

APPLICATION NO.: **SU**

PROPOSAL FORM (SJPF)

FORM ID NO: 10101530

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FOR OFFICE USE ONLY

Proposal Number	<input type="text"/>	Proposal Receipt Date	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Name of the Product	<input type="text"/>	Cross Reference No.	<input type="text"/>
Product Code	<input type="text"/>	Branch Code	<input type="text"/>
Opportunity ID	<input type="text"/>	Client ID (for new customers)	<input type="text"/>

CATEGORY TO WHICH THE PROPOSER BELONGS:

<input type="checkbox"/> A. Rural	<input type="checkbox"/> Urban	<input type="checkbox"/> B. Unorganized Sector	<input type="checkbox"/> Economically Vulnerable / Backward Class	<input type="checkbox"/> Other Categories
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INSTRUCTIONS FOR FILLING UP THE FORM

1. Please answer all questions. 2. Please tick a box thus where appropriate. 3. Please strike out parts which are not applicable and write 'N.A.'. 4. Strokes of the pen, dots and dashes will not be accepted as replies. 5. This form is to be filled by the proposer himself/herself in **BLOCK LETTERS** in black or blue ink. In case he/she is unable to do so, he/she may dictate the answers to the questions in the proposal form to a scribe, other than the Company's Life Advisor/Corporate Agent/Broker/Relationship Officer. 6. The proposer must sign any cancellation or alteration. 7. Insurance is a contract of utmost good faith, which requires the Insurer, proposer and life to be insured to disclose all material facts. In case of any doubt as to whether a fact is material or not, the fact should be disclosed. As the statements in this proposal constitute warranties, complete and accurate information must be given. 8. Please use additional sheet where space is not sufficient.

1. PARTICULARS OF THE LIFE TO BE INSURED AND PROPOSER (to be filled in BLOCK LETTERS)

PARTICULARS	LIFE TO BE INSURED	PROPOSER <small>(to be filled only if different from the life to be insured)</small>
1.1 CLIENT ID (for existing Kotak Life Insurance policyholders)	<input type="text"/>	<input type="text"/>
1.2 TITLE	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/>	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/>
1.3 FULL NAME	Surname <input type="text"/> First Name <input type="text"/> Middle Name <input type="text"/>	Surname <input type="text"/> First Name <input type="text"/> Middle Name <input type="text"/>
1.4 MAIDEN NAME (in case of married female)	Surname <input type="text"/> First Name <input type="text"/> Middle Name <input type="text"/>	Surname <input type="text"/> First Name <input type="text"/> Middle Name <input type="text"/>
1.5 FATHER'S / HUSBAND'S NAME	Surname <input type="text"/> First Name <input type="text"/> Middle Name <input type="text"/>	Surname <input type="text"/> First Name <input type="text"/> Middle Name <input type="text"/>
1.6 NATIONALITY	Indian <input type="checkbox"/> NRI/ PIO ¹ <input type="checkbox"/> Others (please specify) <input type="text"/>	Indian <input type="checkbox"/> NRI/PIO ¹ <input type="checkbox"/> Others (please specify) <input type="text"/>
1.7 GENDER	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
1.8 DATE OF BIRTH	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
1.9 GROSS ANNUAL INCOME	(In Rs. per annum) <input type="text"/>	(In Rs. per annum) <input type="text"/>
1.10 PROOF OF AGE	Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Cert. <input type="checkbox"/> Driving Licence <input type="checkbox"/> Others (please specify) <input type="text"/>	Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Cert. <input type="checkbox"/> Driving Licence <input type="checkbox"/> Others (please specify) <input type="text"/>
1.11 MARITAL STATUS	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/>
1.12 EDUCATIONAL QUALIFICATION (Tick Highest)	Professional <input type="checkbox"/> Post-Graduate <input type="checkbox"/> Graduate <input type="checkbox"/> 12 th pass <input type="checkbox"/> 10 th pass <input type="checkbox"/> Below 10 th <input type="checkbox"/> Others (pls specify) <input type="text"/>	Professional <input type="checkbox"/> Post-Graduate <input type="checkbox"/> Graduate <input type="checkbox"/> 12 th pass <input type="checkbox"/> 10 th pass <input type="checkbox"/> Below 10 th <input type="checkbox"/> Others (pls specify) <input type="text"/>
1.13 OCCUPATION CATEGORY	Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Housewife <input type="checkbox"/> Others (pls specify) <input type="text"/>	Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Housewife <input type="checkbox"/> Others (pls specify) <input type="text"/>
1.14 a) IF SALARIED (please tell us the type of organization)	Private Ltd. <input type="checkbox"/> Public Ltd. <input type="checkbox"/> Govt. <input type="checkbox"/> Trust <input type="checkbox"/> Partner / Proprietor <input type="checkbox"/> Others (pls specify) <input type="text"/>	Private Ltd. <input type="checkbox"/> Public Ltd. <input type="checkbox"/> Govt. <input type="checkbox"/> Trust <input type="checkbox"/> Partner / Proprietor <input type="checkbox"/> Others (pls specify) <input type="text"/>
1.14 b) IF SELF-EMPLOYED (please tell us the type of organization)	Trading <input type="checkbox"/> Manufacturing <input type="checkbox"/> Professional <input type="checkbox"/> Others (please specify) <input type="text"/>	Trading <input type="checkbox"/> Manufacturing <input type="checkbox"/> Professional <input type="checkbox"/> Others (please specify) <input type="text"/>
1.15 PERMANENT RESIDENTIAL ADDRESS	<input type="text"/> <input type="text"/> Village/ District <input type="text"/> Land Mark <input type="text"/> City <input type="text"/> State <input type="text"/> Pin <input type="text"/>	<input type="text"/> <input type="text"/> Village/ District <input type="text"/> Land Mark <input type="text"/> City <input type="text"/> State <input type="text"/> Pin <input type="text"/>
1.16 CURRENT RESIDENTIAL ADDRESS (If different from Permanent Residential Address)	<input type="text"/> <input type="text"/> Village/District <input type="text"/> Land Mark <input type="text"/> City <input type="text"/> State <input type="text"/> Pin <input type="text"/>	<input type="text"/> <input type="text"/> Village/District <input type="text"/> Land Mark <input type="text"/> City <input type="text"/> State <input type="text"/> Pin <input type="text"/>

