



PHOTO

**PROPOSAL FOR LIC'S SAMRIDHI PLUS (UIN - 512L265V01)**

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

LIC's Samridhi Plus is a ULIP plan which is different from the traditional policy in the sense that it is subject to market risk. LIC does not authorize its agents/intermediaries, staff and officials to express their opinion on the future performance of the "ULIP" fund, excepting the prescribed illustrative rate of 6% and 10% growth.

**FOR OFFICE USE ONLY**

DIVISION : \_\_\_\_\_

Branch Office : \_\_\_\_\_

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

( All answers to be filled in block letters. Answers must be given in words, strokes of pen or dots will not be accepted as replies.)

Amount Paid by Cash / Cheque/DD : \_\_\_\_\_ Drawn On : \_\_\_\_\_

(Name &amp; Address of The Bank ) \_\_\_\_\_

Bank Draft/Cheque No. : \_\_\_\_\_

Amount : Rs. \_\_\_\_\_ (In Words) Rs. : \_\_\_\_\_

1. a) i) Name In Full of Life To Be Assured : \_\_\_\_\_

ii) Father's Full Name : \_\_\_\_\_

iii) If minor, Name of the Proposer : \_\_\_\_\_

iv) Relationship with the Life to be assured : \_\_\_\_\_

b) (i) Address (for Communication) \_\_\_\_\_ (ii) Permanent Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel. No. \_\_\_\_\_ E-mail Add. \_\_\_\_\_

c) NOMINEE'S DETAILS:

NAME: \_\_\_\_\_ DATE OF BIRTH / AGE: \_\_\_\_\_

Relationship With Life To be Assured : \_\_\_\_\_ Address : \_\_\_\_\_

d) APPOINTEE (IF NOMINEE IS MINOR):

NAME: \_\_\_\_\_ DATE OF BIRTH / AGE: \_\_\_\_\_

Relationship With Nominee : \_\_\_\_\_ Address : \_\_\_\_\_

## 2. PLAN DETAILS :

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

A) SUM ASSURED UNDER BASIC PLAN : Rs. \_\_\_\_\_ (IN WORDS) Rs.

B) ACCIDENT BENEFIT SUM ASSURED : Rs. \_\_\_\_\_

## INVESTMENT PATTERN OF THE FUNDS :

Fund Type	Investment in Government / Government Guaranteed Securities / Corporate Debt	Short-term Investments such as money market instruments (Including Govt. Sec. & Corporate Debt)	Investment in Listed Equity Shares	Details and objective of the fund for risk / return
SAMRIDHI PLUS FUND	0% TO 100%	0% TO 100%	0% TO 100%	MEDIUM RISK

## E) OTHER DETAILS :

PLAN NO.	DOB OF L. A.	AGE	TERM	MODE	AGE PROOF
SEX :	SOURCES OF INCOME :		DISTRICT :		
QUALIFICATION :	WHETHER IT ASSESSE :		TALUKA :		
OCCUPATION :	RURAL/URBAN :		VILLAGE :		
EMPLOYER'S NAME :	FIRST / SUBSEQUENT :				
ANNUAL INCOME :	NATIONALITY :				

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

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

4. a) HAS ANY POLICY ON LA'S LIFE LAPSED OR SURRENDERED DURING THE LAST 3 YEARS?  
 b) Has a Life Insurance proposal on the life of life to be Assured Ever Been  
 i) Withdrawn / Deferred/Dropped/Declined : Yes / No  
 ii) Accepted with extra premium or loan : Yes / No  
 iii) Accepted on terms otherwise than those proposed : Yes / No  
 c) Is Your life now being proposed for another assurance or an application for revival of a policy on your life or any other proposal under consideration in any office of the corporation or to any other insurer ? if yes, give details.

