

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

(UIN: 138N087V01)

Channel Code: _____

Member Enrolment Form No: _____

MEMBER ENROLMENT FORM

<<IMPORTANT NOTES TO THE LIFE TO BE ASSURED (MEMBER) >>

- 1.<< Please fill this form in BLOCK LETTERS and disclose all facts. Any correction or overwriting in this form must be authenticated/countersigned 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 Member signs this proposal in vernacular or puts their thumb impression upon it, then the respective declaration must be completed as mentioned in Section <<>> >>
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
- 6.<< Nomination is compulsory. Please provide necessary details in Section <<>> >>
- 7.<< Fields marked as <<>> are applicable based on the group scheme opted by the Master Policy holder/member and may/may not be forming part of the member enrolment form based on applicability of the group scheme. >>
- 8.The Policy wordings for this product can be downloaded from the insurer company website

SECTION A. PERSONAL DETAILS

Personal Details	Member I	<<Member 2>>
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 (submit Form 60 if PAN not available) >>		
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 Member	% 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. Cover Type^	<input type="checkbox"/> 1. Life Cover <input type="checkbox"/> 2. Life Cover plus Accelerated Terminal Illness <input type="checkbox"/> 3. Life Cover plus Accelerated Terminal Illness plus Accidental Death <input type="checkbox"/> 4. Life Cover plus Accelerated Terminal Illness plus Accelerated Accidental Total & Permanent Disability <input type="checkbox"/> 5. Life Cover plus Accelerated Terminal Illness plus Accidental Death plus Accelerated Accidental Total & Permanent Disability <input type="checkbox"/> 6. Life Cover plus Accelerated Terminal Illness plus Accelerated Critical Illness <input type="checkbox"/> 7. Life Cover plus Accelerated Terminal Illness plus Accelerated Critical Illness plus Accidental Death >>				
C.2. Cover Amount (Initial Sum Assured)	Rs. _____				
<<C.3. Instalment Premium (incl. GST)>>	Rs. _____				
C.4. Policy term	__Months				
C.5. Premium Payment Term	__Months				
C.6. Premium Payment Frequency	<<< Single/Annual/Half-Yearly/Quarterly/Monthly >>>				
C.7. Sum Assured Type	<input type="checkbox"/> Level Sum Assured <input type="checkbox"/> Decreasing Sum Assured				
<<C.1. Loan Account No. >>	_____				
<<C.2. Loan Type>>	<<Home loan/ Auto Loan/ Personal Loan/ Education Loan / Others (Please specify: _____) >>				
<<C.3. Lives Covered >>	<input type="checkbox"/> Single Life <input type="checkbox"/> Joint Life				
<<C.4. Loan Amount>>	Rs. _____	<<C.5. Loan Term>>	_____ yrs.		
<<C.6. Moratorium Period>>	_____ yrs.	<<C.7. Interest accumulation during Moratorium period>>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<<C.8. Loan Interest Rate>>	_____ %				

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

<< ^<<Terminal Illness>>, << Accidental Total and Permanent Disability >>, << Critical Illness >> << is/are>> accelerated coverage, i.e. on incidence of the insured event, the benefits will be paid out and the cover

will terminate.

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

Personal Details	Member 1	<< Member 2>>
<<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 and/ or D will be applicable as per our Board Approved Underwriting Policy: >>

Part A:

Questions	Member 1	<<Member 2>>
Are you in sound health, and are not 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

Part B:

1)HEALTH & LIFESTYLE PARTICULARS	Member 1	<<Member2>>
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	Member1	<<Member 2>>
2.1 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?	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No
2.2 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?	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No

2.3 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

YES No

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

Part C:
Block 1: Lifestyle Information

<<Below Set of questions will 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? a. If yes, occasional/regular b. Do you consume more than 4 peg of hard liquor, 4 glass of wine or 4 bottles of beer in a week	Yes/No
3. Have you smoked cigarettes / bidis, or consumed any tobacco/any nicotine product in the last 3 years? Please provide exact details of consumption by category per day a. Cigarettes/Bidis b. Pan/Gutkha c. Other Forms of Tobacco/Nicotine	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
6. 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

Block 2: Medical history

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

Insured Medical Questions:

Height: _____ cms Weight: _____ kgs

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

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	<i>Including Rheumatic Arthritis, Polio, Gout, Slip Disc, Osteopenia, Osteomyelitis or any disease of the joints, bones, spine or muscles, Physical</i>	Yes/No

Physical Deformity	<i>deformity/defect</i>	
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: - Thyroid Disorder, any infection, Hormonal disorders, Anemia. - Any disorder of Eyes, Ears, Nose or Throat. - 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? 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

<i>Criminal history (if any)</i>	<i>Have you ever been or are you currently being investigated, charge sheeted, prosecuted, or convicted or acquitted or do you have pending charges in respect of any criminal/civil offences in any court of law in India or abroad? If Yes, give details: _____</i>	Yes/NO
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Block 3 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: _____

Block 4 : Insurance History

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

1. Do you have any Insurance (life/accident/disability/critical illness or medical insurance) policy with Bandhan Life Insurance Limited 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 details _____
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>>

Part D:

Questions on Health Declaration:

