

Please affix the photograph of the Policyholder here.

Application Form

For MahaLife Gold, LifePlus and Assure 21 years Money Saver
(FOR OFFICE USE ONLY)



A new look at life

Customer ID No.:	<input type="text"/>	Branch Code:	<input type="text"/>
FSO/Campaign Code:	<input type="text"/>	Office Code:	<input type="text"/>
Channel:	<input type="text"/>	Agent/Specified Person/Broker/Employee Name:	<input type="text"/>
Policy No.:	<input type="text"/>	Agent/Specified Person/Broker/Employee Code:	<input type="text"/>

(Please fill the form in BLOCK letters)

STEP 1 PERSONAL DETAILS OF LIFE ASSURED

Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Gender:	<input type="checkbox"/> M <input type="checkbox"/> F
Father's/ Husband's Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Address 1/Village:	<input type="text"/>				
Address 2/PO:	<input type="text"/>				
Address 3/PS:	<input type="text"/>	Landmark:	<input type="text"/>		
City:	<input type="text"/>	District:	<input type="text"/>	State:	<input type="text"/>
PIN Code:	<input type="text"/>	Date of Birth:	<input type="text"/>	Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
Age Proof Type (e.g. school certificate etc.):	<input type="text"/>				
Maiden Name:	<input type="text"/>	Tel. (O):	<input type="text"/>	Tel. (R):	<input type="text"/>
Fax No.:	<input type="text"/>	Mobile:	<input type="text"/>	E-mail:	<input type="text"/>
Nationality:	<input type="text"/>	Occupation:	<input type="text"/>	Exact Nature of Daily Duties:	<input type="text"/>
Annual Income (Rs.):	<input type="text"/>	Name of Employer:	<input type="text"/>	<i>(if you are employed)</i>	
Business Address:	<input type="text"/>				
City:	<input type="text"/>	District:	<input type="text"/>	State:	<input type="text"/>
PIN Code:	<input type="text"/>	Correspondence Address:	<input type="checkbox"/> Residential <input type="checkbox"/> Business	Which hand do you use predominantly?	<input type="checkbox"/> Left <input type="checkbox"/> Right
Are you a member of the defence force?	<input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please provide details: <input type="text"/>				
Height:	<input type="text"/>	cm/feet	Weight:	<input type="text"/>	kg/lb
Has there been any change in your weight in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No. If 'Yes', please state amount change and cause if known.				
Amount change:	<input type="text"/>	Cause:	<input type="text"/>		
Type of Identity Proof submitted:	<input type="text"/>	Type of Address Proof submitted:	<input type="text"/>		

STEP 2 PERSONAL DETAILS OF PROPOSER (If other than Life Assured. For child application, proposer means original Policyholder/Payor.)

Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Gender:	<input type="checkbox"/> M <input type="checkbox"/> F
Father's/ Husband's Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Address 1/Village:	<input type="text"/>				
Address 2/PO:	<input type="text"/>				
Address 3/PS:	<input type="text"/>	Landmark:	<input type="text"/>		
City:	<input type="text"/>	District:	<input type="text"/>	State:	<input type="text"/>
PIN Code:	<input type="text"/>	Date of Birth:	<input type="text"/>	Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
Age Proof Type (e.g. school certificate etc.):	<input type="text"/>				
Maiden Name:	<input type="text"/>	Tel. (O):	<input type="text"/>	Tel. (R):	<input type="text"/>
Fax No.:	<input type="text"/>	Mobile:	<input type="text"/>	E-mail:	<input type="text"/>

Nationality: Occupation: Exact Nature of Daily Duties:

Annual Income (Rs.): Name of Employer: (if you are employed)

Business Address:

City: District: State:

PIN Code: Correspondence Address: Residential Business Which hand do you use predominantly? Left Right

Are you a member of the defence force? Yes No. If yes, please provide details: _____

Height: cm/feet Weight: kg/lb

Has there been any change in your weight in the last 12 months? Yes No. If 'Yes', please state amount change and cause if known.

Amount change: Cause: Relationship with Life Assured:

Type of Identity Proof submitted: Type of Address Proof submitted:

STEP 3 INSURANCE APPLIED FOR

	Name of Plan	Amount of Insurance	Total Payment Amount	Policy Term	Premium Paying Term
Basic Plan					
Riders					

STEP 4A PREMIUM AND PAYMENT METHOD

Mode of Payment: Cash Cheque Credit Card DD Salary Deduction Standing Instruction Electronic Clearing System
(Please fill a separate form if this option is selected) (Please fill a separate form if this option is selected)

Premium Frequency: Annual Semi-annual Quarterly Monthly

Premium Rs. + Service Tax[^] Rs. = Total Payment Rs.

For the premium amounts corresponding to each product, please refer to the premium table.

[^]Service tax is payable on life insurance premium as per section 65(105)(zz) of Finance Bill (No.2), 2004 at the applicable rates as per circular number 80/10/2004-S.T., dated 17-9-2004 issued by the Govt. of India, Ministry of Finance and subsequent directions issued by the authorities from time to time.

