

**LIFE INSURANCE CORPORATION OF INDIA
PROPOSAL FOR LIC'S NEW ENDOWMENT PLUS PLAN (UIN: 512L301V01)**

“IN THIS POLICY, THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER”

LIC's New Endowment Plus is a ULIP plan which is different from the traditional policy in the sense that it is subject to market risk.

LIC does not authorize its agents/intermediaries, staff and officials to express their opinion on the future performance of the “ULIP” fund, excepting the prescribed illustrative rate of 4% and 8% growth.

BRANCH OFFICE: -----

DIVISION: -----

[----- FOR OFFICE USE ONLY -----]

PROPOSAL NO.	:	INWARD NO.	:
IDENTITY NO.	:	DT.OF RECEIPT	:
POLICY NO.ALLOTTED	:	AGENCY CODE	:
NO.OF UNITS ALLOTTED	:	DEV.OFFICER'S CODE	:
AMOUNT PAID	:	IS AGENCY INFORCE?	:
AMOUNT PAID ON	:	AGENCY INFORCE UPTO	:
TRANSACTION NO./DATE	:	IS LICENCE INFORCE?	:
CASHIER'S INITIAL	:	LICENCE INFORCE UPTO	:

ALL ANSWERS TO BE FILLED IN BLOCK LETTERS. ANSWERS MUST BE GIVEN IN WORDS. STROKES OF PEN OR DOTS WILL NOT BE ACCEPTED AS REPLIES.

AMOUNT PAID BY CASH /CHEQUE/DD:

DRAWN ON:

(NAME & ADDRESS OF THE BANK)

BANK DRAFT/CHEQUE NO.:

AMOUNT: Rs.

(IN WORDS) Rs.

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

(ii) FATHER'S FULL NAME:

(iii) IF MINOR, NAME OF THE PROPOSER:

(iv) RELATIONSHIP WITH THE LIFE TO BE ASSURED:

b) (i) ADDRESS (FOR COMMUNICATION) :

TEL.NO./ MOBILE NO.:

E-MAIL ADD.:

(ii) PERMANANT ADDRESS:

c) NOMINEE'S DETAILS

Nominee's Full name & Address	Age	Relationship with Life to be Assured

d) APPOINTEE DETAILS (IF NOMINEE IS MINOR):

Appointee's Full name & Address	Age /	Relationship with nominee	Signature of Appointee as token of consent

e) Object of insurance

2. PLAN DETAILS

a) MODE OF PREMIUM PAYMENT: YEARLY / HALF-YEARLY / QUARTERLY/ MONTHLY (ECS)

b) INSTALMENT PREMIUM: Rs. (IN WORDS) Rs.

c) BASIC SUM ASSURED: (10 * ANNUALISED PREMIUM) OR (105% OF THE TOTAL PREMIUMS PAID), WHICHEVER IS HIGHER.

d) ACCIDENT BENEFIT SUM ASSURED (IF REQUIRED): Rs.

e) FUND SELECTED: BOND / SECURED / BALANCED / GROWTH FUND: -----
(See information below)

BROAD INVESTMENT PATTERN OF THE INVESTIBLE FUNDS

Fund Type	Investment in Government / Government Guaranteed Securities / Corporate Debt	Short-term investments such as money market instruments	Investment in Listed Equity Shares	Details and objective of the fund for risk /return	SFIN No.
Bond Fund	Not less than 60%	Not more than 40%	Nil	Low risk	ULIF001201 114LICNED +BND512
Secured Fund	Not less than 45%	Not more than 40%	Not less than 15% & Not more than 55%	Steady Income - Lower to Medium risk	ULIF002201 114LICNED +SEC512
Balanced Fund	Not less than 30%	Not more than 40%	Not less than 30% & Not more than 70%	Balanced Income and growth - Medium risk	ULIF003201 114LICNED +BAL512
Growth Fund	Not less than 20%	Not more than 40%	Not less than 40% & Not more than 80%	Long term Capital growth - High risk	ULIF004201 114LICNED +GRW512

f) OTHER DETAILS:

PLAN & TERM	DOB OF LIFE ASSURED	AGE	Premium	MODE	AGE PROOF

SEX (Male/Female/Third Gender)	EDUCATIONAL QUALIFICATION	OCCUPATION	EMPLOYER'S NAME AND ADDRESS	EXACT NATURE OF DUTIES	LENGTH OF SERVICE

ANNUAL INCOME	SOURCES OF INCOME	WHETHER INCOME TAX ASSESSED

RURAL / URBAN	FIRST / SUBSEQUENT

NATIONALITY	DISTRICT	TALUKA	VILLAGE

3.

