



LIFE INSURANCE

Unique Reference Number: CPF/V6.16/022024

"IN UNIT LINKED POLICIES, THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER."

For Office use only

Bank/Channel Name

Bank/Channel Code Client's Branch Code

Bank Account No.

Customer Identification No.

Branch Representative Name

Branch Representative Code Insurance Sales Manager Code

Customer Referred by Employee (Name)

Referred by Employee (No.)

Type of Insurance Employer Employee Hindu Undivided Family Individual Married Women's Property Act Partnership Firm Salary
Deduction Key man

Relationship with Bank Saving Bank Account Current Account Deposit Advance-Borrower Credit Card

Staff YES NO Corporate Customer YES NO Point of Sale YES NO Point of Sales Person LI: PAN No: _____

**Please affix recent
Passport size
Photograph of
Proposer and Sign
across the
photograph**

**DO NOT STAPLE
THE PHOTOGRAPH**

Important Guidelines:

1. Insurance is a contract of utmost good faith, requiring the Proposer and the Life to be Insured and the insurer to disclose all material facts. If there is any doubt as to whether any fact is material, it should be disclosed. Failure to do so may invalidate the contract based on this form.

2. ALL INFORMATION IN THE PROPOSAL TO BE FILLED IN CAPITAL LETTERS USING BLACK BALL POINT PEN

Personal Details of Life to be Insured

1. Life to be Insured name Title Mr. Mrs. Ms. Other (specify)

First Name Middle Name Last Name

2. Is Life to be Insured our existing policyholder/applicant, kindly tick as applicable: Yes No If Yes, Policy/Application No _____

3. Father's Name Title Mr. Other (specify)

First Name Middle Name Last Name

4. a) Date of Birth (DD/MM/YYYY)
b) Country of Birth _____ c) City of Birth _____ d) Gender Male Female Transgender
e) Age Proof Driving License School/College Certificate Municipal Birth Certificate Passport
 PAN Card Other (specify) _____
f) Marital Status Unmarried Married Widow(er) Divorcee

5. Is Life to be Insured Resident Indian NRI (Non Resident Indian) PIO (Person of Indian Origin)
 Foreign National Other (specify) _____

(Please fill NRI/PIO/Foreign National Questionnaire if applicable. In case of NRI/PIO/Foreign National, all correspondence and communication shall be sent to the address provided for such purpose in the NRI/PIO/Foreign National Questionnaire)

6. a) Country of current Residence _____ b) Citizenship _____ (Please specify in case of multiple citizenship)
c) Nationality (Please specify in case of multiple nationalities)

7. Communication Address Current Residential Address Permanent Residential Address Office Address

8. Current Residential Address
Area/Taluka/Tehsil (Pin Code is mandatory)
City/District State

Country Pin Code

9. Permanent Residential Address
Area/Taluka/Tehsil



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b.	Have you ever suffered or are you suffering from any of the following?	
	1. Any ailments relating to heart like high/low blood pressure, chest pain, palpitation, rheumatic fever heart attack, shortness of breath ,any other heart disorder or stroke etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	2. Any ailments related to the brain & nervous system like epilepsy, stroke, depression, mental disorders etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	3. Tumour, cancer, cyst, abnormal growth or any other malignancy	Yes <input type="checkbox"/> No <input type="checkbox"/>
	4. Disorders of eye, ear, nose or throat including defective sight, speech or hearing and discharge from ears	Yes <input type="checkbox"/> No <input type="checkbox"/>
	5. Asthma, bronchitis, tuberculosis, difficulty in breathing, persistent cough or any other lung disorder	Yes <input type="checkbox"/> No <input type="checkbox"/>
	6. Ailment related to liver, gall bladder, stomach and digestive system like ulcers, stones, colitis, stomach pain, jaundice, hepatitis B or C etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	7. Any gland related disorder like diabetes/high blood sugar, sugar in urine, thyroid etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	8. Any kidney system or urinary bladder disorder like stones, nephritis, prostate disorder, reproductive organs etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	9. Musculoskeletal & joint disorder like gout, rheumatic arthritis, back disorder, Skin disorder etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	10. Anaemia, disorders of blood (e.g. Haemophilia, Thalassemia) or any other illness not mentioned in (1 to 10)	Yes <input type="checkbox"/> No <input type="checkbox"/>
	11. Any physical disability/deformity, congenital disorder, paralysis or multiple sclerosis	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please provide details if answer of any of the above question is answered as “Yes”

Question Number	Details

The Company reserves the right to ask for medical tests or/ seek further information based on above answers.

