

TATA AIG LIFE INSURANCE COMPANY LIMITED  
(Incorporated in India)

## Application Form

(Please fill the form in BLOCK letters)

**IMPORTANT NOTICE:** 1) Kindly disclose in this application ALL material facts that shall form the basis of our Contract, otherwise the policy issued may be void or voidable at the option of Tata AIG Life (subject to section 45 of Insurance Act, 1938). If you are in doubt whether a fact is material or not, please disclose it. 2) All information needs to be filled on the Application Form. If some details are not applicable, NA should be written on the Application Form. 3) Cash should be deposited with Authorized Cashier of Tata AIG Life. 4) If either of the current or permanent address field is left blank then the address provided in either fields will be considered relevant to the incomplete field as well. 5) Sales Illustration is an integral part of this application. This needs to be signed by the Proposed Assured.

Please affix recent photograph of the payor.  
Photograph to be signed across by payor

Life Insurance Application Form:  Rural  Urban  Medical  Non-MedicalCustomer ID No.: Branch Code: FSO/Campaign Code: Office Code: Channel: Agent/Broker/Specified Person/Employee Name: Policy No.: Agent/Broker/Specified Person/Employee Code: 

## STEP 1 PERSONAL DETAILS OF PROPOSED ASSURED:

Name:  F I R S T  M I D D L E  L A S T  Gender:  M  FFather's/Husband's Name:  F I R S T  M I D D L E  L A S T Date of Birth:  D D M M Y Y Y Y  Age Proof Type (e.g. school leaving certificate etc.): Maiden Name:  F I R S T  M I D D L E  L A S T   
(In case of married women)Marital Status:  Single  Married  Widowed  DivorcedEducation:  Post-Graduate & above  Graduate  Diploma  12th Pass  10th Pass  Below 10th  Others, please specify \_\_\_\_\_

## Current Residential Address:

Address 1/Village: Address 2/PO: Address 3/PS:  Landmark: City:  District:  State: PIN Code:  Tel. (O):  S T D  Tel. (R):  S T D Fax No.:  S T D  Mobile:  0  E-mail: Permanent Residential Address (If different from current residential address):  Tel. (R):  S T D Occupation:  Exact Nature of Daily Duties: Annual Income (Rs.) (Income including all other sources): Name of the Employer / Name of the Business Business Address: City:  District: State:  PIN Code: Are you Resident Indian/NRI/PIO/Others (Specify Nationality) If other than Resident Indian please specify Current Country of Residence Correspondence Address:  Current  Permanent  Business Which hand do you use predominantly?  Left  RightObjective of buying this Insurance Policy: Savings  Health Protection  Others ( Please Specify ) 

## STEP 2 PERSONAL DETAILS OF PAYOR (IF OTHER THAN PROPOSED ASSURED)

Name:  F I R S T  M I D D L E  L A S T  Gender:  M  FDate of Birth:  D D M M Y Y Y Y  Marital Status:  Single  Married  Widowed  Divorced

## Current Residential Address:

Address 1/Village:

Address 2/PO:

Address 3/PS:  Landmark:

City:  District:  State:

PIN Code:  Tel. (O):  S T D  Tel. (R):  S T D

Fax No.:  S T D  Mobile:  0  E-mail:

Permanent Residential Address (If different from current residential address):

Occupation:  Exact Nature of daily duties

Annual Income (Rs.) (Income including all other sources):

Name of the Employer/Name of the Business:

Industry:  Business Address:

City:

District:  State:  PIN Code:

Are you Resident Indian/NRI/PIO/Others (Specify Nationality)

If other than Resident Indian please specify Current Country of Residence

Relationship with Proposed Assured:

Do you have any existing insurance and /or concurrent application for insurance on your life or where you are payor?

( If the space is insufficient kindly attach a separate sheet) Yes  No

If Yes, please provide details as below.

Details Of:	Name of Company	Sum Assured (Life) (in Rs.)	Annual Premium (in Rs.)	Status
Payor				

### STEP 3 OTHER PAYOR DETAILS \*

\*The below details should be of the person who is paying the premium.

