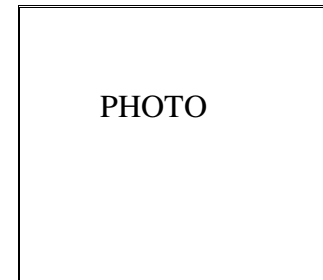


**LIFE INSURANCE CORPORATION OF INDIA**  
(Established by the Life Insurance Corporation Act, 1956)

Annexure - 4

PROPOSAL FORM No. 501  
(**OWN LIFE**) (Male/Female/Third Gender)  
(This form is not to be used for proposals  
on the lives of minors/ proposal on another life)



Inward No.	Date

<p>To be filled in by agent</p> <p>Divisional Office      Branch Office      DO/CLIA Code No</p> <p>_____</p> <p>Agent's / FSE's/DSE's /Sup Agent's Name: _____</p> <p>Agent's /FSE's/DSE's /Sup. Agent's Code No      Authorisation No      Date of expiry</p> <p>-----</p>	<p>FOR OFFICE USE ONLY :</p> <p>Proposal no :</p> <p>Amt. of Deposit :</p> <p>B.O.C No:</p> <p>Date :</p>
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(All answers to be filled in legibly. Answers must be given in words written in BLOCK Letters. Stroke of the pen or dot or dashes will not be accepted as replies).

<p>A) Name the proposer in full (IN BLOCK LETTERS)</p> <p align="center">(First Name)      (Middle Name)      (Surname)</p> <p>Mr/Mrs/Miss..... B) Sex: (M / F/ Third gender).....</p>		
<p>C) Fathers Full Name: -----</p>		
<p>D) Address for correspondence.....</p> <p align="center">.....</p>		
<p>E) Residential Address, if different from above.....</p> <p align="center">.....</p>		
<p>F) Tel.No. (STD code):      Res:      Off:</p>		
<p>Mobile:</p>		<p>E-mail ID:</p>

2. Plan & Term:..... Sum Proposed (Rs.):..... Amount of deposit:.....BOC No & Date.....

Mode (Yly, Hly, Qly, Mly or SSS) ..... If Policy is to be dated back, indicate date:.....

Accident Benefit Sum Proposed (if required)(Rs.):.....

Total Accident Benefit Sum Assured under all previous policies: .....

3. Date of birth.....Age (nearer birthday)....., Place of Birth.....Nationality.....

Nature of Age proof submitted....., Objective of Insurance .....

4. Nominee's full name (Surname first) and address IN BLOCK LETTERS).....

Age..... Relationship to yourself.....

If Nominee is a minor, appointee's full name and address

Age..... Relationship to nominee.....Signature of appointee as token of consent

5. Present Occupation.....Name of the Employer.....Nature of duties.....

Educational Qualification..... Annual Income.....Length of service.....

Source of income..... Are you Tax Assessee.....

Aadhaar No. (Mandatory).....PAN No. ....

CKYCR No. ....

6. Has a proposal on your life or an application for revival of a policy on your life made to this or any other Office of the Corporation ever been

i) Withdrawn, Deferred, Dropped, Declined?-Yes / No ....., if yes, give details.....

ii) Accepted with extra premium or Lien?-Yes /No....., if yes, give details.....

iii) Accepted on modified terms? -Yes /No....., if yes, give details.....

7. Please give details of your previous insurance under this plan:

Sr. No.	Policy No.	Table & Term	Basic Sum Assured *	Date of Commencement	Whether inforce for full Sum Assured	If not give due date of last premium paid or date of surrender

(\* ) – The total Sum Assured under all policies (including Basic Sum Assured under this proposal) of an individual under this plan is Rs. 3 lacs only.

Is your life being proposed simultaneously under the same plan? (Y/N). If yes, give details:

**8. Health Details of the Life Assured**

A) Height-----cms Weight.....kgs

B) Do you or have you ever used-

- i) Alcoholic drinks -Yes /No ..... Narcotics -Yes / No .....
  - ii) Any other drugs-Yes/No..... Tobacco in any form-Yes / No.....
- If yes, frequency/quantity consumed /day.....

