

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 proposer and signature across.

## Proposal Form

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.

**NOTE : FOR UNIT LINKED PLAN, THE INVESTMENT RISK IN THE INVESTMENT PORTFOLIO IS BORNE BY THE POLICY HOLDER. This Form is applicable for Life to be assured 18 years and above and for minor lives applying for simplified Underwriting policies only.**

### TO BE FILLED BY THE SALES REPRESENTATIVE

<input type="checkbox"/> Rural <input type="checkbox"/> Urban Rural Code <input type="text"/>	Sourcing Channel <input type="checkbox"/> Agency Distribution <input type="checkbox"/> Aegon Life Connect <input type="checkbox"/> Business Alliance <input type="checkbox"/> Other (Give details) <input type="text"/>	<b>Quote Number</b> <input type="text"/>
Details of Life Advisor/ Relationship Manager/ Specified Person Code <input type="text"/> Contact Number <input type="text"/>		

### INSTRUCTIONS FOR COMPLETING THIS PROPOSAL FORM

- This form is to be completed in **BLOCK LETTERS** by the Proposer or the Life to be Assured.
- 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 proposed insured.**
- If the Proposer or the Life to be Assured signs this proposal in vernacular or put their thumb impression upon it, then the respective declaration must be completed.
- 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.
- The Proposer and Life to be Assured must countersign any cancellation or alterations made in this form. **White ink must not be used.**
- The Life to be Assured is advised to use the facility of nomination, available in the form.
- If the payment is not made by way of cheque/DD, kindly make cash payment at an ALI branch and collect your initial deposit receipt.**

### e-Insurance Account (eIA) Details (To be filled by the Proposer)

We can process your application form quicker if you have an e-Insurance Account (eIA) with an Insurance Repository in India:

- If you have an eIA, provide details:
  - Name of Insurance Repository
  - eIA No
  - Name as appearing in eIA
- If you do not have an eIA, would you like to open an account?  Yes  No  
 If Yes, choose any one Insurance Repository:
 

<input type="checkbox"/> CAMSRep - CAMS Insurance Repository & Services	<input type="checkbox"/> KARVY
<input type="checkbox"/> NDML - NSDL Data Management Ltd.	<input type="checkbox"/> CIRL - Central Insurance Repository Ltd.
<input type="checkbox"/> SCHIL- Stock Holding Corporation of India Limited	

Once you have an eIA, you can buy and keep all your insurance policies from any insurer in electronic mode. You need to have only one eIA for all your policies and it comes with an unique e-Insurance Account number. Each e-Insurance account holder gets an unique Login ID and Password to access his account and electronic policy details online. Once you have an eIA, your documentation for buying a policy will be much simpler

SECTION 1: PERSONAL DETAILS	Life to be Assured	Proposer
1.1 Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs./Ms. <input type="checkbox"/> Other <input type="text"/>	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs./Ms. <input type="checkbox"/> Other <input type="text"/>
First Name	<input type="text"/>	<input type="text"/>
Middle Name	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>
1.2 Father's First Name	<input type="text"/>	<input type="text"/>
Middle Name	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>
1.3 Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female



