



**FORM NO. 340 (Rev 2022)**  
**PROPOSAL FOR INSURANCE ON THE LIFE OF ANOTHER ADULT PERSON**  
**(Not be used for insurance on the lives of minors)**

LATEST  
COLOUR  
PHOTO OF  
THE LIFE  
TO BE  
ASSURED

Division:

Branch Office:

**INSTRUCTIONS TO THE PROPOSER/ 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 4 sections namely **Section I (A) & (B)** : Details of proposer and Life to be assured **Section II**: Proposed Plan Details, **Section III**: Details of personal and family health and habits **Section IV** : 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 Proposer/ 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 Proposer/ 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 : \_\_\_\_\_ Amt of Deposit : \_\_\_\_\_ B.O.C No: \_\_\_\_\_ Date : \_\_\_\_\_

**Section - I ( A ) : Details of the proposer and Life to be assured**  
**(To be answered by the proposer)**

I. Personal Details		Proposer			Life to be assured		
1	Name	Prefix	First Name	Middle Name	Prefix	First Name	Middle Name
		Last Name			Last Name		
2	Father's Full name						
3	Mother's Full Name						
4	Gender	Male / Female / Third Gender			Male / Female / Third Gender		
5	Marital Status						
6	Spouse's Full name						
7	Date of Birth	____/____/____			____/____/____		
8	Age **	____ Years			____ Years		
	** Depending upon the plan conditions, Age last birthday/Age nearer birthday shall be applied for the calculation of premium						
9	Place/ City of Birth						
10	Nature of Age Proof Submitted						
11	Nationality						
12	Citizenship						
13	Relationship between Proposer & Life to be Assured						
14	<b>Correspondence Address</b>						
	House No.						
	City/ Town/ Village						
	District & State						
	Country						
	PIN Code						
	Tel. No.with STD Code						

15	<b>Permanent Address</b>		
	House No.		
	City/ Town/ Village		
	District & State		
	Country		
	PIN Code		
	Tel. No.with STD Code		
16	<b>Residential status</b>	Resident Indian / NRI / FNIO	Resident Indian / NRI / FNIO
	Whether holding valid Overseas Citizen of India card (OCI card)	Y/N	
17	<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>			
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		
	ID number *		
	Expiry date of ID :		
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	Educational qualification		
2	Present Occupation		
3	Source of Income		
4	Name of the present employer		
5	Exact Nature of duties		
6	Length of service		
7	Annual Income		
8	To be answered if employed in the Armed Forces		
a	Wing to which life to be assured belong	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	
b	Rank therein	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	
c	Date of last Medical Examination	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	
d	Medical category after medical examination	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	
e	Were you ever below A-1 category? If so, when?	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	

Mobile number of the proposer:  
E mail id of the proposer :

Mobile number of the Life to be assured:  
E mail id of the Life to be assured:

Signature / Thumb impression of the Proposer

Signature/ thumb impression of the Life to be assured

**Section - I (B) : Details of the Life to be assured**  
**(To be answered by Life to be Assured)**

<b>I Simultaneous Proposals</b>	
a	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
b	Whether proposed simultaneously on the life of spouse and children? If yes, give details

<b>II Existing Insurance</b> Please give details of your previous insurance taken from LIC as well as from other Insurers (including policies surrendered / lapsed during last 3 years) Note: 1. If space is not sufficient for all existing policies, please use separate sheet in the same format. It must be duly signed by the Life to be assured 2. Corporation normally does not entertain any fresh proposal for insurance where a policy has lapsed or has been converted into paid up policy within the last 3 years.	
1	Policy Number
2	Name of the Insurer/ Division/ Branch
3	Plan and Term
4	Sum assured
5	Term Rider Sum Assured
6	CI Rider Sum Assured
7	AB/ ADDB Sum assured
8	Date of Commencement
9	Date of Revival
10	Whether accepted at ordinary rate, if not give details
11	Medical/ Non medical
12	Whether Inforce
13	If not , Date of FUP/ Date of surrender
14	Has a proposal ( or an application for revival of a policy) on your life made to any office of the Corporation or to any other Insurer ever been
a	Withdrawn, Deferred, Dropped or Declined ?, if yes give details.
b	Accepted with extra Premium or Lien?, if yes give details.
c	Accepted on terms other than those proposed?, 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 yes give details.

<b>III Others</b>	
1	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 yes , give details and submit respective questionnaire .
2	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.
3	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.]

