



**PROPOSAL FORM FOR**

**LIC's New Pension Plus  
(UIN:)** \_\_\_\_\_

**Plan No:** \_\_\_\_\_

LATEST COLOUR  
PHOTO OF THE  
LIFE TO BE  
ASSURED

Division:

Branch Office:

**"IN THIS POLICY, THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER"**

**LIC's New Pension Plus is 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.**

**INSTRUCTIONS TO THE PROPOSER AND LIFE TO BE ASSURED**

1. This form is to be completed in **BLOCK LETTERS** by the Proposer / Life to be Assured.
2. This form contains 3 sections namely **Section I** : Details of the Life to be assured and Proposer, **Section II** : Proposed Plan Details **Section III**: Declaration
3. Please read all the questions carefully and fill up the details truthfully.
4. Please ensure that you affix your signatures in all the places as required. In certain places more than one signature is required. This is in your own interest.
5. If the Life to be Assured signs this proposal in vernacular or puts his/her thumb impression upon it, then the respective declaration must be completed.
6. 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.
7. The Life to be Assured must countersign any cancellation or alterations made in this form. White ink must not be Used

**To be filled by agent/ Intermediary**

1. D.O./CLIA/Chief Organizer/Intermediary Agency Code No & Mobile number :
2. Agent's/Specified Person's/DSA's/Sup Agent's Name , Code No & Mobile number
3. Licence No/Registration No.
4. Date of Expiry:

**For Office Use Only :**

Inward no : \_\_\_\_\_ Date: \_\_\_\_\_  
Proposal no : \_\_\_\_\_ Amount of Deposit : \_\_\_\_\_ BOC No. ( if any) \_\_\_\_\_ Date of BOC : \_\_\_\_\_

**Section -I :Details of the Life to be assured and Proposer**

<b>I Personal Details</b>	
1	Name of the Life to be assured Prefix Mr./Mrs./Ms/Mx.: _____ First Name _____ Middle Name _____ Last Name _____
2	Name of the Proposer (Applicable only if proposed under Employer Employee Scheme ) Proposal taken under Employer – Employee Scheme, where Employer is the Proposer, must be assigned in favour of Life assured immediately after completion
3	Relationship of proposer with life to be assured
4	Father's Full name
5	Mother's Full Name
6	Gender Male / Female / Transgender
7	Marital Status
8	Spouse's Full name

9	Date of Birth	/ /
10	Age *	Years
	*- Age last birthday shall be applied	
11	Place/ City of Birth	
12	Nature of Age Proof Submitted	
13	Nationality	
14	Citizenship	
15	<b>Correspondence Address</b>	
	House No.	
	City/ Town/ Village	
	District & State	
	Country	
	PIN Code	
	Tel. No. with STD Code	
16	<b>Permanent Address</b>	
	House No.	
	City/ Town/ Village	
	District & State	
	Country	
	PIN Code	
	Tel. No. with STD Code	
17	<b>Residential status</b>	Resident Indian / Non Resident Indian/ Foreign National of Indian Origin
	Whether holding valid Overseas Citizen of India card (OCI card)	Y/N
18	<b>Address outside India ( Applicable only for NRI/FNIO)</b>	
	House No.	
	City/ Town/ Village	
	District & State	
	Country	
	PIN Code	

<b>II KYC&amp; PMLA</b>			
		Life to be assured	Proposer ( in case proposal is under Employer Employee Scheme)
1	Are you Income Tax Assessee	Y/N	Y/N
2	Permanent Account Number (PAN)		
3	ID details( to be answered only if PAN card copy is not submitted) ** In case of Aadhaar only last four digits is to be given as ID number		
	Proof of Identity		XXXXXXXXXXXXXXXXXXXXXXXXXXXX
	ID number **		XXXXXXXXXXXXXXXXXXXXXXXXXXXX
	Expiry date of ID		XXXXXXXXXXXXXXXXXXXXXXXXXXXX
4	Address Proof Submitted		
5	Are You Registered under GST, if yes give GSTIN :		
6	C KYC number ( Central KYC Registry)		

<b>III Occupation</b>	
1	Present Occupation
2	Name of Employer
3	Nature of duties
4	Annual Income
5	Source of Income

<b>IV Others</b>	
1	Have you ever been or are currently being investigated, charge sheeted, prosecuted or convicted or having pending charges in respect of any criminal/civil offences in any court of law in India or abroad ? If yes, give details.
2	Are you a Politically Exposed Person OR are you a family member or close relative of Politically Exposed Person?