SECTION 1: PERSONAL DETAILS	Life to be Assured	Proposer
1.16 Occupational and Employment Details  1.17 Type of Entity  1.18 a) Name of the employer b) Exact nature of duties c) Designation d) Years since working e) Total work experience  1.19 Annual Income  1.20 Income Proof Submitted	<input type="checkbox"/> 1. Agriculturist <input type="checkbox"/> 2. Armed Forces <input type="checkbox"/> 3. Driver <input type="checkbox"/> 4. Housewife <input type="checkbox"/> 5. Police <input type="checkbox"/> 6. Service - Government <input type="checkbox"/> 7. Service - Private Sector <input type="checkbox"/> 8. Service - Public Sector <input type="checkbox"/> 9. Student <input type="checkbox"/> 10. Professional (Please specify) _____ 11. Business <input type="checkbox"/> 11.a) Antique Dealer <input type="checkbox"/> 11.b) Arms/Explosive <input type="checkbox"/> 11.c) Money changer/ Money transfer agents <input type="checkbox"/> 11.d) Film Personalities <input type="checkbox"/> 11.e) Real Estate Dealers <input type="checkbox"/> 11.f) Casino <input type="checkbox"/> 11.g) Overseas Manpower Supplier <input type="checkbox"/> 11.h) Construction (Infrastructure, etc.) <input type="checkbox"/> 11.i) Others (Please specify) _____ <input type="checkbox"/> 12. NRI- Salaried <input type="checkbox"/> 13. NRI- Business  <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Trust/Charity <input type="checkbox"/> NGO <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Private Limited Company	<input type="checkbox"/> 1. Agriculturist <input type="checkbox"/> 2. Armed Forces <input type="checkbox"/> 3. Driver <input type="checkbox"/> 4. Housewife <input type="checkbox"/> 5. Police <input type="checkbox"/> 6. Service - Government <input type="checkbox"/> 7. Service - Private Sector <input type="checkbox"/> 8. Service - Public Sector <input type="checkbox"/> 9. Student <input type="checkbox"/> 10. Professional (Please specify) _____ 11. Business <input type="checkbox"/> 11.a) Antique Dealer <input type="checkbox"/> 11.b) Arms/Explosive <input type="checkbox"/> 11.c) Money changer/ Money transfer agents <input type="checkbox"/> 11.d) Film Personalities <input type="checkbox"/> 11.e) Real Estate Dealers <input type="checkbox"/> 11.f) Casino <input type="checkbox"/> 11.g) Overseas Manpower Supplier <input type="checkbox"/> 11.h) Construction (Infrastructure, etc.) <input type="checkbox"/> 11.i) Others (Please specify) _____ <input type="checkbox"/> 12. NRI- Salaried <input type="checkbox"/> 13. NRI- Business  <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Trust/Charity <input type="checkbox"/> NGO <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Private Limited Company
1.21 Are you a Politically Exposed Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please provide details _____  Politically Exposed Persons are individuals who are or have been entrusted with prominent public functions, eg. 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please provide details _____
1.22 For Non-earning Female Lives/Students a) Husband's or Parent's Annual Income b) Total Insurance Cover on Husband/Parents	_____ _____	

**2. Details of Nominee / Appointee (Only when Proposer & Life to be Assured is same)(An appointee, if required, must be a major)**

Name of Nominee (Mr./Mrs./Ms) \_\_\_\_\_ Date of Birth   D     D     M     M     Y     Y     Y     Y  

Relationship with the Life to be Assured  Father  Mother  Spouse  Child  Other (Please specify) \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

If Nominee is Minor:

(a) Name of Appointee \_\_\_\_\_

(b) Relationship to Nominee \_\_\_\_\_ Date of Birth   D     D     M     M     Y     Y     Y     Y  

(c) Address for Communication \_\_\_\_\_  
 \_\_\_\_\_

(d) Acceptance Signature of Appointee \_\_\_\_\_

## SECTION 2: INSURANCE PLAN DETAILS

Please state purpose of insurance (Tick whichever is applicable)

 Protection

 Investment

 Savings

### Name of Base Plan/Rider/Additional Benefit

 AL Term Plan

 AL Educare Advantage Plan

 AL Future Protect Plan

 AL Future Protect Plus Plan

 AL CI Rider

 AL ADDD Rider

 AL \_\_\_\_\_

 AL \_\_\_\_\_

 AL \_\_\_\_\_

Base Sum Proposed (Rs.)	Rider Sum Proposed (Rs.)	Policy Term (in years)	Premium Paying Term (in years)	Premium Details (Sum of premium for Base Plan & Riders, if any) (Rs.)			
				Installment Premium (a)	Service Tax <sup>#</sup> (b)	Education Cess <sup>#</sup> (c)	Total Installment Premium (a+b+c)
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

<sup>#</sup>Excluding premium for Unit Linked Insurance Plans (ULIPs).

### Frequency of Premium Payment

 Monthly

 Quarterly

 Half-yearly

 Yearly

 Single

Do you want to opt for any of the following as your Renewal Premium payment method? (Please check with your Sales Representative for the availability of this service)

 Direct Debit

 ECS

\*Please submit a duly filled ECS/Direct Debit Form along with a copy of a cancelled cheque of the relevant bank account.

## SECTION 3: FUND CHOICE

For ULIPs: Do you want to opt for Invest Protect Option?

 Yes

 No (If the reply is 'No' please complete the following table)

Funds (for ULIPs)	Accelerator Fund	Stable Fund	Debt Fund	Secure Fund	Total
Allocation Percentage	_____ %	_____ %	_____ %	_____ %	_____ %

Do you want to select the auto re-balancing option?