<b>IV</b>	Are you registered with LIC Portal: Yes /No 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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Signature / Thumb impression of the Life to be assured

**Section II : Proposed Plan Details**  
(To be filled by the Proposer)

<b>I</b>	Objective of Insurance :	Saving / Risk Cover/ Saving and Risk Cover
<b>II</b>	Whether proposal is under (please tick relevant options)	Employer- Employee Scheme/Partnership/ KMI/ HUF ***
*** Please submit relevant questionnaire / annexure/ supporting documents along with the proposal form		

<b>III</b>	Please Tick the Riders which you want to avail along with the base plan as per the Plan conditions	
	1. LIC's New Term Assurance Rider	<input type="checkbox"/>
	2. LIC's New Critical Illness Benefit Rider	<input type="checkbox"/>
	3. LIC's Premium Waiver Benefit Rider	<input type="checkbox"/>
	4. LIC's Accident Benefit Rider (AB)	<input type="checkbox"/>
	OR	
	LIC's Accidental death and Disability Benefit Rider (AD&DB)	<input type="checkbox"/>

<b>I V</b>	<b>Plan , Sum assured and Rider selected ( Riders are subject to availability under the selected plan)</b>						
<b>a</b>	Plan , Term & Premium paying Term	Sum Proposed (Basic Sum Assured)	Mode of Premium Payment (Yly /Hly/Qly/ NACH/SSS/ Single)	Term Rider Sum proposed (if opted)	Critical illness sum proposed (if opted)	Accident benefit sum proposed (if opted)	If policy is to be dated back indicate date
<b>b</b>	Applicable to Police Personnel if LIC's Accident Benefit Rider / LIC's Accidental Death And Disability Benefit Rider is opted for :						
	a. Whether Life to be assured is engaged in police duty in any police organization other than paramilitary force? If "Yes",					Y/N	
	b. Whether Life to be assured wishes to avail the AB/AD& DB Rider while on police duty?					Y/N	
<b>c</b>	For SSS Policies :						
	a. Paying Authority code and Dept No						
	b. Badge or SR No						

<b>V. To be answered only if proposing under "LIC's Aadhaar Stambh " or " LICs Aadhaar Shila"</b>
a. Total existing (excluding the proposal under consideration) sum assured under LIC's Aadhaar Shila/ LIC's Aadhaar Stambh : _____
b. Is life to be assured being proposed simultaneously under the same plan? Yes/No. If "Yes", give details : _____
<b>Note: The total Sum Assured under LIC's Aadhaar Stambh or LIC's Aadhaar Shila on an individual should not exceed Rs. 3 lakhs .</b>

<b>VI. To be answered only if applicable as per Plan specifications and for Jeevan Amar</b>
a. Under which category do you wish to apply? (Tick one of the following):
i) Smoker <input type="checkbox"/>
ii) Non- Smoker <input type="checkbox"/>
<b>Note: Non- smoker rates will be offered only on the basis of findings of Urine Cotinine Test.</b>
b. <b>Question regarding Death Benefit:</b> Please select one of the options for Sum Assured on Death (by ticking (✓) in the appropriate box) depending upon your specific needs:
<b>Option I:</b> "Level Sum Assured", where <b>Sum Assured on Death</b> shall be an amount equal to Basic Sum Assured and shall remain constant throughout policy term. <input type="checkbox"/>
<b>Option II:</b> "Increasing Sum Assured", where <b>Sum Assured on Death</b> shall remain equal to Basic Sum Assured till completion of fifth policy year. Thereafter, it increases by 10% of Basic Sum Assured each year from the sixth policy year till fifteenth policy year till it becomes twice the Basic Sum Assured. This increase will continue under an inforce policy till the end of policy term; or till the Date of Death; or till the fifteenth policy year, whichever is earlier. From sixteenth policy year and onwards, the <b>Sum Assured on Death</b> remains constant i.e. twice the Basic Sum Assured till the policy term ends. <input type="checkbox"/>

<b>VII</b>	<b>Settlement Option ( As per the plan conditions) :</b> This part is not applicable in case of KMI and Partnership proposals
	Do you wish to avail "Option to take Maturity Benefit in Instalments" : Yes /No Do you wish to avail "Option to take Death Benefit In Instalments" : Yes/ No If 'Yes', Kindly fill the addendum which forms a part of the proposal form. Note: <b>1. Life to be assured will have the option of altering the mode of receipt of payment of claim from lumpsum to instalment and vice versa during the policy duration till the point of claim.</b> <b>2. In case of KMI and Partnership insurance , only lumpsum benefit is payable</b>

<b>VIII</b>	<b>Bank Details of Life to be assured ( of the proposer in case of KMI, Partnership and HUF Proposals )</b>
	Bank Account details: a) Type of Account-Savings / Current: b) Your Account No : _____ c) MICR Code: _____ d) IFS Code: _____ e) Name and Address of your bank: _____ Attach a photocopy or cancelled cheque with the form