5. **FAMILY HISTORY : ( TO BE FILLED ONLY IF RISK COVER IS OPTED FOR )**

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

6. **PERSONAL STATEMENT REGARDING HEALTH OF LIFE TO BE ASSURED :**

PERSONAL HISTORY	ANSWERS 'YES' OR 'NO'	IF 'YES', GIVE FULL DETAILS
a) During the last 5 years did you consult a Medical Practitioner for any ailment requiring treatment for more than a week ?		
b) Have you ever been admitted to any hospital or nursing home for general check up, observation, treatment or operation ?		
c) Have you remained absent from place of work on grounds of health during the last 5 years ?		
d) Are you suffering from or have you ever suffered from ailments pertaining to Liver, Stomach, Heart, Lungs, Kidney, Brain or Nervous system ?		
e) Are you suffering from or have you ever suffered from Diabetes, Tuberculosis, High Blood Pressure, Cancer, Epilepsy, Hernia, Leprosy or any other disease ?		
f) Do you have bodily defect or deformity ?		
g) Did you ever have any accident or injury ?		
h) Do you use or have ever used:		
i) Alcoholic drinks :		
ii) Narcotics :		
iii) Any other drugs :		
iv) Tobacco in any form:		
i) What has been your usual state of health ?		
j) Have you ever received or at present awaiting / undergoing medical advice / treatment or tests in connection with Hepatitis B or AIDS related condition ?		
k) Are you wearing glasses ? If so, power of glasses. :		
l) a) Missing teeth if any, if so number missing		
b) Are you wearing well fitting denture ? If so, for how many teeth ?		

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

Ht.(in cm)	Wt.(in kg.)
------------	-------------

8. **TO BE ANSWERED IF LIFE TO BE ASSURED IS A MARRIED FEMALE:**

ARE YOU PREGNANT NOW ?	DATE OF LAST DELIVERY	HAVE YOU HAD ANY ABORTION OR MISCARRIAGE OR CAESAREAN SECTION ? IF SO, GIVE DETAILS	DATE OF LAST MENSTRUATION

B. HUSBAND'S FULL NAME

HIS OCCUPATION	HIS ANNUAL INCOME
----------------	-------------------

C. **DETAILS OF HUSBAND'S INSURANCE :**

POL. NO.	INSURANCE COMPANIES FROM WHERE THE PREVIOUS POLICY/ POLICIES HAVE BEEN PURCHASED WITH ADDRESS (IF PREVIOUS POLICIES ARE FROM LIC OF INDIA, GIVE NAME OF BRANCH/D.O)	SUM ASSURED	TABLE AND TERM	PRESENT STATUS OF THE POLICY

9. **WHETHER THE TERMS AND CONDITIONS OF THE PROPOSED PLAN HAVE BEEN EXPLAINED TO YOU BY THE AGENT : YES / NO**
10. **HAVE YOU UNDERSTOOD FULLY THE TERMS AND CONDITIONS OF THE PLAN YOU PROPOSE TO TAKE? YES / NO**
- DO YOU AGREE THAT ON ATTAINMENT OF AGE OF MAJORITY BY THE LIFE TO BE ASSURED, THE POLICY WILL VEST IN HIM ABSOLUTELY ? YES/NO (Applicable in case of life to be assured is minor)**

**DECLARATION**

I \_\_\_\_\_, the proposer / the person whose life is herein before 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 absolutely null and void and all moneys which shall have been paid in respect thereof shall stand forfeited to the Corporation.

Notwithstanding the provision of any law, usage, custom or convention for the time being in force prohibiting any doctor, hospital and / or employer from divulging any knowledge or information about me concerning my health or employment on the grounds of secrecy, I, my heirs, executors, administrators and assignees or any other person or persons, having interest of any kind whatsoever in the policy contract issued to me, hereby 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 I further agree that if after the date of submission of the proposal but before the issue of the First Premium Receipt (i) any change in my occupation or any adverse circumstances connected with my financial position or the general health of myself or that of any members of my family occurs or (ii) if a proposal for assurance or an application for revival of policy on my life made to any office of the Corporation has been withdrawn or dropped, deferred or accepted at an increased premium or subject to a lien or on terms other than as proposed I shall forthwith intimate the same to the Corporation in writing to reconsider the terms of acceptance of assurance. Any omission on my part to do so shall render this assurance invalid and all moneys which shall have been paid in respect thereof shall forfeited to the Corporation.

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

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

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

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

Signature of Witness

Name \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Address \_\_\_\_\_

\_\_\_\_\_  
 Signature or Thumb impression of the person whose life is proposed to be assured or the Proposer (if different from the life to be assured). When life to be assured is a minor, Proposer's signature is required.

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

Declaration by the person filling in the form :

" I hereby declare that I have fully explained the above questions to the proposer / Life to be Assured in \_\_\_\_\_ language and I have truthfully recorded the answers given by the Life to be assured "

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

\_\_\_\_\_  
 Signature

Declaration by the Proposer / Life to be assured :

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

\_\_\_\_\_  
 Signature or thumb impression of the person whose life is proposed to be assured or the proposer.

