

## PROPOSAL FOR UNIT LINKED LIFE INSURANCE PLAN

**"IN THIS PLAN, THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICY HOLDER"**  
UNIT LINKED INSURANCE PLANS are different from the traditional Life Insurance Policy in the sense that it is subject to Market Risk. LIC (International) B.S.C. (C) does not authorize its agents/intermediaries, staff and officials to express their opinion on the future performance of any of the ULIP funds.

### FOR OFFICE USE ONLY

POLICY NO. ALLOTTED		PROPOSAL NO.	
Chief Agent's Name		Proposal Date	
Sub-Agent's Code		Date of receipt of prop.	
Sub-Agent's Name		Currency & Amount	
Year of Agency		Cashier's Initial	
DD No.	Date	Amount	Bank

All answers to be filled in block letters. Answers must be given in words. Strokes of pens or dots will not be accepted as replies. Source of income is to be disclosed by the proposer as per AML Regulations.

1) a (i) NAME OF LIFE TO BE ASSURED (IN FULL) ..... Gender: .....

(ii) FATHER'S FULL NAME: .....

(iii) NAME OF PROPOSER (IN FULL): ..... Gender: .....

(iv) RELATIONSHIP WITH THE LIFE TO BE ASSURED: .....

b (i) ADDRESS FOR COMMUNICATION: .....

TEL. NO. .... E-MAIL ID .....

(ii) PERMANENT ADDRESS: .....

TEL. NO. ....

### c) OTHER DETAILS:

PLAN NO.	TERM	PREMIUM TERM	SUM ASSURED OPTED	PREMIUM	MODE	ACCIDENT BENEFIT S.A.	AGE	AGE PROOF
OCCUPATION & NATURE OF DUTY		ANNUAL INCOME	SOURCES OF INCOME	EMPLOYER'S NAME & ADDRESS			LENGTH OF SERVICE	
NATIONALITY	PLACE OF BIRTH	PASSPORT NO.	CPR/IQAMA NO.	QUALIFICATIONS	OBJECT OF INSURANCE			

d) FUND SELECTED: ..... { AS PER PLAN PROSPECTUS RECEIVED}

### e) NOMINEE'S DETAILS:

NAME:	DATE OF BIRTH/AGE
RELATIONSHIP WITH LIFE TO BE ASSURED:	
ADDRESS:	

### f) APPOINTEE (IF NOMINEE IS MINOR):

NAME:	DATE OF BIRTH/AGE
RELATIONSHIP WITH LIFE TO BE ASSURED:	
ADDRESS:	

**2) OTHER PROPOSAL DETAILS:**

Is your life now being proposed for another assurance?	Yes /No.	If YES give details
Is there any application for revival of policy on your life under consideration?	Yes /No.	If YES give details
Has a proposal (or an application for revival of a policy) on your life made to the company ever been a) Withdrawn/deferred/dropped/declined b) Accepted with Extra Premium/Lien c) Accepted on terms otherwise than those proposed	Answer Yes /No. ----- ----- -----	If YES give details

**3) Details of existing insurance cover with any insurer including policies surrendered/lapsed during last 3 years**

Name of Insurer	Policy No	Plan & Term	Sum Assured including Term Assurance	Critical Illness Rider Sum Assured	Sum Assured Accident Benefit	Year of Issue	Term of Acceptance	Medical or non-medical	Whether inforce for full Sum assured	If not give due date of last premium paid or date of surrender