[As per RBI guidelines PEPs are the individuals who are or have been entrusted with prominent public functions in a foreign country.]	
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<b>V</b>	<b>Details of Nominee and appointee to whom benefits, if any, are to be paid under the policy in case of death of the Life to be assured</b> (It is in the interest of the Life to be assured to avail the facility of nomination)						
	<b>Type of Nomination: Single / Multiple</b> 1. Please give % share in case of multiple nomination 2. In case of Minor Nominee please give Appointee details						
	Name and address of Nominee	% share	Age	Relationship with the life to be assured	If Nominee is minor appointee's full name, age and address	Relationship to the nominee	Appointee's signature as a token of consent
	Id proof of Nominee/ Appointee Id Number						

<b>VII</b>	<b>Bank Details</b> (To receive payments through NEFT) a) Type of Account-Savings / Current: b) Your Account No : _____ c) MICR Code: _____ d) IFSC Code: _____ e) Name and Address of your bank: _____ Attach a photocopy or cancelled cheque with the form
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<b>VIII</b>	Are you registered with LIC Portal: Y/N If yes, give Customer ID _____ If not, Please visit our site <a href="http://www.licindia.in">www.licindia.in</a> and register yourself with LIC Portal after completion of this proposal to avail the benefit of e services.
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Mobile number of the Life to be assured:

E mail id of the Life to be assured:

Signature or Thumb impression of the Life to be assured

Signature or Thumb impression of the Proposer

**Section-II Proposed Plan Details**

<b>I</b>	<b>Plan Details</b>	
1	Policy Term	
2	Vesting Age	
3	Mode of Premium Payment	Single/ Yearly/ Half yearly/ Quarterly/Monthly(NACH)
4	Installment Premium ( in figures.)	Rs.
5	Installment Premium ( In words)	Rs.

<b>II</b>	<b>Fund Selected</b>	<b>PENSION BOND / SECURED / BALANCED / GROWTH FUND</b> ( See Information below)				
<b>BROAD INVESTMENT PATTERN OF THE INVESTIBLE FUNDS(***)</b>						
<b>Fund Type</b>	<b>Investment in Government/ Government Guaranteed Securities/ Corporate Debt</b>	<b>Short-term investments such as money market instruments</b>	<b>Investment in Listed Equity Shares</b>	<b>Objective</b>	<b>Risk Profile</b>	<b>SFIN</b>

<b>Pension Bond Fund</b>	60% to 100%	0% to 40%	NIL	To provide relatively safe and less volatile investment option mainly through accumulation of income through investment in fixed income securities.	Low risk	ULIF0010 1/02/22LI CPENFB ND512
<b>PensionSecured Fund</b>	50% to 90%	0% to 40%	10% to 50%	To provide steady income through investment in both equities and fixed income securities.	Lower to Medium risk	ULIF0020 1/02/22LI CPENFSE C512
<b>PensionBalanced Fund</b>	30% to 70%	0% to 40%	30% to 70%	To provide balanced income and growth through similar proportion investment in both equities and fixed income securities	Medium risk	ULIF0030 1/02/22LI CPENFBA L512
<b>PensionGrowth Fund</b>	0% to 60%	0% to 40%	40% to 100%	To provide long term capital growth through investment primarily in equities	High risk	ULIF0040 1/02/22LI CPENFG RW512

\*\*\* For further details regarding Funds, you can refer to the Sales Literature and/or Policy Document of this plan available on our website [www.licindia.com](http://www.licindia.com)

\_\_\_\_\_  
Signature or Thumb impression of the Life to be assured

\_\_\_\_\_  
Signature or Thumb impression of the Proposer

### **Section III: Declaration**

#### **DECLARATION BY THE LIFE TO BE ASSURED**

I \_\_\_\_\_ 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 and that if any untrue averment be contained therein the said contract shall be dealt with as per provisions of Section 45 of the Insurance Act, 1938 as amended from time to time.

Notwithstanding the provision of any law, I authorize the Corporation to share the information pertaining to my proposal to any Authorized Organization / Institution / Agency / and Governmental / Regulatory Authority for the sole purpose of investigation / risk mitigation / fraud control and/or claim settlement.

I undertake to inform the Corporation immediately of any changes in KYC documents such as residence. I also give my consent to share my data with Central KYC Registry and to receive phone calls, SMS/ E mail from Central KYC registry in this regard.

