

2. DETAILS OF MINOR LIFE TO BE ASSURED Mr. Ms. Relationship to the Proposer : _____

(This section to be filled if the insurance is proposed on the life of minor.)

Full Name of the Minor: _____
 Address: _____
 Date of Birth: (DD/MM/YYYY) | | - | | - | | | Gender: Male Female
 Age Proof: (Attach a self attested copy) Passport Birth Cert. School Cert. Others (Pls. specify) _____
 Parent's Annual Income: Rs. _____

3. NOMINEE DETAILS: Mr. Ms. Mrs. Relationship to the Life Assured : _____

*Nomination is allowed only where the life to be assured and the proposer are the same person

Full Name: _____
 Address: _____
 Date of Birth: (DD/MM/YYYY) | | - | | - | | |

3.1 APPOINTEE: (in case the Nominee is a Minor) Mr. Ms. Mrs. Relationship to the Nominee: _____

Full Name: _____
 Address of Appointee: _____
 Date of Birth: (DD/MM/YYYY) | | - | | - | | |
 Signature of Appointee: _____

4. DETAILS OF THE INSURANCE COVER PROPOSED

4.1 BASIC PLAN DETAILS: (select the appropriate box)

A) Premium Mode: Yearly Half Yearly Quarterly Monthly*
 B) Premium Options: Single Premium Regular Premium
 Modal Premium Amount Rs. _____
 C) Term of Plan: Whole Life Fixed Term (5 - 40 Years): _____ years (For minor term higher of [18-entry age] or 5 years)

Life Cover	<input type="checkbox"/> 125% SP	<input type="checkbox"/> Minimum Sum Assured for Regular Premium	<input type="checkbox"/> Other than Minimum Sum Assured For Regular Premium
	<input type="checkbox"/> 625% SP	Term 5-10 yrs: 5x AP Term 11 yrs & above: (Term/2) x AP For Whole Life Option term = (70-entry age)/2	Multiplier ^ : _____ x AP (Pls. take help of Sales force)

Basic Premium Rs. _____
 Top Up Premium (if any) Rs. _____
 Total Premium Rs. _____

*(Through SI payment only. 3 months premium to be paid in advance)
 ^ By default, if no choice is exercised for default Sum Assured, default Sum Assured for regular premium will be taken as minimum applicable Sum Assured.

4.2 DETAILS OF PREMIUM REMITTANCE: (Draft/Cheque to be issued in favour of ULIP SBI Life Insurance Co. Ltd.)

Draft/Cheque No.	Date	Amount (Rs.)	Drawn on (Bank / Branch)

Please give your bank account details for further payments from SBI Life Insurance. NRE Account Yes No
 Name of the Bank: _____ Branch: _____
 Account No.: _____ Account Type (Pls. specify): _____
 Address of Branch: _____

Rider Options	Term (years) Min. 5 Years	Sum Assured (Rs.)	Annualized cost of riders for the First Policy Year (Rider Premium will be collected by way of cancellation of Units on a monthly basis)
SBI Life - Dhanvantari Supreme (Critical Illness) Rider UIN: 111C004V02			
SBI Life - Accidental Death & Permanent Disability Rider UIN: 111C001V01			

4.3. PLEASE CHOOSE THE FUND & INDICATE THE % OF PREMIUM THAT SHOULD BE ALLOCATED TO THE FUNDS SELECTED:

Min allocation rate per fund 10% in multiples of 10; Max 100%;
 If the allocation percentage is not equal to 100%, the proposal form will be sent back to define new allocation

Funds	Equity Fund	Equity Optimiser Fund	Growth Fund	Balanced Fund	Bond Fund	Total
Allocation of Basic Premium	%	%	%	%	%	100%
Allocation of Top Up	%	%	%	%	%	100%

5. MODE OF PAYMENT OF RENEWAL PREMIUM:

Direct Remittance SBI ATM Through Internet ECS SI
 (Please fill appropriate forms for SBI ATM, SI, Internet and ECS. You may use this facility on receipt of confirmation from us)

6. LIFE INSURANCE ALREADY EXISTING / OR BEING PROPOSED / REVIVED DURING THE PAST 3 YEARS EXCLUDING THIS POLICY (LIFE TO BE ASSURED / PROPOSER.)

(In case of minor lives, please give details of insurance held on the life of parents)

Name of Insurance Co.	Policy No.	Year of Issue	Product & Plan	Term of the Policy	Medical (Y/N)	Yearly Premium (Rs.)	Sum Assured (Rs.)	Policy Status	Self/Spouse/Parent (Pls. specify)

Signature _____

10. DETAILS OF HOBBIES AND PASTIMES:

Do you take part in any adventurous hobbies/activities that could be dangerous in any way, such as aviation (other than as a fare paying passenger), mountaineering, scuba diving parachuting or any form of racing, etc., Yes No
 If yes, give details: _____