**4) HEALTH DETAILS OF LIFE TO BE ASSURED:**

Personal History	Answer 'Yes' or 'No'	If 'Yes' give full details
(a) Marks of Identification :		
(b) During the last 5 years did you consult a Medical Practitioner for any ailment requiring treatment for more than a week?		
(c) Have you ever been admitted to any hospital or nursing home, assylum or sanatorium for general check up, observation, treatment or operation?		
(d) Have you remained absent from place of work on grounds of health during the last 5 years ?		
(e) Are you suffering from or have you ever suffered from High/low Blood Pressure, Rheumatic fever, Pain in chest, Breathlessness, Palpitation, Infarction or any diseases of heart or arteries, ailments pertaining to Liver, Stomach, Lungs, Brain or Nervous system ?		
(f) Are you suffering from or have you ever suffered from Diabetes, Tuberculosis, Cancer, Rheumatism, Gout, enlarged glands or Tumors, Epilepsy, Hernia, Leprosy or any other disease of Stomach, Liver, Spleen, Gall bladder or Pancreas or any diseases of Kidney, Prostate or Urinary system?		
(g) Are you suffering from or have you ever suffered from Hernia, Hydrocele, Fistula, Varicose Veins, Skin eruption, Filariasis, Goiter, Gonorrhoea, Ssyphilis or any other Venereal disease?		
(h) Are you suffering from or have you ever suffered from any disease of ear, nose throat or eyes including defective sight or hearing and discharge from ears?		
(i) Do you use or have you ever used (1) Alcoholic drinks: (2) Narcotics: (3) Any other drugs: (4) Tobacco in any form:		
(j) Have you ever received or at present awaiting/undergoing medical advice/treatment or tests in connection with Hepatitis B or AIDS related condition?		
(k) Has any of your relations, living or dead suffered from any hereditary or infectious disease like diabetes, insanity, epilepsy, gout, asthma, Tuberculosis, cancer, leprosy, etc?		
(l) Have you any bodily defect or deformity? If so, give details.		
(m) Did you ever have any operation, accident or injury?		
(n) Have you ever had an electro-cardiogram, X-Ray, screening, blood, urine, or stool examination?		
(o) Has your weight changed in the past year? If YES please state how much gain or loss and reason for.		
(p) What has been your usual state of health?		

**5) Physical Measurements of Life to be Assured (In case of Non-Medical)**

Ht. (In cm) \_\_\_\_\_ Wt. (In kg.) \_\_\_\_\_ Chest (In cm) Insp/Exp \_\_\_\_\_ / \_\_\_\_\_ Abd (In cm) \_\_\_\_\_

6) If your duty is associated or proposed to be associated with Amusement & sports/ Construction-Tunneling/Climbing & mountaineering including guides/Drivers/Manufacture / Marine Industry/ Merchant Marine/Mines/Motor cycle sports circuit racing/Oil & Natural Gas/Aviation/ Navy/ Military: If 'yes' give full details:

**7) FAMILY HISTORY:**

MEMBER	LIVING		DECEASED		
	PRESENT AGE	STATE OF HEALTH	YEAR OF DEATH	AGE AT DEATH	CAUSE OF DEATH
FATHER					
MOTHER					
BROTHERS					
SISTERS					
WIFE/HUSBAND					
CHILDREN					

**8) To be answered if life to be assured is a female:**

(A) Husband's Full Name: .....

His Occupation ..... His Annual Income .....

(B) Details of Husband's Insurance

POL. NO.	Name of Insurer	SUM ASSURED	TABLE AND TERM	PRESENT STATUS OF THE POLICY

(C) Are you pregnant now ? Date of last delivery Have you had any abortion or miscarriage or Caesarean section? If so, give details. Date of last Menstruation

9) Whether the term and conditions of the proposed plan have been explained to you by the agent? YES / NO

10) Have you understood fully the terms and conditions of the plan you propose to take? YES / NO

**DECLARATION**

I/We ..... do hereby declare that the foregoing statements and answers have been given by me/us after fully understanding the questions and the same are true and complete in every particular and that I have not withheld any information and I do hereby agree and declare that these statements and this declaration shall be the basis of the contract of assurance between me/us and the Life Insurance Corporation (International) B.S.C.(C) and that if any untrue averment be contained therein the said contract shall be absolutely null and void and all moneys which shall have been paid in respect thereof shall stand forfeited to the Company. I/We also understand that the terms and conditions including the premium and the benefits payable under the policy are subject to variation in accordance to the applicable laws.

Notwithstanding the provision of any law, usage, custom or convention for the time being in force prohibiting any doctor, hospital and / or employer from divulging any knowledge or information about me concerning my health or employment on the grounds of secrecy, I, my heirs, executors, administrators and assignees or any other person or persons, having interest of any kind whatsoever in the policy contract issued to me, hereby agree that such authority, having such knowledge or information, shall at any time be at liberty to divulge any such knowledge or information to the Company. I/We hereby agree and authorize LIC (International) B.S.C.(C) to conduct medical examination which may include Laboratory tests, Cardiac, Radiological investigations for confirmation of health status of life to be assured. I/We agreed that company will bear the cost of such medical examinations only if the proposal is accepted by the company and the policy is accepted by me/us as per terms offered. The company reserves the rights to accept, decline or offer alternate terms on my proposal for life assurance.