Please submit Previous Medical Reports (if any) and relevant questionnaire (s)

4.2 Please provide medical details as asked in the following questions: (To be filled for Life to be Insured if Health Product is Opted)

Additional Medical Details of Life to be Insured(Applicable only for Major Critical Illness& Heart Cover)

a.	Have you consulted any doctor for surgical operations or have been hospitalized for any disorder or been advised to undergo/have undergone any medical investigations/treatment for medical conditions other than for minor cough, cold or flu during the last 5 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b.	Are you currently taking or in the past have taken any treatment or medications for any condition for a continuous period of more than 14 days? (except for minor cough, cold, flu, appendix, typhoid)	Yes <input type="checkbox"/> No <input type="checkbox"/>
c.	Have you ever availed insurance cover under 'Heart/ Cardiac product/Critical illness cover' through any insurance company in India? If yes, please share details Name of company , Sum Assured	Yes <input type="checkbox"/> No <input type="checkbox"/>
d.	Have you ever suffered from or have been advised that you have any of the following conditions ? 1. High Cholesterol/lipids: 2. Excessive fatigue/syncope/dizziness: 3. Persistent fever or headache:	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
e.	Have you ever had, or been told that you have or are currently undergoing investigation for Abnormal findings in ECG, TMT, CXray, Echo, Angiography or any other cardiac investigations ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
f.	Have any of your immediate family members been diagnosed with prior to age of 60 years from Heart disease, high blood pressure, stroke, Diabetes, kidney disease, cancer or any other disease/ailment?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please provide details if answer of any of the above question is answered as “Yes”

Question Number	Details

The Company reserves the right to ask for medical tests or/ seek further information based on above answers.

Please submit Previous Medical Reports (if any) and relevant questionnaire (s)

4.3. Please provide medical details as asked in the following questions: (To be filled for Life to be Insured if Health Product is Opted)



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Medical Details of Life to be Insured (Applicable when Cancer Cover is opted)

a.	Have you availed insurance cover under “Stand-alone Cancer product” through CANARA HSBC LIFE INSURANCE or through any other Insurer in the Indian insurance market? If answer “Yes” please mention the Sum Assured availed, year of commencement & name of the Insurance Company below	Yes <input type="checkbox"/> No <input type="checkbox"/>
b.	Have you suffered from or been advised investigation/investigated or been treated for any form of Cancer, sarcoma, tumor, or pre-cancerous conditions (few example but not exhaustive are Barrett’s esophagus, atrophic gastritis, cervical dysplasia, leukoplakia)	Yes <input type="checkbox"/> No <input type="checkbox"/>
c.	Are you suffering from or ever suffered from, Hepatitis B, Hepatitis C, Liver disease due to alcohol, Barrett’s Esophagus, Crohn’s Disease, Peptic Ulcer, Ulcerative Colitis?	Yes <input type="checkbox"/> No <input type="checkbox"/>
d.	Have you suffered from or been investigated for any of the following 1. Recurrent cough, hoarseness of voice, or difficulty in swallowing for a continuous period of 15 days? 2. Any persistent loss of blood or unusual discharge from any part of the body? 3. Any ulceration, growth, nodule, cyst or lump in any part of the body?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
e.	Have you had abnormal findings in any of the listed investigations in the last 6 months (if applicable)- <input type="checkbox"/> Ultrasound <input type="checkbox"/> Endoscopy/Colonoscopy <input type="checkbox"/> CT Scan / MRI <input type="checkbox"/> Biopsy <input type="checkbox"/> PAP Smear <input type="checkbox"/> Mammography <input type="checkbox"/> Blood test for cancer diagnosis (Tumor Marker)	Yes <input type="checkbox"/> No <input type="checkbox"/>
f.	Have any of your parents (below age 60 years), sisters or brothers suffered from any form of cancer	Yes <input type="checkbox"/> No <input type="checkbox"/>
g.	Are you suffering from or ever suffered from HIV/AIDs, Chronic Glomerulonephritis, Chronic Kidney Disease, Polycystic Kidney Disease, Anemia?	Yes <input type="checkbox"/> No <input type="checkbox"/>
h.	Are you suffering from or ever suffered from Fatty liver, Gastritis, Gastro-Esophageal Reflux?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please provide details if answer of any of the above question is answered as “Yes”