11. DETAILS OF THE FEMALE LIFE TO BE ASSURED:

- i. Are you presently pregnant? Yes No Date of last delivery: _____
 No. of occasions: _____
- ii. Have you ever had any abortion, miscarriage or hysterectomy? (Enclose the Gynaecologist's report) Yes No Date(s): _____
 Cause: _____
- iii. Have you undergone any caesarean operation(s)? (if so, enclose discharge summary and the Gynaecologist's report) Yes No No. of occasions: _____
 Date(s): _____
 Cause: _____
- iv. Have you undergone a Family Planning Operation? Yes No
- v. Husband's Annual Income Rs. _____

12. DECLARATION BY THE PROPOSER/LIFE TO BE ASSURED:

I 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 manner and that I have not withheld any information. Further, I have not provided false information in reply to any question. I understand and agree that the statements in this proposal constitute warranties. I do hereby agree and declare that these statements and this declaration shall be the basis of the contract of assurance between me and SBI Life Insurance Co Ltd (Company) and that if any untrue averment be contained therein, the said contract shall be null and void and all premiums paid under the policy shall be forfeited to the company.

I understand and agree to the various charges like mortality charges, policy administration charges, premium allocation charges, etc. under the contract and the same will be recovered by the company by cancellation of units/by deductions from the Premium on the rates approved by IRDA. I also understand and agree that the company shall recover all the applicable taxes like Service Tax, Surcharges, Cess etc. which are necessitated by various enactments of Central and / or State Legislatures.

I understand and agree that the Net Asset Value per Unit of the Investment Fund may increase or decrease as per the performance of the financial market and other risks. 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, employment on the ground 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 agrees that such authority, having such knowledge or information, shall at any time be at liberty to divulge any such knowledge or information to the Company.

I further agree that if after the date of submission of this proposal but before the issue of the premium receipt by the Company (i) if there are any adverse circumstances connected with the general health of myself, or (ii) if a proposal for assurance of my life made to any other insurance company has been withdrawn or dropped or accepted at an increased premium or on terms other than as proposed by me, or (iii) if there is any change in my occupation, I shall forthwith intimate the same to SBI Life Insurance Co Ltd. in writing to reconsider the terms of acceptance of this proposal. Any omission on my part to do so shall render the contract of assurance invalid.

In the event that this proposal is not converted into a policy, I agree that the Company has the right to recover from me, administration and medical expenses if any incurred by the Company. I understand and agree that the Bank and/or SBI Life will not be responsible for any delay in premium payment irrespective of any mode for remittance opted.

Signature of the Witness: _____

Name and Address of Witness: _____

Place: _____ Date: (DD/MM/YYYY) | | | - | | - | | | Signature/Thumb impression of the Proposer _____

13. DECLARATION WHEN THE PROPOSAL FORM IS FILLED BY A PERSON OTHER THAN THE PROPOSER/PROPOSER SIGNS IN A VERNACULAR LANGUAGE/PROPOSER IS ILLITERATE.

I hereby declare that I have read out and explained the contents of this proposal form and all other documents incidental to availing the insurance policy from SBI Life Insurance Company Ltd. to the Proposer and that he/she said that he/she has understood the same and that he/she agrees to abide by all the terms and conditions of the same.

I hereby declare that I have fully explained to the proposer the answers to the questions that form the basis of the contract of insurance and that if any untrue statement is contained herein, the company shall have the right to vary the benefits that may be payable, and further, if there has been non-disclosure of a material fact that the policy may be treated as void and all the premiums paid under the policy may be forfeited by the company.

I hereby declare that I have explained the contents of this form to the Proposer in _____ Language, that I have truly and correctly recorded the answers given by the proposer and that the proposer has affixed his/her thumb impression on the proposal form in my presence, after fully understanding the contents thereof.

Signature of the person making the Declaration _____

Name and Address: _____

Place: _____ Date: (DD/MM/YYYY) | | | - | | - | | | Signature/Thumb impression of the Proposer _____

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 rebates as may be allowed in accordance with the published prospectuses or tables of the insurer."

Section 45 of the Insurance Act, 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 statements 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."

Signature _____



CONFIDENTIAL REPORT OF THE CERTIFIED INSURANCE FACILITATOR (C.I.F.)

(The C. I. F. should complete this report after scrutinizing the proposal form before dispatch to SBI Life. This report should be based on independent assessment by the C. I. F. after interviewing the proposer and discussing the relevant topics with the proposer)

Bank Name	Branch Name	Address	Tel. No./Fax No. (including STD Code)
Bank Code	Branch Code		