Are you a politically exposed person **?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been convicted of any criminal proceedings under any court of law in India or abroad? If yes, please provide details	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sources of Funds		

\*\* A "Politically Exposed person" is a person who performs important functions for the state. This would include individuals who have or have had positions of Public Trust such as Government Officials, Senior Executives of Government Corporations, Politicians, Important Political Party Officials, Member of Parliament, Member of Legislative Assembly, etc, and their families and close associates.

### STEP 4 DETAILS OF NOMINEE, APPOINTEE & CONTINGENT POLICYHOLDER

Details Of:	Name : (underline Surname/Family name & expand any initials in the following sequence: Surname/Family Name, First Name, Middle Name)	Relationship with Life Assured	Age	Signature
NOMINEE (applicable only if Proposed Assured is adult)				
APPOINTEE (Applicable only in cases where the nominee is below 18 years)				
CONTINGENT POLICYHOLDER (Applicable only in cases where the proposed assured is below 18 years)				

### STEP 5 BANK DETAILS\* (for all policy related payments made by the Company)

Name	Branch	Account No.

\*Mandatory for NRIs.

### STEP 6A INSURANCE APPLIED FOR TATA AIG LIFE INVESTASSURE HEALTH PLUS

Name of the plan	Sum Assured (Please tick the option selected)					
Daily Hospital Benefit	3000 <input type="checkbox"/>	2500 <input type="checkbox"/>	2000 <input type="checkbox"/>	1500 <input type="checkbox"/>	1000 <input type="checkbox"/>	500 <input type="checkbox"/>

Policy Term: Years  Family Option# (Tick)  Spouse  Child 1  Child 2

#As per the plan and option chosen the Daily Hospital Benefit is 100%, for the individual and spouse and 50% of the benefit of the individual for the children.

No DHB benefit is payable under the Policy on the death of any Covered Member

### STEP 6B Details of family members (If Family Option is chosen above)

	Name	Gender	Date of birth	Age
Spouse				
First Child				
Second Child				



**Demand Draft No.:** \_\_\_\_\_ Date:           Payable in favour of "Tata AIG Life Insurance Company Ltd."

**Credit Card** I wish to avail the facility of paying the **Monthly/Quarterly/Semi-annual/Annual** (Strike off whichever is not applicable)

payment of Rs. \_\_\_\_\_ in respect of Policy Number \_\_\_\_\_ by way of automatic debit to my credit card account.

The details of my Credit Card are as follows: Card Type:  Visa  MasterCard

**\*Only Visa/MasterCard accepted**

No.: \_\_\_\_\_ Expiry Date:

Issued By (Name of the issuing bank): \_\_\_\_\_

**Initial Payment**  **Renewal Payment** (Attach change in premium payment option form)  **Initial and Renewal Payment**

**Note: Please attach photocopy of nominated Credit Card Front side with this form. CVV No. should not be disclosed.**

**I understand and agree that :** • The total payment in respect of my Life Insurance Policy with Tata AIG Life Insurance Company Limited (Company) will be charged to the credit card account nominated by me at the interval indicated by me in the Policy application form • The record of charges in respect of my Life Insurance payment submitted by Tata AIG Life Insurance Company Limited to my credit card account will neither bear my signature nor the imprint of my credit card • A copy of the Total Payment Notice will be sent to me as usual with the "Total Payment Amount due" showing the amount that will be debited to my credit card account • These instructions are valid till I issue instructions to the contrary in writing to the bank with a copy to Tata AIG Life Insurance Company Limited. • I agree and accept that the total payment that will be debited towards the policy may vary as per the policy terms and conditions and service tax prescribed by the government from time to time I agree and accept this and also agree that no fresh authorisation will be required and taken.

I agree to inform Tata AIG Life Insurance Company Limited in writing if the nominated credit card account is cancelled, substituted or not renewed. I, therefore, undertake to unconditionally honour and pay without contestation the total payment amount when I am billed for the same by the aforementioned bank. This understanding is a part of terms and conditions listed below.