And I further agree that if after the date of submission of the proposal but before the issue of the first Premium Receipt (i) any change in my occupation or any adverse circumstances connected with my financial position or the general health of myself or that of any members of my family occurs or (ii) if a proposal for assurance or an application for revival of policy on my life made to any office of the Company has been withdrawn or dropped, deferred or accepted at an increased premium or subject to a lien or on terms other than as proposed I shall forthwith intimate the same to the Company in writing to reconsider the terms of acceptance of assurance. Any omission on my part to do so shall render this assurance invalid and all moneys which have been paid in respect thereof shall stand forfeited to the Company.

I/we hereby unconditionally agree that the policy shall be issued, as and when this proposal is accepted by the Company, and shall be written and produced in the English language only and that there will be no requirement by me/us for it to be produced in any other language. If it is provided bilingually then, English version shall stand in case of any dispute.

I/We declare that I/we have personally read and answered each of the above questions and that all the statements and answers to the above questions are complete and true to the best of my/our knowledge and belief, and I/we agree that they shall form a part of any Policy contract that may be issued on the strength thereof.

Dated at(Place) : ..... on the(Day) ..... day of(Month) ..... 20 .....

Signature of Witness  
Name & address .....

Signature of the life to be assured

Proposer's signature  
(if different from life assured)

**Declaration by the proposer for assurance on the lives of minors and non-earning major lives**

I hereby declare that the following are the insurance policies in force for other family members of the life to be assured under this proposal.

Member	Name of insurer	Policy No.	Sum Assured	Plan of Assurance	Due date of last premium paid	Total Yly. Premium Payable
Father						
Mother						
Brother						
Sister						
Total						

I agree to pay the Premia under the policy, if and when issued, till the life assured starts earning own income. I am aware that the policy to be issued on the basis of the proposal given by me will automatically vest in the life to be assured on his/her attaining the age of majority as provided for in the policy, and agree to it.

Place: \_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Proposer/Father/Mother

**Declaration of proposer in case of proposal is filled in by person other than proposer**

I, \_\_\_\_\_, declare that the product applied by me and the contents of the proposal form have been clearly explained to me and I have fully understood them. I/we further certify that the replies in the proposal form have been recorded as per the information provided by me.

Name \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_  
Signature of Proposer

**Declaration for signature in Vernacular Language**

I (Name and Address) \_\_\_\_\_, hereby declare that I have explained the content of the proposal form and all other documents incidental to the proposer in \_\_\_\_\_ language and that I have read out to the proposer the answer to the questions dictated by the proposer and that the proposer has signed the proposal form after fully understanding the contents thereof and do hereby agree to abide by all the terms and conditions of the policy and the clauses of the same. I declare that whatever I have stated herein above is true and correct to the best of my knowledge and belief.

Name \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_  
Signature of Declarant

**Declaration in case of illiterate proposer**

I, (Name & address) \_\_\_\_\_ Hereby declare that I have explained the content of the proposal form to the proposer in \_\_\_\_\_ Language and that I have read out to the proposer the answer to the questions dictated by the proposer and that the proposer has affixed his thumb impression to the proposal form after fully understanding the contents thereof.

\_\_\_\_\_  
Signature of Declarant

**AGENT'S CONFIDENTIAL REPORT**

- |   |  |
|---|--|
| 1. (a) How long have you known the LA? .....                                | 3.(a) What is general state of health of life to be assured? .....   |
| (b) Are you related to the LA?if so, how .....                              | (b) Has he/she any deformity, impaired sight or hearing, amputation? .....   |
| (c) Did you personally see the LA on the date of proposal? .....            | (c) Have you any knowledge of LA having suffered from any illness or injury or has he/she undergone any operation or hospitalization? .....  |
| 2.(a) LA's monthly income .....   | (d) Do you have knowledge of any other risk associated Information about the health, habits, character, occupation, financial/social position of the proposed life assured . Give details if yes. .... |
| N.B. State also income of the proposer if He/she is different from LA ..... |  |
| (b) Sources/Income Proof verified .....                                     |  |
| i) Employment .....   |  |
| ii) Business or profession .....  |  |

I hereby declare that the foregoing statements are true and correct to the best of my knowledge and belief. I have also personally verified the particulars and physical measurements mentioned in the personal statement and I confirm the same to be correct. I also confirm that on my enquiry the sources of funds and incomes are legitimate and verifiable.

Date: .....Place:.....Agent's Name:.....Signature of Agent

I hereby declare and confirm that the information given in the ACR is true and correct as per independent enquiry made by me.

Date \_\_\_\_\_ Place \_\_\_\_\_ Name of MHR giving Authority \_\_\_\_\_ Signature of MHR Authority \_\_\_\_\_