



Aegon Life Easy Protect Insurance Plan – Regular Premium

To help us make issuance and claim process hassle-free, please ensure that all information filled on this form is correct & complete.

Please affix recent photograph of the Life to be Assured

Thank you

For putting your trust in Aegon Life Insurance. We hope to live up to your expectation and provide you with solutions to fulfill your financial needs.

This is a Regular Premium Product – which means that the premiums need to be paid for the Specified Premium Payment Term of 10 years as mentioned in section 3.2.

Signature of the Life to be Assured

For office use only

Sourcing Channel _____

Details of the Relationship Manager / Specified Person

Code: _____

Contact Number: _____

Quote Number: _____

Instructions for completing this Proposal Form

1. This form is to be completed in BLOCK LETTERS by the Life to be Assured.
2. Insurance is a contract of utmost good faith, which requires all material facts to be disclosed to the Insurance Company and Insurance Company to the insured.
3. If the Life to be Assured signs this proposal in vernacular or put their thumb impression upon it, then the respective declaration must be completed.
4. 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.
5. The Life to be Assured must countersign any cancellation or alterations made in this form. White ink must not be used.
6. The Life to be Assured is advised to use the facility of nomination, available in the form.

SECTION I: Details of the Life to be Assured

1.1 Full Name (Leave a blank space between first & last name)

Mr Mrs/Ms Other _____

1.2 Father's Name/Husband's Name (In case of married female) (Leave a blank space between first & last name)

1.3 Communication Address (We will send all communications to this address)

Landmark _____ City _____ State _____

Country _____ Pincode _____

1.4 Permanent Address (If different from the communication address)

Landmark _____ City _____ State _____

Country _____ Pincode _____

Mobile No.: _____ Landline: _____

Email ID: _____

SECTION I: Details of the Life to be Assured (Contd...)

1.5 Qualification: Matriculate Non-Matriculate Graduate Post-Graduate Others
 Illiterate High School Education Diploma

1.6 Date of Birth:

1.7 Gender: Male Female

1.8 Nationality: Indian Non-Indian

1.9 Marital Status: Unmarried Married Widow(er) Divorced

1.10 Resident Status: Resident NRI PIO

1.11 Are you a Politically Exposed Person: Yes No

Politically Exposed Persons are individuals who are or have been entrusted with prominent public functions, e.g. Heads of States or Governments, Senior Politicians, Senior Government / Judicial / Military Officers, Senior Executives of State-owned Corporations, important Political Party Officials, etc. in domestic / foreign country.

1.12 Annual Income (₹):

1.13 Identity Proof:

1.14 Address Proof:

1.15 Occupational and Employment Details 1. Agriculturist 2. Armed Forces 3. Driver 4. Housewife
 5. Police 6. Service - Government 7. Service - Private Sector
 8. Service - Public Sector 9. Student 10. Professional (Please specify)

11. Business

11.a) Antique Dealer 11.b) Arms/Explosive 11.c) Money changer/Money transfer agents

11.d) Film Personalities 11.e) Real Estate Dealers 11.f) Casino

11.g) Overseas Manpower Supplier 11.h) Construction (Infrastructure, etc.) 11.i) Others (Please specify)

12. NRI- Salaried 13. NRI- Business

1.16 Age Proof Submitted (Any one as specified for Proposed Plan) School/College Certificate Passport
 Municipal Birth Certificate PAN Card
 Driving Licence
 Other (Please specify)

1.17 Income Proof:

1.18 PAN Card Number:

1.19 Details of Life Insurance policies held/applied with Aegon Life Insurance/Other companies:

Policy/Proposal No.	Company Name	Year of issue/application	Basic Sum Assured	Annual Premium	In forced/Lapsed

1.20 Health Details:

a) Have you suffered from, treated or advised to be treated for high blood pressure, diabetes, heart attack, heart disease, stroke, chest pain, kidney disease, cancer or tumour, asthma or any other respiratory disease, mental or nervous system disorder, disease of the digestive system or bowel, disease of bone, spine or muscle, disease of blood, HIV or AIDS or AIDS related complexity?

Yes No

b) During the past 5 years, have you undergone any surgery or treatment for more than 7 days or undergone any investigations with abnormal results?