If you are employed in the Armed Forces, Please State				
Wing to which you belong	Rank therein	Date of last medical examination	Medical category after medical examination	Were you ever below A-1 category? If so, when?

4. Have you any prospect or intention of engaging in aviation or entering Naval or Military Service? If so, give details.
5. Is your occupation associated with any specific hazard or do you take part in hazardous activities or have hobbies that could be dangerous in any way? If so, give details.
6. Are you a Politically Exposed Person (PEP) as per RBI Guidelines : YES/NO

7. DETAILS OF EXISTING POLICIES INCLUDING UNIT-LINKED POLICIES (INCLUDING POLICIES SURRENDERED/LAPSED DURING LAST 3 YEARS):

PO L. NO.	INSURANCE COMPANIES FROM WHERE THE PREVIOUS POLICY/ POLICIES HAVE BEEN PURCHASED WITH ADDRESS (IF PREVIOUS POLICIES ARE FROM LIC OF INDIA, GIVEN NAME OF BRANCH/ D.O.)	TABLE AND TERM	SUM ASSURED ON MAIN PLAN	TERM ASSURANCE RIDER SUM ASSURED	CRITICAL ILLNESS RIDER SUM ASSURED	INSTALMENT PREMIUM	MODE	AMOUNT OF ACCIDENT BENEFIT TAKEN	YEAR OF ISSUE	WHETHER ACCEPTED AS PROPOSED AT ORDINARY RATES. IF NOT THE TERM OF ACCEPTANCE	MEDICAL OR NON-MEDICAL	WHETHER IN FORCE FOR FULL SUM ASSURED	IF NOT, GIVE DUE DATE OF LAST PREMIUM PAID OR DATE OF SURRENDER

NB: Corporation does not entertain any fresh proposal for insurance where a policy issued by Corporation has lapsed or has been converted into paid –up policy within last 3 years

8. a) HAS ANY POLICY ON LIFE ASSURED'S LIFE LAPSED OR SURRENDERED DURING THE LAST 3 YEARS?

b) HAS A LIFE INSURANCE PROPOSAL ON THE LIFE OF THE LIFE TO BE ASSURED OR AN APPLICATION FOR REVIVAL OF POLICY MADE TO ANY OFFICE OF THE CORPORATION OR TO ANY OTHER INSURER EVER BEEN

- i) WITHDRAWN/ DEFERRED/ DROPPED/ DECLINED : YES/NO
- ii) ACCEPTED WITH EXTRA PREMIUM OR LEIN : YES/NO
- iii) ACCEPTED ON TERMS OTHERWISE THAN THOSE PROPOSED : YES/NO

c) IS YOUR LIFE NOW BEING PROPOSED FOR ANOTHER ASSURANCE OR AN APPLICATION FOR REVIVAL OF A POLICY ON YOUR LIFE OR ANY OTHER PROPOSAL UNDER CONSIDERATION IN ANY OFFICE OF THE CORPORATION OR TO ANY OTHER INSURER? IF YES, GIVE DETAILS.

d) HAVE YOU DURING THE PAST ONE YEAR RETURNED ANY POLICY OF THE CORPORATION AS THE SAME WAS NOT ACCEPTABLE TO YOU?.IF SO, GIVE DETAILS

9. IN CASE OF PROPOSALS ON THE LIFE OF MINOR OR MAJOR STUDENTS AGED UPTO 25 YEARS, GIVE BELOW THE PARTICULARS OF ALL THE ASSURANCE IN FULL FORCE ON THE LIVES OF YOUR PARENTS, BROTHERS AND SISTERS:

RELATIONSHIP	POLICY NUMBER	SUM ASSURED

10. FAMILY HISTORY:

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

11. PERSONAL STATEMENT REGARDING HEALTH OF LIFE TO BE ASSURED:

Personal history	Answer 'Yes' or 'No'	If 'Yes' give full details
a) During the last 5 years did you consult a Medical Practitioner for any ailment requiring treatment for more than a week?		
b) Have you ever been admitted to any hospital or nursing home for general check up, observation, treatment or operation?		
c) Have you remained absent from place of work on grounds of health during the last 5 years?		
Are you suffering from or have you ever suffered from		
d) ailments pertaining to Liver, Stomach, Spleen, gall bladder, Heart, Lungs, Kidney, Brain or Nervous system?		
e) Diabetes, or any other disease of the Pancreas, Tuberculosis, High /Low Blood Pressure, Cancer, Epilepsy, Hernia, Hydrocele, Varicocele, Fistula,		