Question Number	Details

The Company reserves the right to ask for medical tests or/ seek further information based on above answers. Please submit Previous Medical Reports (if any) and relevant questionnaire (s)

To be filled if the Life to be Insured is a Female (For Females only)

- Maiden Name of the Life to be Insured _____
- Is the Life to be Insured pregnant at present? Yes No If yes, duration in weeks
- Did the Life to be Insured ever suffer from or at present suffering from any gynecological related problems? Yes No
- a. Husband’s Name _____
b. Annual Income _____

Previous Insurance details of Life to be Insured

1. Life Insurance/Health Insurance already In Force/Lapsed/Revival/Applied for (including policies surrendered during the last 3 years) (Please attach additional sheet if necessary with details as mentioned below)

Issuing Life Insurance Company	Years of Issue	Sum Assured (Rs)	Annul Premium (Rs.)	Riders if any	Acceptance Terms (Std./With Med Extra/With Non Med Extra)

2. Has a proposal on Life to be Insured’s life ever been withdrawn/postponed/declined/dropped or accepted with modified terms /extra premium or has Life to be Insured ever made any claim under a policy of Life/Health Insurance? Yes No
If yes, please give details _____

Family Health Details of Life to be Insured

Please furnish details of family members of the Life to be Insured. Also in case of any family members suffering or having suffered or died of heart disease, stroke, high blood pressure, diabetes, any form of eye disease, kidney disease, paralysis or any hereditary/familial disorders, any communicable disease, or any disease not mentioned above, mention the same in the following table. If the Life to be Insured is not aware, please leave it blank, the Company could ask for clarifications later. Please attach additional sheet if necessary with details as mentioned below.



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Family Member	If Alive		If Deceased	
	Current Age Age	Mention the name of disease/illness (if any)	Cause of Death	Age at Death
Father				
Mother				
Spouse				
Brother(s)				
Sister(s)				

Nominee Details

Note: Nominee/Beneficiary details to be provided, only where Life to be Insured is proposing on self (In case of Multiple Nominees/ Beneficiaries, please fill up Multiple Nomination Form)

1. Nominee / Beneficiary Name Title Mr. Mrs. Ms. Other (Specify) _____

 First Name Middle Name Last Name

2. a) Date of Birth _____ DD/MM/YYYY b) Gender Male Female Transgender

3. Nominee Relationship with Life to be insured Spouse Son Daughter Father Mother Other (Specify) _____

4. Address of Nominee/Beneficiary _____ (Pin Code is mandatory)

Area/Taluka/Tehsil _____

City/District _____ State _____

Country _____ Pin Code _____

5. Contact details: [Ⓛ] Mobile with ISD Code _____ [Ⓜ] Alternate Mobile with ISD Code _____
Telephone/Mobile Number wherever available

[☎] Residence Ph _____ [✉] Email _____

Appointee or Guardian Details (Other than the Life to be Insured), if the Nominee/Beneficiary is a minor (below 18 yrs)

1. Name of Appointee/ Guardian Title Mr. Mrs. Ms. Other (specify) _____

 First Name Middle Name Last Name

2. a) Date of Birth _____ DD/MM/YYYY b) Gender Male Female Transgender

3. Relationship with the Nominee/Beneficiary _____

4. Address of Appointee/Guardian _____

Area/Taluka/Tehsil _____

City/District _____ State _____

Country _____ Pin Code _____

Telephone/Mobile Number wherever available

5. Contact details [Ⓛ] Mobile with ISD code _____ [Ⓜ] Alternate Mobile ISD code _____

Telephone/Mobile Number wherever available

[☎] Residence Ph _____ [✉] Email _____



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16. Proposer's Relationship with Life to be Insured Self Spouse Son Daughter Father Mother Other _____
17. Mother's Name Title Mrs. Ms. Others (Specify) _____