Yes No

c) Have any of your proposals for life insurance or request for reinstatement/revival of existing policy been accepted with extra premium/postponed/declined or accepted with terms other than proposed?

Yes No

SECTION II: Details of Nominee / Appointee (An appointee, is to be appointed where the nominee is a minor)

2.1 Full Name of Nominee (Leave a blank space between first & last name)

Mr Mrs/Ms Other _____

2.2 Date of Birth:

2.3 Gender: Male Female

2.4 Relationship with Life to be Assured: _____

2.5 Full Name of Appointee (Leave a blank space between first & last name)

Mr Mrs/Ms Other _____

2.6 Date of Birth:

2.7 Gender: Male Female

2.8 Relationship with Nominee: _____

I agree to act as appointee in this case (Appointee should be major)

Signature of Appointee _____

Section III: Particulars of Product Applied for

3.1 Mode of Renewal Premium Payment:

Post-Dated Cheques Credit Card ECS DD Cash

Note: Please provide a copy of the cancelled cheque of the relevant bank account.

3.2 Product Details:

Product Name	Policy Term	Premium Payment Term
Aegon Life Easy Protect Insurance Plan	10 years	10 years

3.3 Premium Details (Please tick on the appropriate box as per your age):

Age (as on last birthday) years	20	21	22	23	24	25	26	27	28	29	30
Annual Premium inclusive of Goods & Service Tax (GST) (₹)	2,386	2,404	2,421	2,437	2,454	2,476	2,502	2,532	2,571	2,620	2,678
Age (as on last birthday) years	31	32	33	34	35	36	37	38	39	40	
Annual Premium inclusive of Goods & Service Tax (GST) (₹)	2,743	2,831	2,936	3,060	3,203	3,353	3,544	3,765	4,018	4,306	
Age (as on last birthday) years	41	42	43	44	45	46	47	48	49	50	
Annual Premium inclusive of Goods & Service Tax (GST) (₹)	4,629	4,997	5,406	5,859	6,354	6,892	7,467	8,077	8,723	9,399	

Annual Premium given above is inclusive of Goods and Service Tax (GST) @ 18% any other taxes announced by the Government or any other Statutory Body in future would be levied as per applicable tax laws.

Section IV: Payment Details

4.1 Particulars of amount paid

Amount in ₹

Date of Payment:

Cheque Demand Draft Others (Please specify)

Cheque No. / Demand Draft No.:

Account No.:

Name of the Bank & Branch Address

MICR Code:

Section V: Declaration & Authorisation

I declare that:

- a) I have received the Product Brochure of the Plan of Insurance, under which I have applied for a Policy of Insurance on the Life to be Assured, as specified by me in Section III of this proposal form. I have applied for the policy after being fully satisfied of the features and benefits of the said Plan of Insurance; I also confirm that I have ticked on the right age corresponding to the current age of the Life to be Assured.
- b) I have replied to the questions, and have made the statements in respect of the matters sought for in the proposal form, and I understand and agree that the replies given and statements made in the proposal form together with any documents submitted by me for processing my application for insurance shall be the basis of the contract between me and Aegon Life Insurance Company Limited (“the Company”).
- c) I have not made any statement to the Insurance Advisor/ Insurance Intermediary or any official of the Company which is at variance with what has been stated in the proposal form.
- d) I shall be bound and I undertake to notify the Company forthwith, in writing, of any change in my health, occupation and income during the period between the date of this proposal and the date of acceptance of my proposal for insurance, as communicated in writing to me by the Company.
- e) The first premium deposit made by me along with this proposal for insurance has been made, and the premiums payable under the Policy that may be issued in pursuance of this proposal, will be paid, strictly in accordance with the law of the land.
- f) I confirm that the premiums have not been and will not be generated from proceeds of any criminal activities/ offenses listed in the Prevention of Money Laundering Act, 2002, or under any other applicable laws.

I agree and authorise :

- a) I understand and I agree that the Company will be on risk in pursuance of this proposal only after the risk under the proposal is accepted by the Company and such acceptance is communicated to me in writing by the Company.
- b) My employers/ business associates, present and past, to disclose to and to furnish such documents to the Company as it may require either for the purpose of processing my proposal for insurance, or at any time thereafter for any other purpose in relation to the policy that may be issued in pursuance of this proposal.