Varicose veins, Skin eruption, Filariasis, Leprosy, goitre, gonorrhoea, syphilis, or any other venereal disease or any other disease?		
f) Anaemia, piles, kidney, prostate or urinary system.		
g) Insanity, epilepsy or fits of any kind		
h) Rheumatism, gout, enlarged glands or tumour		
i) Ear, Nose, Throat or eyes including defective sight, hearing and discharge from the ears		
j) Any disease of the breast, ovaries or uterus (to be answered by female lives only)		
k) Have you ever passed sugar/albumin/pus or blood in urine		
l) Have you ever been in any hospital/asylum or sanatorium for check up, observation, treatment or any operation		
m) Have you ever had an Electrocardiogram, X-Ray or screening, Blood, Urine or Stool examination?		
n) Do you have bodily defect or deformity?		
o) Did you ever have any operation, accident or injury? If so, give details		
p) Do you use or have ever used (1) Alcoholic drinks: (2) Narcotics: (3) Any other drugs: (4) Tobacco in any form:		
q) What has been your usual state of health?		
r) Have you or your spouse/partner ever required or at present awaiting/undergoing medical advice, treatment or tests in connection with Hepatitis B or HIV/AIDS related condition?		
s) Are you wearing glasses? If so, power of glasses:		
t) (a) Missing teeth if any, if so number missing (b) Are you wearing well fitting denture? If so, for how many teeth?		

12. PHYSICAL MEASUREMENTS OF LIFE TO BE ASSURED (IN CASE OF NON-MEDICAL):

Ht.(in cms.) _____ Wt.(in kg.) _____

13. TO BE ANSWERED IF LIFE TO BE ASSURED IS A FEMALE:

(A) 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	
(B) Husband's Full Name		His Occupation	His Annual Income	
(C) Details of Husband's Insurance:				
POLICY NO.	INSURANCE COMPANIES FROM WHERE THE PREVIOUS POLICY/ POLICIES HAVE BEEN PURCHASED	SUM ASSURED	TABLE AND TERM	PRESENT STATUS OF THE

	WITH ADDRESS (IF PREVIOUS POLICIES ARE FROM LIC OF INDIA, GIVENAME OF BRANCH/ D.O.)			POLICY

14. WHETHER THE TERMS AND CONDITIONS OF THE PROPOSED PLAN HAVE BEEN EXPLAINED TO YOU BY THE AGENT: YES/NO

15. HAVE YOU UNDERSTOOD FULLY THE TERMS AND CONDITIONS OF THE PLAN YOU PROPOSE TO TAKE? YES/NO

16. DO YOU AGREE THAT ON ATTAINMENT OF AGE OF MAJORITY BY THE LIFE TO BE ASSURED, THE POLICY WILL VEST IN HIM ABSOLUTELY? (Applicable in case life to be assured is minor)- -- YES/NO

17. PLEASE PROVIDE FOLLOWING INFORMATION TO HELP US SERVE YOU BETTER.

Bank Account details:

- a) Type of Account-Saving / Current:
 - b) Account No.:
 - c) 9 Digit MICR:
 - d) Name and Address of your bank:

 - e) IFS Code:
 - f) RTGS Code :
- (Attach a photocopy or cancelled cheque with the form)

Name of Repository and electronic Insurance Account No. (If you have this account):

- a) Name of Repository:
- b) electronic Insurance Account No.:

DECLARATION

I _____ the proposer / the person whose life is herein being proposed to be assured, do hereby declare that the foregoing statements and answers have been given by me 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 and the Life Insurance Corporation of India. I further agree that if after the date of submission of the proposal but before the issue of First Premium Receipt (i) any change in the occupation of the life to be assured or any adverse circumstances connected with the financial position or general health of the life to be assured or that of any members of family of the life to be assured occurs or (ii) if a proposal for assurance or any application for revival of a policy on the life to be assured made to any office of the Corporation or to any other life insurer 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 Corporation in writing to reconsider the terms of acceptance of assurance. And if any such omission on my part or any untrue averment contained therein is established by the Corporation, the said contract shall be dealt with as per provisions of Section 45 of the Insurance Laws (Amendment), 2015, as amended from time to time.

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 agrees that such authority , having such knowledge or information, shall at any time be at liberty to divulge any such knowledge or information to the Corporation.

I hereby give my consent for undergoing medical examinations / tests including test for HIV as required by the Corporation.

I further declare that I have discussed my financial standing with the agent/intermediary. I have been informed about the risk profile of the ULIP plan(s) and fund(s). In consultation with the agent/intermediary, I have taken a personal and independent decision in an informed manner to go for the Plan and Fund which I have chosen.