 Yes

 No

## SECTION 4: BANKING DETAILS

### a. INITIAL PAYMENT DETAILS

Third Party Payment:  Yes  No

Particulars of Amount deposited

Amount in Rs. \_\_\_\_\_

Date of Deposit | D | D | M | M | Y | Y | Y | Y |

 Cash

 Cheque

 Demand Draft

 Other (Please specify) \_\_\_\_\_

Cheque or Demand Draft No. \_\_\_\_\_

Name of the Bank, Branch Address \_\_\_\_\_

Account Number \_\_\_\_\_

MICR Code \_\_\_\_\_

IFSC Code \_\_\_\_\_

### b. NEFT DETAILS (If bank account is different from initial payment)

Name of Account Holder \_\_\_\_\_

Name of the Bank, Branch Address \_\_\_\_\_

Account Number \_\_\_\_\_

MICR Code \_\_\_\_\_

IFSC Code \_\_\_\_\_

## SECTION 5: INSURANCE HISTORY

1. Are there any insurance policies or proposals on the Life to be Assured/Proposer issued or submitted or pending with Aegon Life Insurance or any other insurance company (including policies which are Surrendered/ Lapsed/Submitted for revival or Reinstatement)?

 Yes

 No

If yes, please give details:

Plan Name	Policy/Proposal Number	Name of the Insurer	Sum Assured on Base Plan Number	Rider Sum Assured except Accident Riders	Month & Year of Issue	Current status of policy including any claims for living benefit
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

2. Have any of the proposals for life insurance on the Life to be Assured/ Proposer ever been Declined/ Postponed/ Dropped or Accepted with modified terms?

Yes  No

If yes, please give details:

Policy/ Proposal Number	Name of the Insurer	Sum Assured on Basic Plan	Rider Sum Assured except Accident Riders	Month & Year of Issue	Please state reason for decline / postpone / rated up	Current status of policy including any claims for any living benefit

**NOTE: If you have opted for Aegon Life Guaranteed Income Advantage Plan or Aegon Life Educare Advantage Plan or Aegon Life Flexi Money Back Advantage Plan and you are upto 35 years and chosen Sum Assured upto 20 lakhs or your are up to 50 years and sum assured up to Rs. 12.5 lakhs • If you have opted for Aegon Life Future Protect Plan /Aegon Life Future Protect Plus Plan and the total Sum Assured under all the previous policies under Aegon Life Premium Gain Plan, Aegon Life Premium Gain Plus Plan, Aegon Life Invest Maximiser Plan, Aegon Life GRP and/or Aegon Life GRP 3 and the current proposal is not more than Rs.12.5 lakhs, please reply to the following 3 questions only.**

**MUST READ**

**SECTION 6 : QUESTIONS ON HEALTH DECLARATION**

1. Has the Life to be Assured suffered from, treated or advised to be treated for high blood pressure, diabetes, heart attack or 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 Complex?  Yes  No
2. During the past 5 years, has the Life to be Assured undergone any surgery or required treatment at a hospital or clinic for more than 7 days or undergone any investigations with abnormal results?  Yes  No
3. Have any proposals of the Life to be Assured for Life Insurance or request for reinstatement /revival of existing policy been accepted with extra/postponed/declined or accepted with terms other than proposed?  Yes  No

**If you have applied for any other plan / Sum Assured or your reply to any of the questions in Section 6 is affirmative(YES), then please reply to all further sections of proposal form.**

**SECTION 7: LIFESTYLE INFORMATION**

(Please give details of all questions replied to in affirmative in the space provided for the same.)

1. Have you planned to travel or are currently travelling outside India for more than 30 days?  Yes  No  
If yes, please state the purpose of travel.  
 Business/employment  Studies  Vacation  Other (Please specify) \_\_\_\_\_
2. Do you take part or do you intend to take part in any hazardous sports, pastimes or hobbies such as diving, motor sports, mountaineering or sailing? If yes, please complete the respective questionnaire.  Yes  No
3. Do you engage or have you any prospect or intention of engaging in aviation other than as a fare paying passenger? If yes, please complete the Aviation questionnaire.  Yes  No
4. Have you ever taken narcotics, e.g Heroin, Cocaine, Cannabis/ Ganja, LSD, etc.? If yes, complete the Drug Usage questionnaire.  Yes  No
5. Do you consume alcohol? If yes, please specify the quantity consumed per week.  Yes  No  
Beer \_\_\_\_\_ bottles, Wine \_\_\_\_\_ glasses, Hard Liquor \_\_\_\_\_ pegs
6. Have you ever smoked cigarettes/ bidis, or used any other products containing tobacco/ nicotine? If yes, please specify the quantity consumed per day.  Yes  No  
Cigarettes \_\_\_\_\_ Bidis \_\_\_\_\_ Paan \_\_\_\_\_ Gutka \_\_\_\_\_  
Any other form of tobacco (Please specify) \_\_\_\_\_
7. Have you ever been advised by a doctor to reduce your alcohol or tobacco consumption? If yes, please give details.  Yes  No