STEP 4B PAYMENT MODE (Applicable in case of Cheque and Credit Card option)

Cheque Name of Bank: Account No.:

Branch Name and Address:

Cheque No.: 1. Date: 3. Date:

2. Date: 4. Date:

NB: The cheque, crossed A/c Payee, should be payable to "Tata AIG Life Insurance Company Ltd."

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: Date of Birth:

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 Credit Card Front and Back side with this form

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. In the event a critical illness rider is attached to my basic policy, the amount that will be debited will be the payment, which may be different from the first payment paid by me. • 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 on page 3.

Terms & Conditions: 1)The nominated credit card must be in the name of Proposer/Life Assured of the policy. 2) Photocopy of both the sides 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/
Life Assured: Signature of Proposer/
Life Assured:
(As appearing on the Credit Card)

STEP 5 DETAILS OF NOMINEE (Applicable only if Life Assured/Proposer is an adult)

Name (underline Surname/Family Name & expand any initials in the following sequence: Surname/Family Name, First Name, Middle Name)	Relationship with Life Assured	Age	Age Proof Type

STEP 6 DETAILS OF APPOINTEE (Applicable only in cases where the nominee is below 18 years)

Name	Relationship with Life Assured	Age	Age Proof Type	Signature of Appointee

STEP 7 DETAILS OF CONTINGENT POLICYHOLDER (Please mention the details where Life Assured is a child)

Name	Relationship with Life Assured	Age	Age Proof Type	Signature of Contingent Policyholder

STEP 8 CURRENT INSURANCE DETAILS

1. Do you have life insurance policy with Tata AIG Life Insurance Company Ltd.? Yes No.
If yes, please provide policy nos.: _____
2. Have you ever been declined, deferred, or accepted at special terms under a life, accident, medical or other health-related insurance by Tata AIG Life Insurance Company Ltd. or any other insurance company? Yes No.
If yes, please provide details:

Company Name	Policy No.	Sum Assured				Accepted/Rejected	Reasons for Rejection/Terms of Acceptance	Date of Issue	Annual Premium
		Life	Critical Illness	Accident	Hospital				

STEP 9 HEALTH DECLARATION (Please tick the impairment wherever applicable. Questions in STEP 9 to be answered by both Life Assured and Proposer, in case the Life Assured is below 18 years or is a housewife.)

1. Have you ever suffered or are suffering from or received medical advice, investigation or treatment for:	Life Assured		Proposer		2. Do you engage in motor sports, climbing, scuba diving, hand gliding and aviation other than as a fare paying passenger on a regularly scheduled airline or travel overseas other than for vacation or holiday or any other hazardous activities or hobbies?	Life Assured		Proposer	
	Yes	No	Yes	No		Yes	No	Yes	No
a) Epilepsy, Asthma, Tuberculosis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Any disease or disorder of the brain and nervous system, respiratory system, digestive system, circulatory system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
c) Stroke, anemia or any blood disorder, chest pain, elevated cholesterol, heart disease, high/low blood pressure or disorder of kidney or genito-urinary system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Do you currently have any medical condition or symptoms, or has a doctor attended to you for any condition other than cold, influenza or employment related examinations in the past 5 year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Diabetes or hepatitis (including Hepatitis B carrier) or liver disorder or HIV infection, or a positive test to HIV or have been diagnosed as having HIV antibodies or suffered from AIDS related condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
e) Cancer, Tumor, Cyst or growth of any kind?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Do you a) Consume alcohol? if yes, state the type _____ Quantity consumed daily _____ b) Smoke or use tobacco products or have done so in the last 12 months? if yes please state the type and quantity consumed daily (average) Type: _____ and Quantity: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Depression, Mental or Psychiatric condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
g) Any physical disability or deformity or handicap or disorder of bones, joints or muscles or any disorder or disease of eye?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Female Life Assured only Are you pregnant at present? If yes, state the duration in weeks _____ Expected date of delivery _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions in Step 10 to be answered in case chosen insurance cover is above Rs. 10 lakhs for ages (0-35 years) and Rs. 4 lakhs for ages (36-45 years).

In case chosen insurance cover is below or equal to Rs. 10 lakhs for ages (0-35 years) and Rs. 4 lakhs for ages (36-45 years) then please proceed directly to Step 11 of insurance questionnaire.