I understand that if I have deposited “application money” as a token consideration under this proposal for insurance, the closing NAV of the date of completion only will be applied for allotment of units.

Dated at _____ on the _____ day of _____ 20

Signature of Witness

Name _____

Occupation _____

Address _____

Signature or Thumb impression of the person whose life is proposed to be assured or the Proposer (if different from the life to be assured).

In case form is filled up / signed in a language different from that of the Proposal Form:

Declaration by the person filling in the form:

“I hereby declare that I have fully explained the above questions to the proposer / the Life to be assured in _____ language and I have truthfully recorded the answers given by the proposer / Life to be assured.”

Name of the Declarant: _____

Signature: _____

Address of the Declarant: _____

Declaration by the Proposer / Life to be assured:

“I certify that the contents of the form and documents have been fully explained to me by Mr. / Ms.: _____ and I have understood the significance of the proposed contract.

Signature or thumb impression of the person whose life is proposed to be assured or the Proposer:

In case the Proposer and/or the Life to be assured is/are illiterate, the thumb impressions of the Proposer / Life to be assured should be attested by a person of standing whose identity can easily be established, but unconnected with the Corporation and this declaration should be made by him/her.

"I hereby declare that I have fully explained the above questions and contents of the proposal form to the proposer / life to be assured in _____ language, and that the proposer / life to be assured has affixed his / her thumb impression above after fully understanding the contents thereof."

Name of the Declarant: _____

Signature: _____

Address of the Declarant: _____

DECLARATION BY PARENT / GUARDIAN (IN CASE LIFE TO BE ASSURED IS A MINOR)

"With reference to the proposal for Rs. _____ on the life of my son/daughter, I hereby agree and undertake that if under the policy that may be issued, any payment is received by me by way of surrender or for any other reasons whatsoever before the policy has vested in life assured, I shall utilize the moneys hereby received for the benefit of the minor or his estate."

Signature of Parent / Guardian: _____

Signature of witness: _____

Name: _____

Occupation: _____

Address: _____

AUTHORITY LETTER

I, _____, authorise my Agent / Dev. Officer, Shri / Smt / Kum _____
_____ to collect my policy bond bearing no. _____ under LIC's New Endowment Plus.

Life Assured's / Proposer's signature

Name: _____

SUMMARY OF SECTION 45 OF INSURANCE LAWS (AMENDMENT) ACT, 2015

The provision of Section 45 of the Insurance Laws (Amendment) Act, 2015 shall be as amended from time to time. The simplified version of this provision is as under:

Provisions regarding policy not being called into question in terms of Section 45 of the Insurance Laws (Amendment) Act, 2015 are as follows:

1. No Policy of Life Insurance shall be called in question on any ground whatsoever after expiry of 3 yrs from

- a. the date of issuance of policy or
 - b. the date of commencement of risk or
 - c. the date of revival of policy or
 - d. the date of rider to the policy
- whichever is later.

2. On the ground of fraud, a policy of Life Insurance may be called in question within 3 years from

- a. the date of issuance of policy or
 - b. the date of commencement of risk or
 - c. the date of revival of policy or
 - d. the date of rider to the policy
- whichever is later.

For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.

3. Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:

- a. The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
- b. The active concealment of a fact by the insured having knowledge or belief of the fact;
- c. Any other act fitted to deceive; and
- d. Any such act or omission as the law specifically declares to be fraudulent.

4. Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak.

5. No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.

6. Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the policy of life insurance is based.

7. In case repudiation is on ground of mis-statement and not on fraud, the premium collected on policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation.

8. Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance policy would have been issued to the insured.

9. The insurer can call 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 of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

[Disclaimer : This is not a comprehensive list of amendments of Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policy Holders are advised to refer to the Insurance Laws (Amendment) Act, 2015, for complete and accurate details.]

PROHIBITION OF REBATES (SECTION 41 OF INSURANCE LAWS (AMENDMENT) ACT, 2015):

- 1) 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 or property 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 prospectuses 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.
- 2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

N.B. Rebate of premiums shall be allowed only in accordance with the details given in the prospectus or table of premium rates or, as the case may be, the relevant document, and that an offer or acceptance of any other rebates shall be an offence under Section 41 of the Insurance Laws (Amendment) Act, 2015.

FOR MEDICAL CASES ONLY

"I certify that the Life to be Assured / Proposer has signed/ Put his/her thumb impression in my presence after admitting that all the answers to Questions Nos.10 and onwards of this form have been correctly recorded."

Signature or Thumb impression
of the Life to be Assured / Proposer
(if different from the life to be assured)

N.B. Signature or thumb impression should be
Affixed in the presence of Medical Examiner.

(Signature of the Medical Examiner)