold Bandhan Life or any of its officials responsible in case of any incorrect information provided by me/us. 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 the Company 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.

<< As per the IRDAI's directions, I hereby authorise Bandhan Life Insurance Limited to block an amount as quoted in this proposal form (including applicable taxes), for the purpose of premium payment towards insurance. This mandate shall be valid for a period of 14 days or date of acceptance of this proposal, whichever is earlier. The blocked amount will be utilised towards premium payment upon proposal acceptance. I further authorise Bandhan Life Insurance Limited to share all relevant information for the purpose of blocking/releasing the premium amount. >>

Notwithstanding my/our registration with the NCPR or any Telecom Service Provider under Fully/Partially blocked category, I/we hereby consent to and authorize 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/we further authorize the Company to mail all service related communications to the email id as mentioned in the application form (applicable only if email id provided).

I/we also understand and confirm that my/our 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/we 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/we 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/we shall contact customer care to get the same updated.

For online sale – I/we 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.

For Direct Debit option: I/We hereby give my/our explicit consent to Bandhan Life Insurance Limited to deduct the agreed premium payment from my bank account as per the terms of my policy. I understand that this deduction will occur on the specified due dates according to the premium payment frequency chosen by me/us.

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 Proposer
Name of the Proposer:
Place: Date:

Intermediary Code: _____
(Not Applicable for Online policies)

<<Vernacular Declaration by Life Assured/Proposer:

I agree that the product has been applied by me and the contents of this e-proposal /application form, product benefits, terms & conditions, sales literature have been fully explained to me in << _____ >> language by Mr./ Ms.<< _____ >> and I have fully understood the risk factors and terms & conditions of the product. I also declare that I have understood the nature of questions and importance of disclosing all material information. The replies in the e-proposal/application form have been recorded as per the information provided by me and after the same, I am affixing my signature/thumb-impression.>>

<<Declaration by agent/ intermediary to be submitted if proposal is signed in vernacular or bears the thumb impression of the Life to be Assured/Proposer.

I have explained the contents of this proposal to the Life to be assured and all other documents incidental to availing the insurance policy from Bandhan Life Insurance Limited in _____ language, as per his or her choice and that the contents have been fully understood by him/her. I have accurately recorded the Life to be assured's replies to the questions in the e-proposal/application form. I have read out the replies recorded by me to the Life to be assured and he or she has confirmed that they are correct. The thumb impression/signature of the life to be assured is affixed in my presence.>>

<<Other declarations:

I declare that the information provided in this << e-proposal/ application >> is true and complete including the financial capacity to determine that the premium is within the financial capacity. Should there be any change in my opinion I shall immediately inform Bandhan Life Insurance Limited. I have also inspected the original identification documents submitted and the << e-proposal /application >> form. I certify that the applicant has made no statement that are inconsistent with the illustration and the premium are not sourced from proceeds of any criminal activities/ offences as per PMLA Act 2002 and such other laws in force. >>

<<Name of the declarant: _____

Signature of the person making the declaration: _____

Address of declarant: _____

Thumb impression of the life assured/ signed in vernacular language

Place: _____ Date: _____>>

<< Electronic Signature/ Thumb Impression of Life Assured/Proposer >>

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 writing 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. Not withstanding 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