¹ Please fill in the NRI / PIO questionnaire.

6.3 TITLE	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.
6.4 FULL NAME	Surname	
	First Name	
	Middle Name	
6.5 NATIONALITY	Indian <input type="checkbox"/> NRI / PIO ⁶ <input type="checkbox"/> Others (please specify) <input type="checkbox"/>	Indian <input type="checkbox"/> NRI / PIO ⁶ <input type="checkbox"/> Others (ple. specify) <input type="checkbox"/>
PARTICULARS	NOMINEE	APPOINTEE
6.6 GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
6.7 DATE OF BIRTH	D D M M Y Y Y Y	D D M M Y Y Y Y
6.8 CURRENT RESIDENTIAL ADDRESS	Village/District	Village/District
	Land Mark	Land Mark
	City	City
	State	State
	Pin	Pin
6.9 RELATIONSHIP DETAILS	TO LIFE TO BE INSURED	TO NOMINEE

7. DETAILS OF LIFE INSURANCE POLICIES HELD / PROPOSALS APPLIED FOR BY THE LIFE TO BE INSURED

7.1 Do you have any existing life insurance policies with Kotak Life Insurance or other companies? Yes No At the proposal stage

7.2 If 'Yes' or 'At the proposal stage', please give the following details:

Policy/ Proposal No.	Company Name (including Kotak Life Insurance)	Sum Assured				Acceptance Terms (Std./With Extra / Postponed / Declined / Not Completed)	In Force/Lapsed (Mention year of Lapse/ Revival applied for)
		On Death	On Accidental Death	On Disability	On Critical Illness		

8. PERSONAL HEALTH DETAILS OF THE LIFE TO BE INSURED

8.1 HEIGHT	cms	OR	inches	8.2A WEIGHT	kgs			
8.3 LIFESTYLE DETAILS	CURRENT USAGE				PAST USAGE			
	Current Usage	If YES, form of consumption	Since When	Average usage per day	Past Usage	If YES, form of consumption	Past average usage per day	Reasons for giving up
Tobacco	Yes No	Cigarette/Beedi/ Chewing Tobacco/ Tobacco Toothpaste			Yes No	Cigarette/Beedi/ Chewing Tobacco/ Tobacco Toothpaste		Doctor's Advice / Others
Alcohol ⁷	Yes No	Beer/Wine/ Hard Liquor			Yes No	Beer/Wine/ Hard Liquor		Doctor's Advice / Others
Any Narcotics (For medical/ recreational purposes)	Yes No				Yes No			Counseling, Rehabilitation etc

⁷ 1 unit = half pint beer/1 glass of wine/1 measure of spirits.