**Terms & Conditions:** (1) The nominated credit card must be in the name of Proposer/Proposed Assured of the policy. (2) Photocopy of the front side of the Credit Card must be enclosed with the Direct Debit authorisation. (3) In case the transaction is declined, the policyholder is liable to pay the outstanding by cash or cheque. (4) The company reserves the right to withdraw the said facility without assigning any reason whatsoever.

Name of Proposer/ Proposed Assured \_\_\_\_\_

Signature of Proposer/ Proposed Assured \_\_\_\_\_

\_\_\_\_\_

(As appearing on the Credit Card)

**STEP 9: LIFE STYLE DETAILS: TO BE COMPLETED BY THE PROPOSED ASSURED AND FAMILY MEMBERS**

	Proposed Assured	Spouse	Child 1	Child 2
1. Are you employed in the armed forces, paramilitary or Police Forces or Fire Brigade	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Question not applicable for child	Question not applicable for child
2. Is your occupation associated with any specific hazard (e.g. Chemical Factory, mines, explosives, radiation, corrosive chemical etc)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Question not applicable for child	Question not applicable for child
3. Do you take part in activities or have hobbies that could be dangerous in any way? (e.g. aviation other than as a fare paying passenger, diving, mountaineering, any form of racing etc)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Do you smoke or consume or have ever consumed Tobacco, alcohol, any narcotic or psychotropic substances. If yes please give the following details:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Substance Consumed	Yes	No	Consumed as	Quantity	No. of Years
Tobacco/ Smoking			Cigar/Cigarette/Beedi/Gutkha/Others		
Alcohol			Beer/Wine/Hard Liquor/Others		
Any Narcotics/ Psychotropic Substances					
If left consumption of any of the above substance, please state reason for leaving					

If answer to any of the questions 1 to 4 above is "yes", please provide details

Question No.	Details

If the space provided is insufficient, request you to kindly attach a separate sheet.

a. Have you ever been declined, deferred or accepted at special terms under a life, accident, medical or health related insurance? If Yes, Please Provide Details _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Do you have any existing insurance and/or concurrent application for insurance on your life? If 'Yes', please provide details. Indicate for Proposer (P), Proposed Assured (LA), Spouse, Child 1 or Child 2	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Name	Name of company	Sum Assured				Annual Premium	Issue Date	Status
		Life	Critical Illness	Accident	Hospital			
Proposed Assured								
Spouse								
Child 1								
Child 2								



## STEP 10 DECLARATIONS AND AUTHORIZATION

Kindly disclose in this application ALL material facts which shall form the basis of our contract, otherwise the policy issued may be void or voidable at the option of Tata AIG Life (subject to section 45 of the Insurance Act 1938). If you are in doubt whether a fact is material or not, please disclose it (subject to section 45 of Insurance Act 1938).

**Declaration & Authorisation** I/We hereby declare and agree that (a) I/We have read the application or the same was interpreted to me/us, and the answers entered in the application are mine/ours; (b) I/We hereby certify, on behalf of myself/ourselves and behalf of any person who may have or claim any interest in the said Policy, that each of the above answers is full, complete and true and I/We understand that Tata AIG Life Insurance Company Ltd. (hereafter called "the Company") believing them to be such, will rely and act on them, otherwise the proposed application may be void; (c) such application shall not be considered as effected by reason of any money paid, or settlement made in payment of or on account of any premium, until this application is received by the Company during the life time of the Proposed Assured and is finally approved by an authorized officer of the Company; (d) if my/our application be accepted by the Company, the Incontestability and Suicide Provision thereof shall have effect from the issue date of my/our application.