 First Name Middle Name Last Name
18. a) Tax Residency Country _____ b) Tax Identification Number _____
 (TIN number mandatory for other than India)
19. PAN No. _____ (In case PAN is not submitted then FORM 60 is furnished)
20. Total Insurance Cover (Rs.) _____
21. a) e- Insurance Account Number (eIA) _____
 b) Name of the Insurance Repository to which eIA is linked CAMS CDSL KARVY NSDL
 c) If you do not have an eIA account, would you like to create one? Yes No
 If yes, please name the preferred Insurance Repository CAMS CDSL KARVY NSDL
 d). Do you need a physical copy of the policy document? Yes No
22. If the proposer is Company/ Partnership Firm/ HUF, following details to be provided:
 a) Company/ Partnership Firm/ HUF Name: _____
 b) Contact Person/ Proposer/ Nominee/ Beneficiary Name/ Authorized Signatory: Title Mr. Mrs. Ms. Other (specify)

 First Name Middle Name Last Name
23. Do you want to opt out of auto-vesting*? Yes No
 (Auto-vesting implies that Life Assured will become Policyholder on the date of completion of 18 years of age)

*Available with Flexi Edge only.

Product Details

Mode of Payment Monthly Quarterly Half-yearly Yearly Single Premium

Plan/Coverage/Rider Name	Premium Term	Deferment Period/ Consolidation Period	Policy Term	Coverage Amount Proposed (Rs.)	Installment Premium (Rs.)
Plan Name / Coverage / Rider Name					
Plan Name / Coverage / Rider Name					
Plan Name / Coverage / Rider Name					
Plan Name / Coverage / Rider Name					
Total Installment Premium (Rs.)					

For Traditional Plans:

- I would like to opt for Plan Option*1: Endowment with Whole Life Cover Option Endowment Option
- I would like to opt for Settlement Option*2: Yes No
- I would like to opt for Plan Option*3: Guaranteed Savings Guaranteed Savings with Double Protection Guaranteed Savings with Premium Protection
- I would like to opt for Plan Option*4: Guaranteed Income {Optional cover Premium Protection Cover} Guaranteed Long-term Income {Income Period 15 years 20 years} {Optional cover Premium Protection Cover} Guaranteed Life-Long Income
 {Type of cover Single Life Joint Life#}
- I would like to opt for Plan Option*5: Future Suraksha Income Suraksha {Income Period 10 years 15 years}
- I would like to opt for Income Frequency^{4,5,10}: Monthly Quarterly Half-yearly Yearly
- I would like to opt for Plan Option*6: Flexi Income {Optional cover Premium Protection Benefit Option} Flexi Care Flexi Savings {Optional cover Premium Protection Benefit Option}
- I would like to opt for Deferred Survival Benefit facility⁶: No Yes {if yes, Flexi Income: Add 50% of Guaranteed Sum Assured Add Guaranteed Income Add Cash Bonus Flexi Care: Add Cash Bonus Add accrued Guaranteed Additions}
- I would like to opt for Plan Option*7: iAchieve {Optional cover Payor Premium Protection Cover} iAssure {Optional cover Payor Premium Protection Cover} Flexi iAchieve Flexi iAssure Easy iAchieve
- I would like to opt for type of Cover*8: Single Life Joint Life#
- I would like to opt for Plan Option*9: Guaranteed Savings Option Guaranteed Cash Back Option Long Term Income {Income Pay-out Period 10 years 15 years 20 years 25 years 30 years} {Optional benefit Step up Income}
- I would like to opt for Plan Option*10: Short Term Income {Optional benefit Step up Income} Early Income
- I would like to opt for Sum Assured Multiple*10 - 7 times 11 times



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I would like to opt for Plan Option*¹¹: Endowment Option {{Optional benefit Payor Premium Protection Cover Accidental Death Benefit}} Regular Income Option {{ Optional benefit Payor Premium Protection Cover Accidental Death Benefit}} Early Income Option {{ Optional benefit Accidental Death Benefit} { Income Period 19 29 39}} Long Term Income with Return of Premium Option {{ Optional benefit Accidental Death Benefit} {Income Period 15 20 30 40}}