Q. No.	Life to be Assured/Proposer

## SECTION 8 : FAMILY HISTORY DETAILS

1. Please give details of family members of the Life to be Assured.

Family Member	Name	If Living		Existing Policy Holder of Aegon Life Insurance	If Deceased	
		Health Status If unhealthy, state condition and date of diagnosis	Date of Birth		Cause of Death	Age at Death
Father				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mother				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Brother (s)				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sister (s)				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Spouse				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Child I				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Child II				<input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Have any of your above relatives ever suffered from or are suffering from diabetes, hypertension, heart disorder, cancer etc.?

Yes  No

If yes, please give details \_\_\_\_\_

## SECTION 9: PERSONAL INFORMATION

1. a) Height \_\_\_\_\_ cms.      b) Weight \_\_\_\_\_ kgs.

c) Has your weight altered by more than 5 kgs. in the last 2 years? If yes, please mention

Yes  No

Gain \_\_\_\_\_ kgs. or Loss \_\_\_\_\_ kgs.

Reason for loss \_\_\_\_\_

2. Please give name, address and contact number of Family Physician:

Name	Registration Number	Address	Contact Number

**NOTE: If Life to be Assured/Proposer is to be subjected for Medical Examination Report (MER) from our authorised Medical Examiner, for the purpose of this policy, Section 10 may be left blank.**

## SECTION 10: MEDICAL INFORMATION

(In case any of the below questions are replied to in affirmative, please give complete details in the space provided for the same. For ailments/diseases marked as\* please complete the respective questionnaire.)

Life to be Assured

Proposer

1. Have you ever suffered from or are suffering from or sought advice for:

a) Raised BP\*, Raised Lipids, Angina, Heart Attack (Myocardial Infarction), Chest Pain\*, Heart Murmur, Stroke, shortness of breath, Palpitations, Rheumatic Fever or any other disease or abnormality of heart, Pulse or Arteries?

Yes  No

b) Diabetes\*, impaired Glucose tolerance or sugar in urine or high blood sugar?

Yes  No

c) Blood Disorder, Anaemia, abnormal bleeding or Spleen disorders?

Yes  No

d) Cancer, Tumour, Leukaemia, Cyst, enlarged Lymph Node or any abnormal growth?

Yes  No

e) Thyroid Disorder, Pituitary Tumours or other hormonal disorders?

Yes  No

f) Epilepsy\*, Head Injury, Multiple Sclerosis, Cerebral Palsy, Paralysis, Tremors, Numbness, Double Vision, Dizzy or Fainting Spells?

Yes  No

g) Any mental illness\* including Psychiatric Disorder, Depression, Anxiety, Stress, Nervous Breakdown or Insomnia?

Yes  No

h) Asthma\*, Chronic Bronchitis, Emphysema, Pneumonia, Tuberculosis, Chronic Cough, or any other chest or lung complaint for which you have required treatment?

Yes  No

i) Recurrent Indigestion, Ulcer, Colitis, Chronic Diarrhoea, Piles, Fistula, Jaundice, Hepatitis, Cirrhosis or any other disease of the liver, stomach, bowels, kidneys, bladder, reproductive system or urinary system?

Yes  No

j) Arthritis, Gout, Osteopenia, Osteomyelitis, Polio or any disease of the joints, bones or muscles?

Yes  No

2. Have you during the last 5 years:
- a) Suffered from an ailment/injury/accident requiring treatment/hospitalisation for more than a week?  Yes  No
- b) Undergone or advised to undergo or are currently undergoing any form of medical treatment?  Yes  No
- c) Consulted any doctor or other health practitioner except for common cold/ influenza lasting for less than 4 days?  Yes  No
- d) Undergone investigations or tests such as blood test, X-Ray or ECG etc.  Yes  No  
 Routine check-up  Pre-employment check-up  Others
- e) Been on any medication prescribed by a medical practitioner or on special diet or alternative medicine?  Yes  No
3. Have you ever or are you currently suffering from any illness, impairment or disability or any surgery not mentioned above?  Yes  No
4. Have you or your spouse ever suffered or tested positive or been treated for any sexually transmitted disease, or infected with HIV, been diagnosed as having HIV antibodies or suffered from an AIDS related condition (ARC)?  Yes  No
5. Do you have any physical deformity or congenital by birth defects?  Yes  No
6. Do you have any health symptoms or complaints for which a physician has not been consulted e.g. persistent fever unexplained weight loss, loss of appetite, pain, swelling etc?  Yes  No
7. For Female lives only:
- a) Are you currently pregnant? If yes, how many weeks \_\_\_\_\_  Yes  No
- b) Are you suffering or suffered from any pregnancy related complications?  Yes  No
- c) Have you undergone or have been advised to undergo or are currently undergoing any investigation, consultation, advice, operation or treatment for any gynaecological disorder?  Yes  No