9. FAMILY HISTORY OF THE LIFE TO BE INSURED

9.1	LIVING		DECEASED			LIVING		DECEASED	
	AGE	STATE OF HEALTH	AGE AT DEATH	CAUSE OF DEATH		AGE	STATE OF HEALTH	AGE AT DEATH	CAUSE OF DEATH
Father					Children				
Mother						Sister/ Brother(s)			
Spouse									
Children									

9.2A Have your parents / brothers / sisters / spouse / children ever suffered from or died of heart disease, stroke, high blood pressure, diabetes mellitus, any form of eye disease, cancer, kidney disease or paralysis, or any hereditary / familial disorders, tuberculosis, or any contagious diseases such as hepatitis, AIDS / HIV etc.? Yes No

9.2B If your answer is 'Yes' to the above question, kindly give details:

10. MEDICAL HISTORY OF THE LIFE TO BE INSURED (Not to be filled in case the 'Medical Addendum' is being completed by the Life to be Insured)

10.1 Are you currently in good health and not suffering from any ailment, whether or not under treatment? Yes No

10.2 Have you ever suffered from or received treatment or advice for any of the following diseases or impairments:

(i) Cancer, tumour or growth, diabetes, disease of the heart, coronary, artery disease, blood circulatory system including high blood pressure, raised cholesterol or stroke, chest pain, epilepsy, mental or nervous disorder including depression, kidney disease, liver disease including hepatitis, respiratory disease, urinary or bowel disorder, or any other significant disease or impairment? Yes No

(ii) HIV infection, AIDS-related or any other sexually transmitted disease? Yes No

10.3 In the last 5 years, have you remained absent from work for five consecutive days or spent three consecutive days in hospital for any illness, sickness, disease, injury or disorder? Please ignore normal pregnancy. Yes No

10.4 In the last 3 years, have you been treated, are currently undergoing or have been advised to treatment from a doctor or specialist or undergone any cardiological, radiological or pathological tests (excluding routine check-ups)? Yes No

10.5 Are you currently receiving or considering receiving medical attention or taking any prescribed drugs? Yes No

10.6 For Female Lives only

(i) Are you currently pregnant (If yes, please mention the month of pregnancy) _____ month(s) Yes No

(ii) Have you ever suffered from or are currently suffering from any complications of pregnancy? Yes No

(iii) Have you ever suffered from or are currently suffering from any diseases of the breast / uterus / cervix? Yes No

10.7 If your answer is 'Yes' to any of the above questions (or 'No' in case of 9.1), kindly give details:

PLEASE NOTE : For customers where medical tests are applicable as per the underwriting guidelines, kindly fill up the 'MEDICAL ADDENDUM'.

11. DECLARATION FOR ONLINE TRANSACTION RIGHTS:

I have read the terms and conditions of registration on Kotak Life Insurance website - <http://insurance.kotak.com> and accept them. I understand that I will have to register on <http://insurance.kotak.com> to receive my username and password. I agree that all transactions executed over the website <http://insurance.kotak.com> under my username and password will be binding on me. I understand that I get transaction rights for proposal number mentioned above provided my application is accepted by Kotak Life Insurance.

Place : Date :

Signature / Right thumb impression of the proposer

12. DECLARATION BY THE LIFE TO BE INSURED, PROPOSER AND IN CASE OF MINOR BY HIS/HER LEGAL GUARDIAN

I/We confirm that I/we am/are submitting this Proposal Form after having read and understood the product features, benefits & risk factors, structure of charges, terms and conditions of the proposed plan as set forth in the related brochure(s) and I/we submit the duly acknowledged sales illustration confirming my/our understanding of the plan for which this Proposal Form is being submitted.

I/We declare that I/we have answered the questions in the Proposal Form after having fully understood the nature of the questions and the importance of disclosing all information while answering such questions. I/We also hereby declare that the answers given by me/us to all the questions in the proposal form are true and complete in every respect and that I/We have not withheld any material information or suppressed any fact. I/We undertake to notify Kotak Mahindra Old Mutual Life Insurance Ltd. ("the Company") of any change in the state of health of the life to be insured or as to his/her occupation or any decisions about his/her existing policies or proposals subsequent to the signing of this proposal form and before the acceptance of the risk by the Company. I/We hereby consent to the Company seeking information and any reports from any doctor(s) including hospital - who at any time may have attended to me/us concerning anything, which affects my/our physical or mental health.

I also hereby authorize my employer, to divulge to the Company any information required by it in connection with this proposal form and the policy contract that may be issued pursuant to this proposal. I agree to undergo all medical tests required by the Company for obtaining the policy. Further I understand that in the event of my being physically examined, the answers given by me to the medical examiner acting on behalf of the Company, shall be deemed to be duly incorporated in this Proposal Form. In event of this proposal not being converted into a policy the Company reserves the right to recover from me administration charges and medical expenses incurred by the Company.

I/We further declare that the statements/submissions made by me/us in this Proposal Form [including any addendum(s) thereto / all declarations, affidavits and other statements] and/or any information sought for by the Company from any person authorised by me to provide such information, relied upon by the Company to assess the risk on my life under this Proposal Form shall form a basis of the contract of insurance between me/us and the Company. And if any untrue statement is contained in the Proposal Form [including any addendum(s) thereto]/any of the above documents or statements, or if there has been a non-disclosure of a material fact the Company shall have the right to vary the benefits/ treat the Policy as void and all premiums paid under the policy may be forfeited to the Company.