**If reply to any of the Questions from ‘C’ to ‘H’ below is “yes”, please give full details. If space is inadequate, use separate sheet**

C) During the last five years did you ever consult a Medical Practitioner for any ailment requiring treatment for more than a week -Yes / No

D) Are you currently taking, or have you previously taken, any medication or treatment for a continuous period of more than 14 days for any condition other than for minor coughs, cold, flu, typhoid? -Yes / No

E) (i) Did you ever have any accident or injury? Yes /No

(ii) Have you ever had an Electrocardiogram, X-ray or screening, Blood, Urine or stool examination? Yes /No

(iii) Have you ever been admitted to any hospital, nursing home, asylum, sanatorium for general check -up, observation, treatment or operation?-Yes /No

F) Do you have any congenital defect, physical deformity or handicap? Yes /No

G) Have you currently been advised to undergo any medical investigation or are you awaiting results of any investigation (other than routine health check) at this point-Yes/No

H) 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: Please tick to indicate presence of any of the following conditions.

<p><b>1.</b> Lungs/ Respiratory Disease / Persistent cough, asthma, bronchitis, pneumonia, spitting of blood etc.</p>	<p><b>2.</b> Hypertension, Hypotension, ,rheumatic fever, pain in chest, breathlessness, palpitation, heart attack, any disease / problem of the heart or arteries?</p>
<p><b>3.</b> Peptic ulcer/colitis, jaundice, anaemia, piles, dysentery, or any other disease of the stomach, liver, spleen, gall bladder or pancreas/ Hepatitis B or C digestive disorder?</p>	<p><b>4.</b> Any disease of kidney /prostate or urinary system or disease of the reproductive organs-?</p>
<p><b>5.</b> Paralysis/ Stroke /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?</p>	<p><b>6.</b> Hernia/hydrocele, varicocele, fistula, varicose veins, filariasis, gonorrhoea, syphilis or any other venereal disease?</p>
<p><b>7.</b> Cancer/leukemia/lymphoma/ tumour / cyst/ Any other growth / lumps/ blood disorder (e.g.</p>	<p><b>8.</b> Any disease of ear, nose, throat or eyes, including defective sight or hearing and discharge from the</p>

Haemophilia, Thalassaemia etc. )/enlarged glands?	ears?
<b>9.</b> Diabetes/ suffering from diabetes or have you ever passed sugar, albumin, pus or blood in urine/ Goiter/ Thyroid or other endocrine disorder?	<b>10.</b> Bone / Joint/ Spine Disease/ Arthritis?
<b>11.</b> Nervous, psychiatric, Mental Disorder (Depression/ Anxiety, etc.) or any other disease of brain-?	<b>12.</b> Chronic infections- Tuberculosis/ pleurisy / Skin Disease/ skin eruption/ Leprosy?
<b>13.</b> Disease of teeth such as pyorrhoea missing teeth, whether wearing denture?	<b>14.</b> Any Operation, accident or injury/ any bodily defect or deformity?
<b>15.</b> Gout, tumor, growth or cyst of any kind, Leprosy, rheumatism?	<b>16.</b> HIV Infection/AIDS or positive test for HIV?
<b>17.</b> Any other disease not covered above?	

**9. FEMALE RELATED QUESTIONS:**

- A. Have you ever suffered/ are you suffering from any gynecological problem?
- B. Have you ever undergone any investigation or treatment or received medical advice or consulted a physician for
- i) Any disease or disorder of the cervix, uterus ovaries or vagina, abnormal bleeding, cancer or growth?
  - iii) Any disease or disorder of the Breast (s) such as Breast Lump/cyst, Fibrocystic disease, nipple changes or discharge, cancer or growth?
  - iv) Have you had any abortion or miscarriage or Caesarian section ? If so, give details
- C. Have you undergone any Mammogram or Pap smear? If yes, then kindly provide the last report.
- D. Are you pregnant now?
- E. Husbands Insurance Details:

- 10.** 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.
- 11.** 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.)
- 12.** Have you ever been or are currently being investigated, charged sheeted, prosecuted or convicted in respect of any criminal/civil offences in any court of law in India or abroad?
- 13.** Are you at present in good health?
- 14.** Have you understood fully the terms & conditions of the plan you propose to take?
- 15.** Please provide the following information to help us serve you better.