Q. No.	Complete details such as diagnosis, medications, period of treatment etc

## DECLARATIONS

- I/We declare that the sales literature and illustrations in relation to the product proposed to be purchased by me/us have been provided and explained to me/us and I/we have understood the same.
- I/We confirm that the deposit towards the first premium has not been and the renewal premiums to be paid under the policy to be issued in pursuance of this proposal will not be generated from the proceeds of any criminal activities/offences listed in the Prevention of Money Laundering Act 2002 or under any other applicable law, including the guidelines issued by the Insurance Regulatory and Development Authority of India (the "IRDAI") and all amounts paid along with the proposal and payable in future shall be paid out of legally assessed source of income. I/We undertake to provide to the Company information required by the Company regarding source of income whether required for its own satisfaction or required under any statutory provision / requisition. I/We have no objection to the Company providing this information to any Statutory Authority under enforceable provisions of law for the purpose of complying with anti money laundering law or other Statutes. I/We declare that in case I/we are found guilty of any offence relating to anti money laundering law, the Company can cancel the policy issued pursuant to this proposal. In case the premium is paid out of any account other than my/our own, I/we shall ensure that such payment is permitted under Section 80C/80CCC of the Income Tax Act, 1961. I/We understand that the Company classifies its customers under various categories of risk for the purposes of complying with the laws governing prevention of money laundering and I/we confirm that I/we do not have any objections for the same.
- I/We hereby understand and agree that the replies to the questions in the proposal, the details furnished in the enclosed questionnaires, the reports of any medical examination, or laboratory tests, the proof of age of the Life to be Assured/Proposer and this declaration will be the basis of the contract of assurance between me/us and Aegon Life Insurance Company Limited. (the "Company").
- I/We hereby understand and agree that if any statement made in the proposal for insurance or to any medical examiner, or referee, or friend of the Life to be Assured, or in any other document leading to the issue of the policy is inaccurate or false, is on a material matter or facts which are material to disclose, or if any information provided or disclosure made by me/us at the time of proposal are invariance with my/our financial position or health condition, physical or mental, as at the time of proposal or if any of the documents submitted by me/us is found to be fake or forged the contract that will be made in pursuance of this proposal shall be null and void and the policy shall be cancelled immediately as per provisions under Section 45 of the Insurance Act 1938 as amended from time to time
- I/We understand and declare that any statement, any information sought by the Company from any person authorised by me/us to provide such information, all declarations, affidavits and other statements made by me/us and relied upon by the Company to assess the risk on Life to be Assured under this proposal shall form the basis of the contract of assurance between myself/us and the Company and shall be the basis of assessment, assumption and acceptance of risk by the Company. I/We further agree that the premium payable as well as the sum assured (main as well as additional benefits) may vary upon assessment of risk by the Company.
- I/We understand the significance of the contract and that the contract will be governed by the provisions of the Insurance Act, 1938 and the Indian Contract Act, 1872, and that the same will not commence until written communication about acceptance of this proposal by the Company is received by me/us. I/We further understand and agree that the deposit made by me/us along with the proposal is interest free deposit to be adjusted against the premium payable upon issue of the Policy and in the event the proposal made by me/us is not accepted by the Company or is declined by the Company, the deposit shall be refunded by the Company without any interest. I/We understand and agree to pay any statutory levy, taxes or charges including but not limited to service tax or indirect taxes that is levied or may be levied by Statutory Authorities on the premium payable by me/us.
- I/We hereby authorize Aegon Life Insurance Company Limited to conduct screening/confirmation/reconfirmation of overall status of the Life to be Assured including the health status through medical examination, including but not limited to HIV 1/2, based on disclosure made by Life to be Assured as per underwriting policy of the Company. In the event of Life to be Assured being medically examined, the answers given by Life to be Assured to the medical examiner shall be deemed to be incorporated in this proposal.
- In order to enable the Company to assess the risk under this proposal and anytime thereafter, I/we hereby authorize the past and present employer(s)/business associates of the Life to be Assured/Proposer, medical practitioner/hospital/medical source/any life and non-Life Insurance Company/organization or Life Insurance Association to release to the Company the records of employment/business or other details of the Life to be Assured/Proposer as may be considered relevant for acceptance or otherwise of the proposal.