Section V: Declaration & Authorisation

- c) Any doctor, medical examiner, hospital or laboratory or clinic to disclose and to furnish to the Company such documents regarding my health and habits, as the Company may require either for the purpose of processing this proposal for insurance or for any other purpose at any time thereafter, in relation to the policy that may be issued in pursuance of this proposal, notwithstanding any usage or custom or rules / regulations of such hospital or laboratory or clinic prohibiting such disclosure or furnishing of such documents , or on such disclosure or furnishing of documents being done without my consent or the consent of my family or of any member thereof.
- d) That the Company may, without any reference to me or to my family or to any member thereof, furnish any details or any information furnished in this proposal for insurance, to any judicial or statutory or other authority, or to any insurer or reinsurer in connection with the processing of this proposal for insurance or for any other purpose, as for instance, settlement of a claim under the policy and the like that may be issued in pursuance of this proposal.
- e) That in addition to such mode of communication as the postal or courier service , the Company may, at its discretion use any electronic media, for communication in relation to this proposal for insurance or the policy that may be issued in pursuance of this proposal.
- f) I hereby voluntarily give my consent to collect, process, receive, possess, store, deal or handle my /our sensitive personal data or information [as defined in the Information Technology (reasonable security practices and procedures, and sensitive personal data or information) Rules, 2011, as amended from time to time] with third parties / vendors associated with the Company for various purposes and outsourced activities, exclusively related to issuance /servicing/ settlement of claim as required under the insurance policy.
- g) That the Company may without any reference to me, seek confirmation from the mobile service provider to confirm as to the authenticity of the mobile number given herein above.
- h) I understand that only one Aegon Life Easy Protect Insurance Plan is allowed per Life Assured. In case, more than one Aegon Life Easy Protect Plans are issued on a Life Assured, the Company will pay the claim only for the first issued policy.

Signature/Thumb Impression of:

Life to be Assured

Place: _____

Date:

Sales Representative / Corporate Agent / Broker

Place: _____

Date:

Declaration for signing in vernacular or where thumb impression is affixed :

If the proposer is unable to fill the form due to inability in reading or understanding English language, the help of a person other than the Insurance Advisor / Insurance Intermediaries /any employee of Aegon Life Insurance Company Limited may be used for filling up the form, and in such a situation, the following declaration is to be made by the person helping the Proposer.

I have explained the contents of this proposal to the Proposer and have endeavoured to ensure that the contents have been fully understood by the Proposer herein. I have accurately recorded the responses of the Proposer to the questions in the proposal form and of the information sought for in the proposal form, and I have read these responses back to the Proposer who has confirmed that they are correctly recorded by me.

Name of the Declarant:

Mr Mrs/Ms Other _____

Place _____

Signature/Thumb Impression

Date:

I have understood the content of the proposal form as explained to me in _____ language by the person, Mr/Ms _____, filling in the proposal form and, after the same,

I am affixing my Signature/Thumb Impression.

Section 41 of 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 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. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Section 45 of Insurance Act, 1938:

Fraud, Misrepresentation and forfeiture would be dealt with in accordance with provisions of Sec 45 of the Insurance Act 1938 as amended from time to time.

Free look Clause:

If you are not satisfied with any of the terms and conditions of the Policy, you may return the Policy Document along with a letter stating the reason for disagreement, within 15 days or 30 days (if purchased through Distance Marketing mode¹) of receipt of the Policy Document. Upon return of this Policy by You, this Policy will terminate and all rights, benefits and interests under this Policy shall stand extinguished. We will refund the Premiums received by us, after deducting the proportionate risk premium for the period of cover, and charges of stamp duty paid on the Policy.

Distance Marketing:

Distance marketing includes every activity of solicitation (including lead generation) and sale of insurance products through the following modes:

- Voice mode, which includes telephone-calling
- Short Messaging Service (SMS)
- Electronic mode, which includes e-mail, internet and interactive television (DTH)
- Physical mode, which includes direct postal mail and, newspaper and magazine inserts; and
- Solicitation through any means of communication other than in person

Aegon Life Insurance Company Limited

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