Signature / Thumb impression of the Proposer

Signature/ thumb impression of the Life to be assured

**Section- III: Personal and family details of health / habits**  
**(To be answered by the Life to be assured)**

<b>I</b>	<b>Personal Health</b>		
a	Please state exact height ( in cms) and weight ( in Kgs) ( without shoes)	Height	Weight
b	During the last five years did you consult a Medical Practitioner for any ailment requiring treatment for more than a week ? If yes, give details	Y/N	
c	Have you ever been admitted to any hospital or nursing home for general check up, observation, treatment or operation? If yes, give details	Y/N	
d	Have you remained absent from place of work on grounds of health during the last 5 years? If yes, give details	Y/N	
e	Are you suffering from or have you ever suffered or undergone investigation in the past or have you been advised to undergo investigation or treatment for the following ailments:		
	<b>Diseases</b>	<b>Y/N</b>	<b>Diseases</b>
			<b>Y/N</b>
	1. Lungs/ Respiratory Disease / Persistent cough, asthma, bronchitis, pneumonia, spitting of blood etc		2. Hypertension, Hypotension, rheumatic fever, pain in chest, breathlessness, palpitation, any disease of the heart or arteries?
	3. Peptic ulcer/colitis, jaundice, anaemia, piles, dysentery, or any other disease of the stomach, liver, spleen, gall bladder or pancreas/ digestive disorder		4. Any disease of kidney /prostate or urinary system?
	5. Paralysis/epilepsy/ insanity/ tremors, numbness, double vision, dizzy or fainting spells/ head Injury / insomnia/ nervous breakdown / any other disease of the brain or the nervous system		6. Hernia/hydrocele, varicocele, fistula, varicose veins, filariasis, gonorrhoea, syphilis or any other venereal disease?
	7.Cancer/leukemia/lymphoma/ tumour / cyst/ Any other growth / lumps/ blood disorder /enlarged glands		8. Any disease of ear, nose, throat or eyes, including defective sight or hearing and discharge from the ears
	9. Endocrine disorders such as Diabetes, Goitre, Thyroid etc or have you ever passed sugar, albumin, pus or blood in urine		10. Bone / Joint/ Spine Disease/ Arthritis
	11. Mental Disorder (Depression/ Anxiety, etc.).		12. Chronic infections- Tuberculosis/ pleurisy / Skin Disease/ skin eruption/ Leprosy.
	13. Hepatitis or AIDS & HIV related condition		14. Any Operation, accident or injury/ any bodily defect or deformity.
	15. Any other disease?		

f	If answer to any of the questions mentioned in 'e' above is yes, please give details as below ( If hospitalized , enclose the discharge summary and all investigation papers along with the proposal form.)				
	Nature of disease / illness	Date of Diagnosis	Fully recovered (Y/N)	Still on treatment (Y/N), If Yes give details of treatment	Name and address of Doctor/ Hospital

<b>II Personal Habits</b>			
	Do you smoke/consume or have you ever smoked/consumed the following (a,b,c)	Y/N, If yes, quantity consumed and duration	If stopped, since how many months
	a. Alcoholic drinks		
	b. Narcotics		
	c. Any other drugs, If yes, which one		
	d. Do you smoke/consume or have you smoked/consumed tobacco in any form (Tobacco product includes but not limited to cigars, cigarettes, beedis, chewable tobacco like Gutkha, flavored pan masala, etc.) in the past 60 months. (in sticks /packets/ sachets/day or gms /day)		

<b>III</b>	<b>What has been your usual state of health?</b>
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<b>IV Family details</b>				
1	Have your parents / spouse / Partner / children and/or any of your relations ever suffered from or died of heart disease, stroke, high blood pressure, diabetes mellitus, cancer, kidney disease or any hereditary disorders, Insanity, or any contagious diseases such as tuberculosis ,hepatitis, AIDS / HIV etc.? If yes, please specify a. Name of the disease b. Relationship with the Life to be assured and c. date / year of death			
2	Family History			
		Living		Dead
		Age	State of health	Age at death Year/cause of death
	Father			
	Mother			
	Brothers Living Dead			
	Sisters Living Dead			
	Spouse			
	Children Living Dead			

<b>V For Female Proponents only</b>	
a	Are you pregnant now?
b	Date of last delivery
c	Have you had any abortion or miscarriage or Cesarean section? If so, give details
d	Have you ever consulted a gynecologist or undergone any investigation, treatment for any gynaec ailment? (If yes, give details)
e	Husband's details
	Husband's full Name
	His Occupation
	His Annual Income

f Details of Husband's Insurance					
	Policy number	Name of branch/ Division/ Name of the insurer ( if other than LIC) from where policy has been taken	Sum Assured	Plan & Term	Present status of the policy

Signature/ thumb impression of the Life to be assured

**Section IV: Declaration  
DECLARATION BY THE PROPOSER**

I \_\_\_\_\_ ( Name of the Proposer) do hereby declare that the statement and answers under the headings Section I ( A) and Section II 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 under heading Section - I(B), and Section III of 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.