9. I/We agree and declare that the Company may without any reference to me/us (or to my/our beneficiary, as the case may be) disclose any information contained in the proposal, the annexure, in the reports of any medical examination /laboratory tests or in the documents submitted by me/us or procured by the Company to any other insurer or to any reinsurer or to any claims investigator. Likewise the Company may make available copies of the proposal form, annexures, reports of any medical examination laboratory tests or any documents submitted by me/us (or, as the case may be, by my/our beneficiary) or procured by the Company to any insurer or reinsurer or to any claims investigator. So also the Company may without any reference to me/us (or, as the case may be, to my/our beneficiary) furnish to any court /tribunal or other authority any such information or proposal, annexure, reports or documents as may be required of the Company or as may be considered necessary by the Company.
10. I/We understand that I/we will be issued with a T-Pin number by Aegon Life Insurance Company Limited, which shall be used by me/us to transact over the phone transactions as are, in the Company's sole judgement, feasible under the policy features including updating my/our personal and other policy details as and when required. I/We hereby declare that on the receipt of the T-Pin, I/we shall maintain complete secrecy & ensure that the same is kept confidential; and not let any unauthorized person including, for the purposes of this clause, the nominee/beneficiary/any employee or representative of the Company, voluntarily or accidentally or by mistake have access to the T-Pin. I/We shall abide by such Terms & Conditions governing the use of T-PIN as may be sent to me/us along with the T-PIN. I/We also understand that the Company may at its sole discretion, amend or discontinue the service relating to such transactions over the phone. I/We do understand and agree that the responsibility of usage of the policy T-Pin is solely on my/our discretion.
11. I/We further agree that if after the date of submission of the proposal but before the issue of the Acceptance Letter cum First Premium Receipt (i) any change in the occupation or any adverse circumstances connected with the financial position or the general health of the Life to be Assured /Proposer occurs or (ii) if a proposal for assurance or a proposal for revival of a policy on the life of the Life to be assured made to any other insurer is withdrawn, dropped, deferred, declined or accepted at an increased premium or subject to a lien or on terms other than as proposed, I/we shall forth with intimate the same to the Company in writing. I/We further undertake to notify the Company any changes in health condition of Life to be Assured or financial condition of myself/ours between the date of this proposal and prior to acceptance of the risk by the Company. Any omission on my/our part to do so shall render the assurance entered into in pursuance of this proposal invalid and the policy shall be cancelled immediately in accordance to the Section 45 of the Insurance Act 1938, as amended from time to time.

**TO HELP US MAKE ISSUANCE AND CLAIM PROCESS HASSLE -FREE, PLEASE ENSURE THAT ALL INFORMATION FILLED ON THIS FORM IS CORRECT & COMPLETE.**

Witnessed by Life Advisor / Relationship Manager

Name:

Code:

Signature:

Place:

Signature/Thumb Impression of the Proposer

Signature /Thumb Impression of the Life to be Assured\*

Date

\*If Life to be Insured has completed 18 years of age

**Declaration to be submitted if proposal is signed in vernacular or bears the thumb impression of the Proposer/Life to be Assured:** I have explained the contents of this proposal to the Proposer/Life to be Assured in \_\_\_\_\_ (language), as per his/his or her/his choice and that the contents have been fully understood by him/her. I have accurately recorded the Proposer's/Life to be Assured's replies to the questions in the proposal form. I have read out the replies recorded by me to the Proposer/Life to be Assured and he/she/they has/have confirmed that they are correct. The thumb impression/signature of the Life to be Assured/Proposer is affixed in my presence.

Name of the declarant

Address

Place

Signature of the person making the declaration

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. Signature/thumb - impression of the Proposer

**Extract of 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.

**Extract of 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 mode<sup>1</sup>) of receipt of the Policy document.

<sup>1</sup>Distance marketing: Distance marketing includes every activity of solicitation (including lead generation) and sale of insurance products through the following modes: (i) Voice mode, which includes telephone-calling (ii) Short Messaging service (SMS) (iii) Electronic mode which includes e-mail, internet and interactive television (DTH) (iv) Physical mode which includes direct postal mail and newspaper & magazine inserts and (v) Solicitation through any means of communication other than in person.