Bank Account details:

- a. Type of Account-Saving / Current: b. 9 Digit MICR:
- c. Name and Address of your bank:
- d. IFSC Code: e. RTGS Code :
- f. NACH mandate in case of (mly) mode.

**16.** Attach a photocopy of cancelled cheque with the form.

**DECLARATION BY THE PROPOSER**

I \_\_\_\_\_ authorize LIC of India to take my KYC details of Aadhaar from the Unique Identification Authority of India (UIDAI)

I \_\_\_\_\_ the person whose life is herein 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 dealt with as per provisions of Section 45 of the Insurance Act, 1938 as amended from time to time.

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 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 a policy on my life made to any office of the Corporation is 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 contract to be dealt with as per provisions of Section 45 of the Insurance Act, 1938 as amended from time to time.

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

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)

“I hereby declare that I have fully explained the above questions to the proposer and I have truthfully recorded

the answers given by the proposer.”

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

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

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

“I certify that the contents of the form and documents have been fully explained to me by (Name, Designation, occupation) Mr. / Mrs.: \_\_\_\_\_ and I have understood the significance of the proposed contract.

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

2. In case the Proposer 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.

“I hereby declare that I have fully explained the above questions and contents of the proposal form to the proposer in \_\_\_\_\_ language, and that the proposer has affixed the thumb impression above after fully understanding the contents thereof.”

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

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

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

**SECTION 45 OF THE INSURANCE ACT, 1938 AS AMENDED BY INSURANCE LAWS (AMENDMENT) ACT, 2015**

(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.’

**SECTION 41 OF THE INSURANCE ACT,1938 AS AMENDED BY INSURANCE LAWS(AMENDMENT )ACT,2015**

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 liable for a penalty which may extend to ten lakh rupees.

**Addendum to Proposal Form for LIC's e-services**

(Fields marked with asterisk (\*) are compulsory)

(a) Do you wish to avail LIC's e-services for your Policy through the Customer Portal of L.I.C. of India? YES / NO

(b) Are you already registered with customer portal of LIC of India? YES / NO

(c) If yes, please provide Policy Number of one of the policies enrolled on the customer portal :

(d) Your e-mail id for future correspondence (\*)

(e) Your Mobile Number (\*) :

(f) PAN Number:

(g) Passport Number:

(h) UID (Aadhaar) Number:

**(It is mandatory to provide either PAN No, Passport No or UID No. for availing LIC's e services)**

Date : \_\_\_\_\_

\_\_\_\_\_  
Signature of the Proposer

Place : \_\_\_\_\_

Name of Proposer : \_\_\_\_\_



LIFE INSURANCE CORPORATION OF INDIA  
(Established by the Life Insurance Corporation Act, 1956)  
AGENT'S CONFIDENTIAL REPORT

Divisional office.....Branch Code No..... Proposal No.....

Name of the agent..... Agency Code No.....Authorisation No .....

Date of expiry of Authorisation.....

Name of the LA.....Age.....Occupation.....Annual Income.....

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1. Give marks of identification.....
2. How long have you known the proposer& LA?.....
3. Does LA appear to be of the age stated in the proposal?.....
4. Does LA appear to be in good health and free from any disease / deformity?.....
5. Height of the LA.....cms Weight of the LA.....kgs
6. Do you have any knowledge of his/her (LA) having suffered from any illness or injury or undergone any operation, hospitalisation or medical investigations, if yes give details.....
7. Are you aware of anything in the occupation, financial or social position of the proposer, his /her (LA) personal habits or any other circumstances which are likely to add to the risk?.....
8. Do you recommend acceptance of the proposal?.....
9. Have you explained fully the terms and conditions of the plan to the proposer& LA?.....
10. Are you satisfied that the life proposed and /or proposer is not connected with any terrorist activities?.....

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

Dated at.....

Date.....

Signature of Agent

(To be completed by the DO/CLIA/SBA/ABM/BM/Sr. BM)

I am satisfied with the identity of the party 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 behalf.

Dated at.....Date.....

Name & Designation/Standing (No. of years) .....

Signature