Furthermore, I/We hereby irrevocably authorize (a) any organization, institution, or individual that has any record of knowledge of my/the Proposed Assured's health and medical history or any treatment or advice that has been or may hereafter be consulted or other personal information to disclose to the Company such information. This authorization shall bind my/the Proposed Assured's successors and assigns and remain valid notwithstanding my/the Proposed Assured's death or incapacity in so far as legally possible; and (b) the Company or any of its approved medical examiners or laboratories to perform the necessary medical assessment and test to underwrite and evaluate my/the Proposed Assured's health status in relation to this application and any claim arising therefrom. These tests may include, but are not limited to, tests for cholesterol and related blood lipids, diabetes, liver or kidney disorders, Acquired Immuno Deficiency Syndrome (AIDS), infection by any human immunodeficiency virus (HIV), immune disorder or the presence of medications, drugs, nicotine or their metabolites. A photocopy of this authorization shall be valid as the original. I/We also agree and undertake that a) if there is any material change in my/Proposed Assured's circumstances, including but not limited to, changes in my health, employment, financial circumstances, arrest or being charged with a criminal offence, non-standard acceptance or rejection of a life insurance application, prior to the acceptance of the Company of this application for insurance, I will immediately notify the Company of such change in writing, and b) the Company will take into account any such change in circumstances in deciding whether to reject or accept this application.

I/We hereby undertake that if after the date of submission of the proposal form but before the issue of the Policy document if i) there is any change in my/Proposed Assured's occupation or any circumstances adversely affecting my/Proposed Assured's financial position or there is any change in my/Proposed Assured's health condition; or ii) an application for insurance on my life made to any other insurance Company or an application for revival has been rejected, or accepted at an increased premium or terms other than as proposed by me/Proposed Assured, I shall forthwith intimate same to the Company in writing.

I/We agree and understand that the information provided by me/us and disclosure made by me/us hereinabove shall be the basis of assessment, assumption and acceptance of risk by the Company.

**INSURANCE ACT 1938, Section 45:** No policy of life insurance effected before the commencement of this Act shall after 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 statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policyholder and that the policyholder knew at the time of making it that the statement was false or that it suppressed facts, which it was material to disclose. 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 Proposed Assured was incorrectly stated in the proposal.

**Cancellation right and refund of premium (Free Look Period):** I/We understand that I/We have the right to cancel and obtain a refund of any premium(s) paid by giving written notice. Such notice must be signed by me and received directly by the Company within fifteen (15) days from the date of receipt of the policy.

**Commencement of cover:** I/We understand that the cover applied for under this application will commence after approval of my/Our application and receipt of the required premium by the Company.

**INSURANCE ACT 1938 Section 41 - Prohibition of Rebates.** (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 prospectuses or tables of the insurer. (2) If any person fails to comply with sub regulation (1) above, he shall be liable to payment of a fine which may extend to rupees five hundred.

### Income Tax Act, 1961

Tax Benefits and Premiums payable under the policy are subject to tax laws and other financial enactments as they may exist from time to time. As per the current tax rules, premiums paid in respect of Morbidity are eligible for tax deduction under section 80D of the Income Tax Act, 1961 (the Act). The balance of premium is eligible to tax deduction under section 80C of the Act, provided the annual premium during the year does not exceed 20% of the sum assured. Premium paid under Yearly Renewable Term Rider, Accidental Death and Dismemberment (Long scale) Rider and Accidental Death Rider are eligible for tax deduction under section 80C of the Act, provided the annual premium during the year does not exceed 20% of the sum assured. Premium paid under the Surgical Benefit Rider and the Critical Illness (Lumpsum) Benefit rider is eligible to tax deduction under section 80D of the Act. The benefits under this plan and riders are tax exempt under section 10(10)D of the Act subject to conditions.

Tata AIG Life does not assume the responsibility on tax implications mentioned any where in this document. Please consult your own tax consultant to know the tax benefit available to you.

### U.S. TAX DECLARATION :

"By purchasing this policy and signing below I represent I am not a U.S. person for purposes of US federal income tax and that I am not acting for, or on behalf of, a US person." A false statement or misrepresentation of tax status by a US person could lead to penalties under US law. If your tax status changes and you become a US citizen or resident, you must notify us within 30 days (US citizens must strike out this clause and initial the change at the left hand side).

### AML DECLARATION :

I hereby declare that: 1 The premium paid / to be paid has been derived from legally declared and assessed sources of income.

2. I understand that the Company has the right to peruse my financial profile and also agree that the Company has the right to cancel the Insurance Contract in case I have been found guilty under any of the provisions of any law, directly or indirectly, having relation to the laws governing prevention of money laundering in the country, by any competent court of law.