**AEGON Religare Life Insurance is now Aegon Life Insurance.**

Aegon Life Insurance Company Ltd.,  
 IRDAI Registration No. 138  
 Corporate Identity No.: U 66010MH2007PLC169110  
 Building No. 3, Third floor, Unit No. 1, NESCO IT Park, Western Express Highway, Goregaon (E),  
 Mumbai 400 063. Tel: +91226118 0100 | Fax: 02261180200 / 300 | Toll Free No.: 1800 209 9090  
 e-mail: customer.care@aegonlife.com | Website: www.aegonlife.com



## Confidential Report

**(To be filled by the Sales Representative)**

Quote No. \_\_\_\_\_

**This form is to be completed by the Life Agent / Relationship Manager / Specified Person of CA.**

Please answer the questions below. Use extra sheet to provide details.

If the Sum Assured is more than Rs. 15 lakhs, it should be validated and signed by the Business Manager / Business Development Manager / Sales Manager. In cases where the Sum Assured exceeds Rs. 30 lakhs, along with a CR, a Special Report should be submitted by Branch Head for Tied Agency channel, Branch Manager for Aegon Connect and a Regional Manager for Business Alliance channel.

### A) Personal details of Life to be Assured:

Name \_\_\_\_\_

1) a) Have you met the Life to be Assured for this life insurance proposal? Yes  No

b) Is the Proposer / Life to be Assured related to you? Yes  No

c) Since how long do you know the Proposer / Life to be Assured? \_\_\_\_\_ Years.

2) Are you aware of anything about the Life to be Assured's lifestyle, participation in hazardous sport, habits, medical history, health or any risk factor that would have an adverse effect on his/her insurability? Yes  No

If yes, please provide details \_\_\_\_\_

3) Has any proposal for new business or reinstatement of the life insurance on the Life to be Assured ever been Declined, Deferred, Postponed or Accepted at special terms? Yes  No

If yes, please provide details \_\_\_\_\_

4) Are you personally satisfied about the financial standing of the owner / Life to be Assured and insurability of the Life to be Assured?  Yes  No

If no, please provide details \_\_\_\_\_

5) Is the Proposer a Politically Exposed Person? Yes  No

If yes, please provide details \_\_\_\_\_

6) Is the client hesitant in providing any information? If yes, please provide details Yes  No

\_\_\_\_\_

### B) Financial details

Details	Proposer	Life to be Assured
1) Realistic estimate of annual income		
2) Investments e.g. Property / Shares / Others		
3) Liabilities: Mortgage / Loan / Car Loan / Others		

### C) Source of Sale (tick one only)

Reference / cold call  Relative of Life Agent / Relationship Manager / Specified Person  Walk-in client  Proposer's request

Existing client  Friend / acquaintance  Others (Please specify) \_\_\_\_\_

### D) Policy Type

General  NRI  MWP  HUF  Employer Employee  Partnership

### E) Comments if any

\_\_\_\_\_

**Declaration:** I / We hereby declare that the foregoing statements are true to the best of my / our knowledge and belief. I / We state that the proposal has been filled up by the Proposer / person authorized by the Proposer after fully understanding the nature of the questions in the proposal form and importance of disclosing all the material information has been explained by me / us to the Proposer, recommend this proposal for insurance. I / We confirm having verified the identity and the address of the customer and the proofs submitted for the same.

Life Agent / Relationship Manager / Specified Person Name \_\_\_\_\_

Code \_\_\_\_\_

Signature \_\_\_\_\_

Business Manager / Business Development Manager / Sales Manager Name \_\_\_\_\_

Signature \_\_\_\_\_

# Proposal Checklist

For Questions which are not applicable, please mention N.A. (Strokes/Dashes/Dots/leaving the details unanswered will not be accepted.)