Questions	Member 1	<< Member 2 >>
1. Have you ever suffered or are currently suffering from: (a) Chest Pain or heart attack or any other heart disease (b) Cancer, tumor, growth or cyst of any kind (c) Stroke, paralysis, Epilepsy, any psychiatric / mental disorder, disorder of brain/nervous system or any kind of physical disabilities (d) Asthma, Tuberculosis or other lung disorder (e) Diseases or disorder of muscles, bones or joints, arthritis or blood disorder (anemia) or any endocrine disorder (f) Diseases of the kidney, reproductive, digestive system (stomach, pancreas, gall bladder, intestine), liver (g) Hepatitis B or C or HIV/AIDS or any other sexually transmitted infection (h) Diabetes, high blood pressure (i) Thyroid disorders, Hormonal disorders, any infection (j) Disease or disorders of eye/ear/nose/throat (excluding common cold)	Yes/No	Yes/No
2. During the last 5 years have you undergone any major surgery or been hospitalized for more than one week?	Yes/No	Yes/No
3. Do you have or did you ever have any physical defect, deformity or disability affecting your day-to-day activities	Yes/No	Yes/No
4. FOR FEMALE INSURED ONLY: a) Are you pregnant? b) Are you suffering, being investigated, or treated for any pregnancy related complication or any other gynecological disorder?	Yes/No	Yes/No
5. Have you ever consumed narcotics, e.g. Heroin, Cocaine, Cannabis/Ganja, LSD, etc.?	Yes/No	Yes/No
6. Do you consume more than 4 peg of hard liquor, 4 glass of wine or 4 bottles of beer in a week?	Yes/No	Yes/No
7. Do you smoke >10 cigarettes / bidis, or take > 3 pouch tobacco in a day?	Yes/No	Yes/No
8. 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	Yes/No
9. Did any member of your immediate family e.g. parents, brothers, sisters, suffer from heart disease, stroke, cancer, kidney failure, organ transplant or any other chronic or hereditary conditions before the age of 60 yrs?	Yes/No	Yes/No
10. Do you engage or intend to engage in any business, sport or occupation or any hobby of a hazardous nature (e.g. occupation- chemical factory, sailing mines, explosives; aviation other than fare paying passengers, diving, mountaineering, any form of motor racing, etc.)?	Yes/No	Yes/No
11. Do you have any history of conviction under any criminal proceedings in India or abroad?	Yes/No	Yes/No
12. Height: _____ cms Weight: _____ kgs		
13. Have you taken or applied for any credit life policy in the last 2 years?	Yes/No	Yes/No

<<Block 5

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>>

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 Insured Member

1. I/We hereby agree and confirm that the group life insurance policy of Bandhan Life Insurance Limited has been willingly opted by me wherein the Master Policyholder has disclosed/I/We have read and understood all the information related to this product and I/We declare that I/We have understood the same before submitting this proposal form and confirm that the answers given in the member enrolment form/e-application form are, to the best of my knowledge, true, and that I/We have not withheld any material information that may influence the assessment or acceptance of policy and this information will form the basis of insurance policy which will be subject to Board underwriting policy of the Company and the policy will come into force only after full payment of the applicable premium and communicated by the Company. 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 and acceptance of this application and that the risk commencement will start only after receipt of premium by insurer.

2. I/We further declare that I/We will notify in writing/e-mail to the Company immediately, any change occurring in my/our occupation or general health or financial position or other details after the proposal has been submitted but before communication of the risk acceptance by the Company and in doubt as to whether a fact is material or not, the fact will be disclosed by me.

3. I/ We declare and consent to the Company that it can seek 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 for the purpose of underwriting the proposal and/or claim settlement.

<<4. I/ We authorize the Company to share information pertaining to my proposal including my/our personal information/the medical records of the assured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and my/our personal details or other information with any Governmental and/or Regulatory authority and with any service provider/third party agency with whom the Company has tie- ups/arrangements for processing of this proposal, servicing or improving services to me for the resulting coverage/policy.>>

<< 5. 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 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 declare. >>

<<6. I/We hereby confirm that I/We have voluntarily provided my/our Contact details, including my/our telephone number and Email address to the Company and I/We hereby consent to receiving information related to this proposal and resulting coverage/ Certificate of Insurance through SMS/Email/WhatsApp or any other electronic media as updated by me from time to time.>>

<< 7. The OTP received on my registered mobile number shall be used as my confirmation/consent/signature for the same and on the member enrolment form Scheme specific T&C e.g. age limits, sum assured, etc. >>

I/ We understand that:

8. a. I/ we should be an Indian resident to be eligible to purchase this policy >>;

b. I/ we should be between << >> to << >> years last birthday at the time of purchase of this Policy. I / We are not eligible to buy this Policy if my/ our age is below << >> years or above << >> years

c. I/ We are eligible for << >> policy/ies under this offer with maximum sum assured of INR <<Scheme specific T&C e.g. age limits, sum assured, etc. >>.>>

9. a. I hereby agree and confirm that the group life insurance policy of Bandhan Life Insurance Limited has been willingly opted by me along with the loan and the premium amount shall be deducted as mentioned in the loan agreement.

b. The premium and Sum Assured are calculated based on sanctioned amount, however it may be subject to change and applied based on the loan disbursement amount. >>

<< Additional Declarations for online journey:

I / We am / are aware that <<MPH Name>> is the master policy holder for the group insurance policy issued by Bandhan Life Insurance Limited (Bandhan Life) for Bandhan Life Group iCredit Insurance Plan and I / We will be a member of this group policy.

I confirm that I have read and understood the terms and conditions, product features, medical/health related questions, relevant documents, declarations, notes and disclosures.

I 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. >>

<< Signature/ Thumb Impression of Member 1 _____ << Signature / Thumb Impression of Member 2 _____>> >>

<<Signature/ Thumb Impression of Witness _____ >> Place _____
Date _____>>

<< For Online Journey:

Name of the Declarant: _____

Signature/OTP: _____

Date: _____

Address of the Declarant: _____ >>

<<Declaration to be submitted if the form is signed in vernacular or bears the thumb impression of the Insured Member>>

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.

<<To be filled only in case of 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 Member 1 _____

<< Signature/Thumb impression of Member 2 _____ >>

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 Master 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 entire claim amount will be payable to the Member or the Nominee/Beneficiary as the case may be>>.