I/ we hereby declare and agree that I / we have read and fully understood the contents of the application form as explained to me / us by the Agent/Specified Person/Broker/Employee and have fully understood the significance of the proposed Contract. The information / answers filled in the application form are exact replication of the information / answers provided by me/ us to him / her and no addition / deletion / alteration has been done by the Agent/Specified Person/Broker/Employee to the information so provided.

I/We declare that I/We have received the acknowledgment for the premium paid to the Agent/Specified Person/Broker/Employee.

Signature/Thumb impression of the Proposed Assured:

Date:

(Date of signing this application form)

Place:

(Place of signing this application form)

Name of Agent/Specified Person/Broker/Employee:

Agent/Specified Person/Broker/Employee Code:

Agent/Specified Person/ Broker/Employee Signature:

Corporate stamp: (In case of Specified Person/Broker)

### In Case The Proposed Assured/ Proposer Is Illiterate Or Signing In Vernacular /If The Form Has Been Filled By The Agent/employee/specified Person/broker On Behalf Of The Proposed Assured/ Proposer:

I, \_\_\_\_\_ (name of the Agent/Specified Person/Broker/Employee), \_\_\_\_\_ (Agent/Specified Person/Broker/Employee Code) hereby declare that I have read & explained the contents of the application form to the Proposed Assured/ Proposer in \_\_\_\_\_ language and that I have read out to the Proposed Assured/ Proposer, the answers to the questions dictated by the Proposed Assured/ Proposer. The information/answers filled in the application form by me on behalf on the Proposed Assured/ Proposer are exact replication of the information/answers provided to me by the Proposed Assured/ Proposer and that the Proposed Assured/ Proposer has signed/affixed his/her thumb impression on the application form after fully understanding the contents thereof. I further declare that there is no addition/ deletion/alteration done by me to the information/answers provided by the Proposed Assured/ Proposer

Signature of Agent/Specified Person/Broker/Employee: \_\_\_\_\_

Signature/Thumb Impression of Proposed Assured/ Proposer \_\_\_\_\_

Witness Details: Name and Signature: \_\_\_\_\_ ID Proof Type: \_\_\_\_\_ ID Proof Number: \_\_\_\_\_

### Details to be filled by Agent/Specified Person/Broker/Employee: (Please check or strike off as appropriate)

Photo ID  Residence Proof  Income Proof  Age Proof

I, \_\_\_\_\_ (name of the Agent/Specified Person/Broker/Employee), \_\_\_\_\_ (Agent/Specified Person/Broker/Employee Code) confirm that I have verified photocopies of the proofs submitted with respect to the above against the originals and certify the same to be true copy.

(Signature of the Agent/Specified Person/Broker/Employee)

This product is underwritten by Tata AIG Life Insurance Company Ltd. Please refer to product brochure for detailed terms and conditions before concluding a sale. Insurance is the subject matter of the solicitation. Riders are not mandatory and are available for a nominal extra cost.. ULIP Products are different from traditional Life Insurance products and are subject to risk factors. Premium paid in ULIPs are subject to investment risks associated with capital markets & the NAV of the units may go up or down based on the performance of the funds and factors influencing capital market and the insured is responsible for his/ her decisions. Tata AIG Life Insurance Company Limited is only the name of the Insurance Company and Tata AIG Life InvestAssure Health Plus is only the name of the ULIP Contract and does not in any way indicate the quality of the Contract, its future prospects or returns. The various funds offered under this contract are the names of the funds and do not in any way indicate the quality of these funds, their future prospects and returns

**Tata AIG Life Insurance Company Limited** (Regn. No. 110)

**Registered & Corporate Office:** Peninsula Towers, 6<sup>th</sup> Floor, Peninsula Corporate Park, Ganpatrao Kadam Marg, Lower Parel, Mumbai 400 013.

If you do not receive your policy document within 45 days of signing of the application form, please call the **Tata AIG Life Insurance Company Ltd** toll free Helpline 1-800-119966 (From MTNL and BSNL lines) or write to us on [customercare@tata-aig.com](mailto:customercare@tata-aig.com) visit us at [www.tata-aig-life.com](http://www.tata-aig-life.com) or SMS 'SERVICE' to 58888