**Aegon Life Branch name** \_\_\_\_\_

**Channel Partner Name & ID** \_\_\_\_\_

(Only for Business Alliance Team)

Document Check	LA / RM / SP	CSE
The photocopy of the following documents MUST be self-attested by the Life to be Assured: <input type="checkbox"/> Age Proof <input type="checkbox"/> Address Proof <input type="checkbox"/> Identity Proof <input type="checkbox"/> Quote / Benefit Illustration <input type="checkbox"/> Income Proof (Premium>1 Lakh)		
Recent Photograph of the Life to be Assured stapled on the Proposal form. ECs Mandate Form & Cancelled Cheque copy (If opted for ECS)		
Life Planner sheet is completed in all respect & attached (Not required for Direct Marketing Channel)		
<b>Following details of Quote matches with Proposal form</b>	LA / RM / SP	CSE
Quote number mentioned on the proposal form		
Name, Date of Birth & Gender of the Life to be Assured		
Sum Assured, Premium, Policy & premium payment Term & Rider if opted		
Premium Payment Type as mentioned in the proposal form		
Payment Frequency for renewal/premium selected as per product opted. For Pension plan, premium payment type matches with proposal form		
For ULIP Funds opted & total percentage of funds equals to 100%. (Not applicable if opted for Investprotect option for ULIPs)		
Proposer's and Life Agent's/Relationship Manager's (Specified Person's) signature (Date of signing should be less than 90 days old)		
Quote sign date is same as Proposal sign date.		
<b>Age Proof, KYC documents</b>	LA / RM / SP	CSE
Name and Date of Birth of the Life to be Assured on the Proposal form matches with Age proof.		
Age Proof & KYC Documents are as per Underwriting & KYC Norms for the product opted		
Self-declaration attached, in case of minor name mis-match with the Age Proof.		
Declaration for Address proof, in case the address proof is in family member's name.		

I, hereby confirm that all the points in the Proposal Checklist have been duly checked & verified by me.

Signature of Life Agent/ Relationship Manager/Specified Person \_\_\_\_\_

Signature of CSE \_\_\_\_\_

**(ONLY FOR BUSINESS ALLIANCE CHANNEL)**

I hereby declare that I have spoken to the customer and have verified that the product features and charges have been explained to him/her.

Signature of Sales Manager \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

Branch Remarks (if any) \_\_\_\_\_

\_\_\_\_\_

AL\_/PF\_/Major/December 2015/ V1

**Quote No** \_\_\_\_\_

Exception Approval	LA / RM / SP	CSE
Specify the exception with mandatory Branch Head/Branch Manager or Regional Manager approval. 1. _____ 2. _____ 3. _____ Comments (if any): _____ Approver's Name: _____ Employee Code: _____		
<b>Completeness Check of Proposal &amp; Documents</b>	LA / RM / SP	CSE
All questions answered in Health Declaration section. (Not applicable if opted for Pension plan without riders)		
Nominee/Appointee details, Annual Income, Contact number, Occupation & Employment details are updated.		
Corrections if any encountered on the form are countersigned in full by the Life Assured & Proposer. No White Ink is used.		
Life to be insured/Proposer have signed at relevant place. Date and Place of signing has been mentioned in the proposal form		
No signature mis-match (both Life to be assured & Proposer) in Proposal form & attached documents		
If Proposal is signed in vernacular or bears thumb impression of the Proposer/ Life to be Assured, then Vernacular Declaration is submitted with the Proposal Form.		
CR filled, Agent Name & Code mentioned & signed by the Requisite Authority.		
Cheque amount same as Quote, Cheque signed, current dated and made payable to "Aegon Life Insurance Co. Ltd." Quote Number & Name of customer written behind the Cheque.		
<b>Insurance history, Lifestyle Information, Family History, Personal &amp; Medical Information in Proposal Form</b>	LA / RM / SP	CSE
All questions are answered (for all sections) and details mentioned are clear & complete.		
If the Life to be assured consumes alcohol/tobacco/nicotine in any form then the quantity is specified in the space provided.		
The relevant questionnaires (Medical & Non-medical) wherever applicable filled Eg. Aviation questionnaire, Hypertension questionnaire etc.		
Family history sections (1&2) updated & for any death below 60 years exact cause of death specified.		
Medical Information section is correctly & completely answered by Life to be assured/Proposer. (Applicable only if Life to be assured is NOT subjected for a MER from our authorized Medical examiner.		
If Life Assured is female then questions pertaining to Female Lives (Q7) under Medical section is answered.		

**(Only for Aegon Connect)**

1. Medicals done?  Yes  Not Applicable

2. I hereby declare that I have spoken to the customer and have verified that the product features and charges have been explained to him/her and the interaction with the Relationship Manager has been satisfactory.

Signature of CSE Aegon Connect \_\_\_\_\_

Date \_\_\_\_\_

Branch/CSE remarks on customer call back (if any) \_\_\_\_\_

\_\_\_\_\_

CSE Direct Remarks to be counter signed by the CDM/BH with Remarks \_\_\_\_\_

\_\_\_\_\_

\*L.A - Life Agent R.M - Relationship Manager S.P - Specified Person