Name of the Certified Insurance Facilitator (CIF)		CIF Code No.	
		Yes	No
1. Have you fully explained the terms and conditions of the proposed insurance plan to the Proposer ?		<input type="checkbox"/>	<input type="checkbox"/>
2. Have you discussed the replies to all questions in the proposal form with the Proposer ?		<input type="checkbox"/>	<input type="checkbox"/>
3. How long has the Proposer been a customer of the branch or known to the branch ?			
4. Financial status of the Proposer:			
a. Gross Annual Income Rs.			
b. Source of Income (Salary/Business/Other Sources please specify) _____			
c. Are you personally satisfied with the financial standing of the Proposer ?		<input type="checkbox"/>	<input type="checkbox"/>
5. a. What is the general state of health of the life to be assured ? _____			
b. Does he/she have any physical deformity or mental retardation ?		<input type="checkbox"/>	<input type="checkbox"/>
c. Has he/she undergone hospitalization or any surgery: If yes, give full particulars _____		<input type="checkbox"/>	<input type="checkbox"/>
6. Are you aware of any other factors not indicated in the proposal form that are likely to add to the risk ? If yes, give full particulars _____		<input type="checkbox"/>	<input type="checkbox"/>
7. Does the Proposer seem to be overweight/ underweight in relation to his/her height ?		<input type="checkbox"/>	<input type="checkbox"/>
8. Identification mark: _____			
9. Have you obtained any one of the prescribed proof of identity ?		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Passport <input type="checkbox"/> PAN Card <input type="checkbox"/> Voters Identity Card			
<input type="checkbox"/> Driving License <input type="checkbox"/> Others (pls specify)			
10. Have you obtained any one of the prescribed proof of residence ?		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Telephone Bill <input type="checkbox"/> Bank Account Statement <input type="checkbox"/> Ration Card			
<input type="checkbox"/> Electricity Bill <input type="checkbox"/> Others (pls specify)			
11. Have you verified the name and address mentioned in the aforesaid two documents (9 & 10) are the same as stated in the proposal form?		<input type="checkbox"/>	<input type="checkbox"/>
12. Have you obtained the source of income document where required ?		<input type="checkbox"/>	<input type="checkbox"/>

I hereby declare that I have read out and explained the contents of this proposal form and all other documents incidental to availing the insurance policy from SBI Life Insurance Company Ltd to the Proposer and that he/she said that he/she had understood the same and that he/she agrees to abide by all the terms and conditions of the same.

I hereby declare that I have explained the contents of this form to the Proposer in _____ language and that the Proposer has affixed the left hand thumb impression on the proposal form in my presence, after fully understanding the contents thereof. I hereby declare that the foregoing statements are true and correct to the best of my knowledge and belief. I have verified that this form is filled completely in all respects and that all required documents are attached.

Date: | | - | | - | | | | | |
(DD/MM/YYYY)

Place : _____

(Please sign in black ink only)

Signature of the Certified Insurance Facilitator at the Branch



Insurance Advisor's Confidential Report

(This report should be completed by the Insurance Advisor after scrutinizing the proposal form. This report should be based on Independent assessment by the Insurance advisor, after Interviewing the proposer and discussing the relevant topics with the proposer)

I. A.'s Name:

Code No.:

Proposer's Name	Proposal No.	Sum Proposed	Plan	
			Yes	No
1. Have you fully explained the terms & conditions of the above plan to the proposer ?			<input type="checkbox"/>	<input type="checkbox"/>
2. Have you discussed replies to all questions of the proposal form with the proposer ?			<input type="checkbox"/>	<input type="checkbox"/>
3. How long do you know the life proposed ?			years / months:	
4. Financial Status :				
a. Gross Annual Income			Rs. per annum:	
b. Sources of income _____ (Salary/Business/Other Sources - please specify)				
c. Are you personally satisfied with the financial standing of the proposer ?			<input type="checkbox"/>	<input type="checkbox"/>
5. a. What is the general state of health of the life to be assured ? _____ _____				
b. Does he/she have any physical deformity or mental retardation ?			<input type="checkbox"/>	<input type="checkbox"/>
c. Has he/she undergone hospitalization or any surgery ?			<input type="checkbox"/>	<input type="checkbox"/>
If Yes, give full particulars: _____				
6. Are you aware of any other factors that are likely to add to the risk ?			<input type="checkbox"/>	<input type="checkbox"/>
If Yes, give full particulars: _____ _____				
7. Does the proposer seem to be overweight / underweight in relation to his / her height ?			<input type="checkbox"/>	<input type="checkbox"/>
8. Identification mark: _____				

I do hereby confirm that the above proposal is canvassed by me and that I am satisfied with the identity of the party. I also declare that the foregoing statements are true and correct to the best of my belief and knowledge.

I hereby confirm that I have followed and completed all the Know Your Customer (KYC) norms as prescribed in the Anti Money Laundering Policy of SBI Life and in the IRDA Anti Money Laundering Guidelines. I also certify that I have taken all possible precautions to ensure compliance with the Anti Money Laundering Guidelines and the Anti Money Laundering Policy of the Company and have verified to the best of my knowledge that the prospect is not an anonymous, fictitious and / or a benami person. Further, I certify that I have not accepted any premium or deposit towards procuring insurance in cash.

(Please sign in black ink only)

Signature of the Insurance Advisor

Date: | | - | - | | | | |
(DD/MM/YYYY)

A. Moral Hazard Report

(To be completed by the Unit Manager based on his independent assessment, for proposals with Sum Assured 5 lacs and above.)

- I have discussed the proposal with the Insurance Advisor.
- I have scrutinized the proposal form the Insurance Advisor's report and on the basis of my independent enquiries, I recommend the proposal for acceptance.

(Please sign in black ink only)

Signature of the Unit Manager

Name of the Unit Manager: _____

Date: | | - | - | | | | |
(DD/MM/YYYY)