I would like to opt for Income Frequency*¹¹: Monthly Yearly

*if opted, please fill second life questionnaire

Coverage options for Health First Plan:

Modified Common Proposal Form

I would like to opt for: Major Critical Illness Cover {**Type of cover** Level Sum Assured Increasing Sum Assured} { Monthly Income Benefit Option} { Return of Premium Option}

I would like to opt for: Heart Cover {**Type of cover** Level Sum Assured Increasing Sum Assured} { Monthly Income Benefit Option}

I would like to opt for: Cancer Cover {**Type of cover** Level Sum Assured Increasing Sum Assured} { Monthly Income Benefit Option}

(Note: Return of Premium Option under Major Critical Illness Cover is available for policy term 10 years to 20 years only.)

For Unit Linked Plans*:

Plan Name	I would like to opt for
Invest 4G	<input type="checkbox"/> Life Option <input type="checkbox"/> Care Option <input type="checkbox"/> Century Option
Wealth Edge	<input type="checkbox"/> Invest Plus <input type="checkbox"/> Premium Plus <input type="checkbox"/> Life Plus
Alpha Wealth	<input type="checkbox"/> Alpha Invest Plus <input type="checkbox"/> Alpha Premium Plus <input type="checkbox"/> Alpha Life Plus
Promise4Growth	<input type="checkbox"/> Promise4Wealth <input type="checkbox"/> Promise4Care <input type="checkbox"/> Promise4Life

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
Emerging Leaders Equity Fund	India Multi Cap Equity Fund	Midcap Momentum Growth Index Fund	Equity II Fund	Growth Plus Fund	Balanced Plus Fund	Large Cap Advantage Fund	Debt Fund	Debt Plus Fund	Liquid Fund

The SFIN (Segregated Fund Index Number) for: Emerging Leaders Equity fund is ULIF02020/12/17EMLEDEQFND136, India Multi-Cap Equity Fund is ULIF01816/08/16IMCAPEQFND136, Midcap Momentum Growth Index Fund is ULIF02218/03/24MIDMIEQFND136, Equity II Fund is ULIF00607/01/10EQUITYIIFND136, Growth Plus Fund is ULIF00913/09/10GROWTPLFND136, Balanced Plus Fund is ULIF01013/09/10BLNCDPLFND136, Large Cap Advantage Fund is ULIF02109/06/20LARCPADFND136, Debt Fund is ULIF00409/07/08INDEBTFUND136, Debt Plus Fund is ULIF01115/09/10DEBTPLFUND136 & Liquid Fund is ULIF00514/07/08LIQUIDFUND136.

Premium Funding Benefit Option Chosen* Death Only Death Or TPD

You can select your option(s) from the following*

Auto Funds Rebalancing Milestone Withdrawal Option (MWO)@ Safety Switch Option

Systematic Withdrawal Option (SWO)@, Choose Frequency of SWO Monthly Quarterly Half-yearly Yearly

Fund Value to be withdrawn in a Policy Year _____ (1% to 12%)

Systematic Transfer Option, Choose Target STO Fund India Multi-cap Equity Fund Equity II Fund Emerging Leaders Equity Fund Large Cap Advantage Fund

Return Protector Option, Choose RPO Fund <India Multi-cap Equity Fund/ Equity II Fund/ Emerging Leaders Equity Fund/ Large Cap Advantage Fund >

Target Appreciation _____ % (5% to 15% in multiple of 1)

@Only one of 'Milestone Withdrawal Option' or 'Systematic Withdrawal Option' can be chosen.

For Pension Plans:

Annuity option at the time of vesting (maturity) (Please mention Annuity option code as mentioned below)

01	Immediate Life Annuity	02	Immediate Life Annuity with Return of Purchase Price	03	Immediate Life Annuity with Return of Balance Purchase Price
04	Immediate Life Annuity with Return of Purchase Price on Critical Illness (CI) or Accidental Total & Permanent Disability (ATPD) or Death	05	Immediate Joint Life Annuity with Return of Purchase Price	06	Deferred Life Annuity with Return of Purchase Price Deferment Period- <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 (years)

A. Amount to be annuitized (as a %age of vesting amount): _____ % (min 40%)

B. Amount to be annuitized from other insurer (as a %age of A above): _____ % (max 50%)

Other Insurer: _____

* Please refer sales brochure for details on option(s)/ Unit Linked Fund(s) available under a particular product.