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

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

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

\_\_\_\_\_  
 Signature

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

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

Signature of witness : \_\_\_\_\_  
 Name : \_\_\_\_\_  
 Occupation : \_\_\_\_\_  
 Address : \_\_\_\_\_

\_\_\_\_\_  
 Signature of Parent / Guardian

### AUTHORITY LETTER

I, \_\_\_\_\_, authorise my Agent/Dev. Officer, Shri/Smt/Kum \_\_\_\_\_ to collect my policy bond bearing no. \_\_\_\_\_ under LIC's Samridhi Plus.

\_\_\_\_\_  
Life Assured / Proposer's Signature  
Name : \_\_\_\_\_

### SUMMARY OF SECTION 45 OF INSURANCE ACT, 1938

No policy of life insurance 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 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.

**Note:** "Material" shall mean and include all important, essential and relevant information in the context of underwriting the risk to be covered by the Corporation.

### Insurance Act 1938 under Section 41

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 prospectus or tables of the insurer.

Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the Insurance agent satisfies the prescribed conditions establishing that he is a bonafide Insurance Agent employed by the insurer.

2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend five hundred rupees.

**N.B.** Rebate of premiums shall be allowed only in accordance with the details given in the prospectus or table of premium rates or, as the case may be, the relevant document, and that an offer or acceptance of any other rebates shall be an offence under Section 41 of the Insurance Act, 1938

### For Medical Cases only

"I certify that the Proposer has signed/Put his/her thumb impression in my presence after admitting that all the answers to Questions Nos.6 and onwards of this form have been correctly recorded."

\_\_\_\_\_  
Signature of Thumb impression of the Life Proposed

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

\_\_\_\_\_  
(Signature of the Medical Examiner)

### AGENT'S REPORT / MORAL HAZARD REPORT

NAME OF LIFE TO BE ASSURED : \_\_\_\_\_ AGE : \_\_\_\_\_ SUM PROPOSED : \_\_\_\_\_

NAME OF PROPOSER (IF LIFE ASSURED IS MINOR) : \_\_\_\_\_ AGE : \_\_\_\_\_

OCCUPATION OF LIFE TO BE ASSURED / PROPOSER : \_\_\_\_\_

1 i) HOW LONG DO YOU KNOW THE LIFE TO BE ASSURED / PROPOSER ? :  
ii) ARE YOU RELATED TO HIM / HER ? IF SO GIVE DETAILS :  
iii) WHAT IS THE EDUCATION QUALIFICATION OF LIFE TO BE ASSURED / PROPOSER ? :

2 i) GIVE DETAILS OF INCOME OF LIFE TO BE ASSURED / PROPOSER :  
ii) WHAT INCOME PROOF IS VERIFIED BY YOU FOR DETAILS IN (2) (i) ABOVE ? :

3 i) WHAT IS THE GENERAL STATE OF HEALTH OF LIFE TO BE ASSURED ? :  
ii) DOES THE LIFE ASSURED HAVE ANY PHYSICAL DEFORMITY / IMPAIRMENT ? :  
iii) DO YOU HAVE ANY KNOWLEDGE OF LIFE TO BE ASSURED HAVING SUFFERED FROM ANY ILLNESS OR UNDERGONE ANY OPERATION, HOSPITALISATION OR MEDICAL INVESTIGATION ? :

4 DID YOU DISCUSS WITH LIFE TO BE ASSURED THE STATUS OF PREVIOUS POLICIES AND ARE YOU SATISFIED THAT NO POLICY HAS LAPSED IN LAST 3 YEARS ? :

5 ARE YOU AWARE OF ANY PROPOSAL (OR REVIVAL OF ANY POLICY) OF LIFE TO BE ASSURED HAVING DEFERRED, DECLINED, DROPPED, ACCEPTED WITH EXTRA ? :

6 ARE YOU AWARE OF ANYTHING IN OCCUPATION, FINANCIAL / SOCIAL POSITION OF PROPOSER HIS / HER HABITS OR ANY OTHER CIRCUMSTANCES WHICH MIGHT ADD THE RISK ? :

7 a) MARK OF IDENTIFICATION OF LIFE TO BE ASSURED :  
b) PHYSICAL MEASUREMENT : HEIGHT (IN CM) : \_\_\_\_\_ WEIGHT (IN KG.) : \_\_\_\_\_

I hereby declare that foregoing statements are true and correct to the best of my knowledge and belief.

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

Club Membership \_\_\_\_\_ Agent's signature and stamp \_\_\_\_\_

### TO BE FILLED BY D. O. / ABM / BM / SR. BM.

I am satisfied with the identity of the Life Assured / Proposer 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.

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

Name and Designation \_\_\_\_\_

\_\_\_\_\_  
Signature