I/We understand that the contract will be governed by the provisions of the Insurance Act, 1938, the IRDA Act, 1999 and the Regulations framed there under and that the contract will not commence until the Company's written acceptance of this Proposal Form is received. In case of the life to be insured being a minor, I further declare and affirm that this proposal of insurance is for the benefit of the life to be insured.

I/We hereby confirm that all premiums will be paid from bonafide sources and no premiums have/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002.

Please paste latest self-signed photograph of the Proposer

Signature / Right thumb impression of the life to be insured (or Guardian, if the life to be insured is a minor)

Signature / Right thumb impression of the proposer (if different from the life to be insured)

Place Place Date Date

Proposer's Witness :

Name : Signature of Witness Date :

Kotak Mahindra Old Mutual Life Insurance Ltd. Witness:

Name : Signature Date :

SECTION 41 OF THE INSURANCE ACT, 1938 (4 OF 1938): (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. (2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.

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 bonafide insurance agent employed by the insurer.

SECTION 45 OF THE INSURANCE ACT, 1938 (4 OF 1938): No policy of life insurance effected before the commencement of this Act shall after the expiry of two years from the date of commencement of this Act and no policy of life insurance effected after the coming into force of this Act shall, after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policyholder and that the policyholder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose. Provided that 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.

13. DECLARATION BY THE PERSON FILLING IN THE FORM (Applicable only where form is filled in by a scribe or signed in vernacular language)

I, _____ (Full Name) have explained to the Proposer, that the answers to the questions form the basis of the contract of insurance between the Company and the Proposer and that if any untrue statement is contained therein the Company shall have the right to vary the benefits which may be payable and further if there has been a non-disclosure of a material fact the policy may be treated as void and all premiums paid under the policy may be forfeited to the Company. I also confirm that the Life to be Insured has signed / affixed his / her right thumb impression in my presence.

Address Village / District Land Mark City State Pin Place Date

I, the Life to be Insured / Proposer declare that the contents in the proposal form and documents have been fully explained to me and I have fully understood the significance of the proposed contract.

Signature of the Scribe Signature / Right Thumb Impression of the Proposer Signature of the Life Advisor/Specified person of Corporate Agent /Authorised Employee of Broker/ Relationship Officer **14. DECLARATION BY THE LIFE ADVISOR/CORPORATE AGENT / BROKER / RELATIONSHIP OFFICER (please cancel what is not applicable and fill all details)**

I, _____ (Full Name) in my capacity as the Life Advisor / Specified Person of the Corporate Agent/Authorised Employee of the Broker/ Relationship Officer, do declare that I have explained all the contents of this proposal form, including the nature of the questions contained in this proposal form to the proposer. I have also explained that the statement(s), information and response(s) submitted by him/her in this proposal form to questions contained herein or any details sought herein will form the basis of the contract of insurance between the Company and the proposer, if this proposal is accepted by the Company for issuance of a policy.

I have further explained that if any untrue statement(s)/information/ response(s) is/are contained herein / including any addendum(s), affidavits, statements, submissions furnished / to be furnished, the Company shall have the right to vary the benefits which may be payable and furthermore if there has been a non-disclosure of any material fact, the policy issued in his/her favour pursuant to this proposal may be treated by the Company as null and void and all premiums paid under the policy may be forfeited to the Company. Based on my interaction with the proposer and/or the documents and records that I have been supplied with, I have no information, which suggests that any of the statement(s), information and response(s) supplied by the proposer or the life to be insured is/are incomplete or untrue

Licence No. (Life Advisor/Corporate Agent/Broker/Relationship Officer) Agent ID

(Life Advisor/Corporate Agent/Broker/Relationship Officer)

Place (Signature of the Life Advisor/Specified person of Corporate Agent /Authorised Employee of Broker/ Relationship Officer) Date Telephone No. **FOR OFFICE USE ONLY****CHECKED BY**

NAME OF SALES MANAGER	NAME OF SALES ASSOCIATE	PROMOTION CODE	NAME OF BOE
SALES MANAGER ID	SALES ASSOCIATE ID	PARTNER CODE	BRANCH NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SIGNATURE OF SALES MANAGER	SIGNATURE OF SALES ASSOCIATE	SIGNATURE	SIGNATURE OF BOE

Kotak Mahindra Old Mutual Life Insurance Ltd.

Regn. No. 107, Regd. Office: 4th Floor, Vinay Bhavya Complex, 159A C.S.T. Road, Kalina, Santacruz (East), Mumbai - 400098.

<http://insurance.kotak.com/>

Insurance is the subject matter of the solicitation.