I hereby give my consent to receive phone calls, SMS/E mail on the above mentioned registered number/ E mail address from / on behalf of the Corporation with respect to my life insurance policy/regarding servicing of insurance policies/enhancing insurance awareness/ notifying about the status of Claim etc.

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.

I also understand that the premiums, charges and benefits under the policy are subject to taxes / duties/ charges in accordance with the laws as applicable from time to time.

Dated at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20

**Signature or Thumb impression of the Life to be assured**

Signature of witness

Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

**DECLARATION BY THE PROPOSER**

I \_\_\_\_\_ ( Name of the Proposer) do hereby declare that the statement and answers of the proposal form have been given by me after fully understanding the questions and the same are true and complete in every particular and agree and declare that these statements and this declaration along with the statements made by the Life to be assured in the proposal form and declaration relative thereto shall be the basis of the contract of assurance between me and the Life Insurance Corporation of India and that if any untrue averment to be contained there in the said contract shall be dealt with as per provisions of Section 45 of the Insurance Act,1938 as amended from time to time.

I undertake to inform the Corporation immediately of any changes in KYC documents such as residence. I also give my consent to share my data with Central KYC Registry and to receive phone calls, SMS/ E mail from Central KYC registry in this regard.

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.

I also understand that the premiums, charges and benefits under the policy are subject to taxes / duties/ charges in accordance with the laws as applicable from time to time.

Dated at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20

**Signature or Thumb impression of the Proposer**

Signature of witness

Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

1. **Declaration by the person filling in the form (In case form is filled up / signed in a language different from that of the Proposal Form or in case the Life to be assured is person with disability (PWD) where he/she is not able to fill the proposal form himself/ herself.)**

"I hereby declare that I have fully explained the above questions to the Life to be assured and I have truthfully recorded the answers given by the Life to be assured and Life to be assured has affixed the thumb impression/ signature as below after fully understanding the contents thereof."

Name of the Declarant: \_\_\_\_\_

Signature: \_\_\_\_\_

Address of the Declarant: \_\_\_\_\_

"I certify that the contents of the form have been fully explained to me by (Name, Designation, occupation) Mr. / Ms.: \_\_\_\_\_.

Signature or Thumb impression of the Life to be assured

2. In case the Life to be assured is illiterate, his/her thumb impression 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.

"I hereby declare that I have fully explained the above questions and contents of the proposal form to the Life to be assured in \_\_\_\_\_ language, and that the Life to be assured has affixed the thumb impression above after fully understanding the contents thereof."

Signature \_\_\_\_\_

Name of the Declarant: \_\_\_\_\_

Address of the Declarant: \_\_\_\_\_

#### **SECTION 45 OF THE INSURANCE ACT, 1938**

(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 the 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 the 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 the materials on which such decision is based.

Explanation I - For the purpose of this sub section, the expression "fraud" means any of the following acts committed by the 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 specially declares to be fraudulent.

Explanation II – Mere silence as to facts likely to affect the assessment of the risk by the insurer is not fraud, unless the circumstances of the case are such that regard being had to them, it is the duty of the insured or his agent, keeping silence to speak, or unless his silence is, in itself, equivalent to speak.

(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 intension 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 is not alive.

Explanation: A person who solicits and negotiates a contract of insurance shall be deemed for the purpose of the formation of the contract, to be agent of the insurer.

(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 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 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 life 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 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.

Explanation – For the purposes of this sub-section, the mis-statement of or suppression of fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer, the onus is on the insurer to show that had the insurer been aware of the said fact no life insurance policy would have been issued to the insured.

(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.

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**In accordance with the applicable provision of Section 41 of the Insurance Act 1938:**

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 prospectus or tables of the insurer.

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Various Sections of the Insurance Act, 1938 applicable to LIC to apply as amended from time to time.

434522 - namdev.tari

**Agent's Report**

a.	How long do you know the Life to be assured?	
b.	What is the approximate age of the Life to be assured in your opinion?	
c.	Do you recommend the acceptance of the Proposal?	
d.	Have you explained fully the terms and conditions of the plan to the Life to be assured?	
e.	Marks of identification of Life to be assured	

I am satisfied with the identity of the party and on the basis of my independent enquiries, I hereby declare that the foregoing statements are true and correct to the best of my knowledge and belief.

Further, I declare that the above proposal is secured by me and that I have fully explained the contents of the proposal form to the Life to be assured.

Dated at.....on the .....day of.....20

\_\_\_\_\_  
Signature of the Agent

434522 - namdev.tari