¹ Applicable for Jeevan Nivesh Plan; ² Applicable for Jeevan Nivesh Plan, Invest4G, Smart Goals Plan, Smart Future Plan, Wealth Edge, Alpha Wealth, Promise4Growth;

³ Applicable for Guaranteed Savings Plan; ⁴ Applicable for Guaranteed Income4Life; ⁵ Applicable for Guaranteed Suraksha Kavach; ⁶ Applicable for Flexi Edge; ⁷ Applicable for iSelect Guaranteed Future; ⁸ Applicable for Guaranteed One Pay Advantage; ⁹ Applicable for Guaranteed Fortune Plan; ¹⁰ Applicable for Guaranteed Assured Income; ¹¹ Applicable for iSelect Guaranteed Future Plus

Mode of Renewal Premium Payment

Preference for Renewal Premium Payment

Cheque/Demand Draft Standing Instructions/NACH Credit Card Others _____

Please fill Payor Questionnaire, Payor KYC and AML Questionnaire if Payor different than Proposer



Bank Details of Proposer for receiving refund or payments

I hereby request you to transfer all refunds / payments arising from the stage of proposal until the completion of tenure of the policy, directly to the bank account, details of which are provided herein below.

Note - Please submit relevant supporting documents along with the below details

Account Holder Name _____
 First Name _____ Middle Name _____ Last Name _____
 Bank Name _____
 Account No. _____ IFSC Code _____
 Branch Address _____
 Account Type Savings Current NRE NRO

Declaration and Authorization

- I hereby declare, on my behalf and/or on behalf of Life to be Insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorized to propose on behalf of the Life Insured.
- I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.
- I further declare that I will notify in writing any change occurring in the occupation or general health of the Life to be Insured/ proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- I declare that I consent to the company seeking 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 concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.
- I/We hereby authorize Company to send me any information relating to my proposals / policies through SMS on the phone number/email address provided by me.
- I have selected the product on voluntarily basis my needs and affordability and also hereby agree that any failure on my/our part to notify the Company of the required information or if any of the statements, answers and declarations are found to be fraudulently made or amount to mis-statement, the said contract shall stand terminated and benefits payable under the Policy will be as per applicable laws including Section 45 of the Insurance Act, 1938, as amended from time to time.
- I authorize the Company to conduct screening/confirmation/ reconfirmation of overall status of my as well as that of the Life to be Insured including the health status through medical examinations, if required, which may include Laboratory tests, Cardiac, Radiological investigations and other medical tests including blood tests to detect bacterial/viral/fungal infections. I hereby give my consent to undergo HIV1/2 test by ELISA method. I am aware that this test is only for screening purposes and not confirmatory for HIV/AIDS.
- I/We authorize the Company to share (within or outside India) my or life to be Insured's information regarding the financial, physical or mental health together with leave records, employment details from/ with (i) Governmental and/or Regulatory Authority,(ii) Insurance Repositories (iii) CERSAI/ other authentication agencies (iv) reinsurers/hospitals or diagnostic centers/other insurance companies including any past or present employer for underwriting assessment, claim investigation/ settlement, KYC authentication (if permitted), offline verification and policy servicing purpose as per regulatory framework put in place by the Authority.
- I hereby consent to receive the information from Central KYC Registry or other statutory authority through sms/email on the registered number/email address.
- I/We declare that the premiums paid/ payable are/will not be generated from the proceeds of any illegal means/criminal activities / offences and I/we shall abide by and conform to the Prevention of Money Laundering Act, 2002 or any other applicable laws. I understand that in case of withdrawal of this application by me post undergoing medicals or part thereof, the Company shall return the first premium deposit without any interest and after deducting the expenses incurred on the medical test/examination, if any.