And I further declare 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 member of his family occurs or (ii) if a proposal for assurance or an application for revival of a policy on the Life to be assured made to any office of the Corporation has been withdrawn or dropped , deferred or declined or accepted with an increased premium or subject to 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 . Any omission on my part to do so shall render this contract to 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 the Corporation reserves the right to accept /Postpone/ drop/ decline or offer alternate terms on this proposal for life insurance .

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 also understand that the premium 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 of Witness: \_\_\_\_\_

\_\_\_\_\_

Name : \_\_\_\_\_

Signature or thumb impression of the Proposer

Occupation and address: \_\_\_\_\_

\_\_\_\_\_

**DECLARATION BY THE LIFE TO BE ASSURED**

I \_\_\_\_\_ ( Name of the Life to be assured) whose life is herein being proposed to be assured, do hereby declare that the statements and answers under heading Section -I(B), and Section III 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 that I have not withheld any information.

Notwithstanding the provisions of any law , usage , custom or convention for the time being in force prohibiting any doctor , Hospital, diagnostic center and /or Employer , reinsurer/ credit bureau from divulging any knowledge or information about me concerning my health or employment, occupation, insurance , financial etc on the ground of Privacy , I/ my heirs , executors , administrators and assignees or any person or persons , having interest of any kind whatsoever in the policy contract issued to me , hereby agree , that such authority, having such knowledge or information , shall at any time be at liberty to divulge any such knowledge or information to the Corporation and the Corporation to divulge the same to any Authorised Organisation / Institution / Agency / and Governmental / Regulatory Authority for the sole purpose of underwriting / 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 understand that the Corporation reserves the right to accept /Postpone/ drop/ decline or offer alternate terms on this proposal for life insurance .

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 also understand that the premium 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 of Witness : \_\_\_\_\_

Name : \_\_\_\_\_

Occupation and address: \_\_\_\_\_ (signature or Thumb impression of the Life to be assured)

**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 Proposer/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 Proposer/Life to be assured and I have truthfully recorded the answers given by the Proposer/ Life to be assured and Proposer/ Life to be assured has affixed the thumb impression/ signature as below after fully understanding the contents thereof.”

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

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

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 Proposer assured

Signature or Thumb impression of the Life to be



**2. In case the Proposer/ 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 / 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 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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**Addendum to Proposal Form for Settlement Option (for Maturity Benefit)**

*(To be furnished by the Life to be Assured)*

**Proposal No.**

Do you wish to avail Settlement Option (for Maturity Benefit) under the proposal ? YES /NO

If yes, please Tick/Strikeout (if not applicable) the following:

1. Period for settlement option (in years): 5 / 10 / 15 (As applicable under the plan)
2. Whether Settlement Option (for Maturity Benefit) is required for: Full / Part of the benefit proceeds  
If in part, specify the amount/ percentage of the benefit proceeds:  
Absolute amount: -----  
Percentage of benefit proceeds: -----
3. Mode of Instalment payment: Yearly / Half-Yearly / Quarterly / Monthly

If the Net Claim Amount is less than the required amount to provide the minimum instalment amount (as mentioned below) as per the option exercised by the Proposer/Life to be Assured, the claim proceed shall be paid in lump sum only.

Mode of Instalment payment	Minimum Instalment amount (Rs)
Monthly	Rs. 5,000/-
Quarterly	Rs. 15,000/-
Half-Yearly	Rs. 25,000/-
Yearly	Rs. 50,000/-

Date & Place :

Signature / Thumb impression of the Life to be Assured

Name of Life to be Assured

**Addendum to Proposal Form for Option to take Death Benefit in Instalments**

*(To be furnished by the Life to be Assured )*

**Proposal No.**

Do you wish to avail Option to take Death Benefit in Instalments under the proposal ? YES/ NO

If yes, please Tick/Strikeout (if not applicable) the following:

1. Period for Option to take Death Benefit in Instalments (in years): 5 / 10 / 15 (As applicable under the plan)
2. Whether Option to take Death Benefit in Instalments is required for: Full / Part of the benefit proceeds  
If in part, specify the amount/ percentage of the benefit proceeds:  
Absolute amount: -----  
Percentage of benefit proceeds: -----
3. Mode of Instalment payment: Yearly / Half-Yearly / Quarterly / Monthly

If the Net Claim Amount is less than the required amount to provide the minimum instalment amount (as mentioned below) as per the option exercised by the Proposer/Life to be Assured, the claim proceed shall be paid in lump sum only.

Mode of Instalment payment	Minimum instalment amount (Rs)
Monthly	Rs. 5,000/-
Quarterly	Rs. 15,000/-
Half-Yearly	Rs. 25,000/-
Yearly	Rs. 50,000/-

Date & Place :

Signature / Thumb impression of the Life to be Assured

Name of Life to be Assured