STEP 10 HEALTH DETAILS

1. Have you EVER HAD any of the following: a) Fits, recurrent headache, paralysis, faints or any other disease or disorder of the brain, spinal cord or nerves? b) Anxiety, schizophrenia or any other nervous disorder? c) Thyroid disorder or any other hormone disorder? d) Ear discharge, impaired sight, hearing or speech or any other disorder of ear, eye, nose or throat? e) Pneumonia, emphysema, coughing up blood, persistent cough or any other disorder of the chest or lungs? f) Palpitations, heart attack or any other disorder of the heart or blood vessels? g) Gall bladder disorder, ulcer, bleeding from the stomach or bowel, hemorrhoids or any other disorder of the digestive tract? h) Bladder disorder, urine abnormality? i) Hemophilia or leukemia? j) Back or neck complaint, arthritis, gout? k) Any illness that has caused you to be absent from work for a continuous period of 7 days or more?	Life Assured	Proposer
	Yes No	Yes No
2. Have you or your spouse received medical advice, testing or treatment in connection with a) Sexually transmitted disease or HIV infection, or b) Suffered from prolonged weight loss, diarrhoea, enlarged glands, or c) Unusual skin lesion or been advised to abstain from donating blood?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you consulted a doctor or any other medical facility for investigation or diagnostic tests (such as X-ray, ultrasound, CT scan, biopsy, ECG, blood or urine etc) in the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you had any other illness, injury, operation or abnormality not mentioned under any question above which is recurrent or has symptoms persisting for more than 7 days?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any symptoms or condition for which you intend to attend a doctor in the future?	<input type="checkbox"/>	<input type="checkbox"/>
6. Female Life Assured only a) Are you now pregnant? If 'Yes', please state expected delivery date. Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> b) Have you ever suffered from any complication during a previous pregnancy or delivery? c) Have you suffered from any disorder of the breast or reproductive organs including abnormal smear test(s) and irregular menses?	<input type="checkbox"/>	<input type="checkbox"/>

If answer to any of the questions above in STEP 10 (Questions 1 to 6) is 'Yes', please give full details (Diagnosis, Dates, Investigations, Results, Treatment & Current Condition), noting the question number.

Question No.	
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7. Name and Address of your physician (Western medical practitioner). Please provide registration number, date, reason & result of last consultation.	Life Assured's Doctor:
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8. Have either of your natural parents or any siblings died or suffered from cancer, heart disease, stroke, high blood pressure, diabetes, kidney disease, mental disorder or depression, tuberculosis or polycystic kidney or other hereditary disease before the age of 60? If 'Yes', please provide details: (type of cancer if applicable)					Life Assured	Proposer
					Yes No	Yes No
					<input type="checkbox"/>	<input type="checkbox"/>
Relationship	Type of illness	Age at Diagnosis	Current Age (if living)	Age at Death (if deceased)	Relative of Life Assured	Relative of Proposer
					<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"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please date back my Application to:

STEP 11 DECLARATION AND AUTHORISATION

You have to disclose in this application ALL material facts which shall form the basis of our contract, otherwise the policy issued may be void or voidable. If you are in doubt whether a fact is material, please disclose it.

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 Co. 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 Insured 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 approval date of my/our application.

Furthermore, I hereby irrevocably authorize (a) any organization, institution, or individual that has any record of knowledge of my/the Insured'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 Insured's successors and assigns and remain valid notwithstanding my/the Insured'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 Insured'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 immunodeficiency 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 also agree and undertake that a) if there is any material change in my 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, and c) failure to notify the company in this manner shall, at the company's discretion, render this policy void and all moneys which shall have been paid in respect thereof shall stand forfeited to 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 the Insurance 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 (application) 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, that the statement was false or that it suppressed facts, which it was material to disclose. Provided that nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal (application).

Cancellation right and refund of premium (free look period): I understand that I 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 understand that the cover applied for under this application will commence after approval of my application and receipt of the required premium by the Company.

INSURANCE ACT 1938, Section 41 - Prohibition of Rebates. 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 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 punishable with fine which may extend to five hundred rupees.

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).

Insurance is the subject matter of the solicitation.

Signature of Life Assured:

Date:

(Date of signing this application form)

Signature of Proposer:

Place:

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 LIFE ASSURED/PROPOSER IS ILLITERATE OR SIGNING IN VERNACULAR:

The thumb impression or signature of the Life Assured/Proposer should be attested by the agent or a person of standing whose identity can easily be established and this declaration should be made by him.

I _____ (name) with _____ (age proof type) hereby declare that I have explained the contents of the application form to the Life Assured/Proposer in _____ language and that I have read out to the Life Assured/Proposer the answers to the questions dictated by the Life Assured/Proposer and that the Life Assured/Proposer has affixed his thumb impression on the application form after fully understanding the contents thereof.

Signature of Witness/Sanchalak: _____

Please affix thumb impression here: _____

FOR OFFICE USE ONLY

Policy No.:

Agent/ Specified Person/
Broker/ Employee Code:

Office Code:

This product is underwritten by Tata AIG Life Insurance Company Ltd.

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Tata AIG Life Insurance Company Ltd. (Reg No. 110)

Registered & Corporate office: Peninsula Towers, 6th Floor, Peninsula Corporate Park, Ganpatrao Kadam Marg, Lower Parel, Mumbai 400 013.

For more information, call the Tata AIG Life 24-hour toll-free helpline at 1-800-11-9966 or visit us at www.tata-aig-life.com

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