In case of Thumb Impression, Left Thumb Impression (LTI) for Males, and Right Thumb Impression (RTI) for Females

Signature/Thumb Impression of **Life to be Insured**
 (Proposer signature required if Life to be Insured is a minor)

Date DD/MM/YYYY

Signature/Thumb Impression of **Proposer**

Place _____

Foreign Account Tax Compliance Act ("FATCA")/Common Reporting Standards ("CRS") Declaration (Applicable if the proposer is a US person or is a tax resident outside of India):

- i. I/we certify that (a) I am taxable as a US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District of Columbia or any states of the U.S., or (b) an estate the income of which is subject to U.S federal income tax regardless of the source thereof. **(This clause is applicable only if the proposer is identified as a US person);** or (c) taxable as a tax resident under the laws of country outside India. **(This clause is applicable only if the proposer is a tax resident outside of India)**



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ii. I/We understand that the Company is relying on the information submitted by me for the purpose of determining my status in compliance with FATCA/CRS. The Company is not able to offer any tax advice on CRS or FATCA or its impact on me. I/We shall seek advice from professional tax advisor for any tax questions. I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect. I/We agree that as may be required by domestic regulators /tax authorities, the Company may also be required to report, reportable details to CBDT or close or suspend my policy. I/We certify that I/We provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct, and complete including the taxpayer identification number.

In case of Thumb Impression, Left Thumb Impression (LTI) for Males, and Right Thumb Impression (RTI) for Females

Signature/Thumb Impression of Life to be Insured
(Proposer signature required if Life to be insured is a minor)

Signature/Thumb Impression of Proposer

Date DD/MM/YYYY

Place _____

Declaration by Insurance Intermediary's Representative/ Direct Sales Person/ Agent, etc

I _____ have suggested the present product (s) to the Proposer basis the assessment of suitability thereof to the needs of the proposer and have fully explained all the features thereof to the Proposer and he/she has understood same.

Signature of Insurance Intermediary's Representative/Direct Sales Person/Agent, etc

Vernacular language/Proposal not filed by Prospect/Illiterate Declaration:

I _____ Son/Daughter of _____, adult and residing at _____ do hereby declare on solemn affirmation as under: I have read out and fully explained the contents of the proposal form in _____ language to Mr./Mrs./Ms. _____ and he/she has understood the significance of the proposed contract. I have truthfully and correctly recorded the replies given by the Proposer/Life to be Insured and that the Proposer/Life to be Insured has affixed the signature/thumb impression above, after fully understanding the contents thereof. Solemnly affirmed at _____ on _____

Signature of Insurance Intermediary's Representative/Direct Sales Person/Agent/Declarant

I _____ (Proposer) hereby declare that I have understood the questions and answers of the proposal form as explained by Insurance Intermediary's Representative/Direct Sales Person/Agent/Declarant.

Signature/Thumb Impression of Proposer

Your communication address is very important for better service. Please check it thoroughly before signing

Section 41 of Insurance Act, 1938 (as amended from time to time)

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.

Section 45 of Insurance Act, 1938 (as amended from time to time)

- (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 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 a 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 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 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.

(5) Nothing in this sections 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.

Proposal Acknowledgment**Proposal Number: 5000461489**

I, Mr/Ms _____ have received the proposal for life insurance along with (Rs.) _____ from Mr/Ms _____ towards proposal deposit by the way of Cheque/DD No. _____ drawn on _____ dated _____ with Canara HSBC Life Insurance Company Limited, _____ branch.

This slip is not your premium receipt. The premium receipt will be issued only on receipt of premium by the Insurer and upon application of the premium to your policy subject to acceptance of risk. Receipt of completed proposal and initial premium does not create any obligation upon the insurer to underwrite the risk. Risk under the policy will not commence till the Insurer accepts the proposal, underwrite the risk and communicates to you the acceptance of the risk on this proposal by issuing the policy.

Details of Insurance Intermediary's representative/Direct Sale Person/Agent

Name _____

Code _____


Date / / MM/DD/YYYY**Signature****Canara HSBC Life Insurance Company Limited**

(formerly known as Canara HSBC Oriental Bank of Commerce Life Insurance Company Limited) IRDAI Regn. No. 136

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