

STEP 1 PERSONAL DETAILS OF ANNUITANT (continued)**Identity Proof:** Passport/PAN Card/Voters Identity Card/Others, please specify _____**Address proof:** Telephone Bill/Ration Card/Electricity Bill/Others, please specify _____**Income Proof:** ITR Audited/P&L Account/CA Certificate/Others, please specify _____**Other Details:** Are you a Non resident Indian? If yes, please state the current residing country: _____

Are you a Politically Exposed Person**?: _____

Sources of Funds: _____

Do you have any existing insurance/annuity and/or concurrent application for insurance/annuity where you are the payor? If 'Yes', please provide details.

Name of Company	Sum Assured (Life)	Annual Premium

STEP 2 POLICY DETAILS (Annuitant/Payor)**Details of Nominee**

Name (underline Surname/Family name & expand any initials in the following sequence: Surname/Family Name, First Name, Middle Name):	Relationship with Annuitant	Age	Age Proof Type & No.

Details of Appointee (applicable only in cases where the nominee is below 18 years)

Name	Relationship with Annuitant	Age	Age Proof Type & No.	Signature of Appointee

Particulars of plan Applied for

- A) Purchase Price for Annuity option Life annuity with Return of Purchase Price: Rs _____
- B) Mode of premium payment - Cheque _____ Amount in (Rs.) _____
Cheque /DD No _____ Cheque /DD Date _____ Bank Name _____
Branch Name and Address _____
- C) Annuity amount to be paid _____
- D) Frequency of Annuity payments: Yearly Half yearly Quarterly Monthly
- E) Mode of Annuity payment
Post Dated Cheque (Shall be sent to the customer on Annual basis) ECS
- F) Bank Details: Bank Name _____ Branch Name & Address _____

Bank A/c No. _____ *MICR Code _____

(*Also attach a blank cancelled cheque leaflet)

^ Service tax applicable as per Service Tax Laws.

STEP 4 DECLARATION & AUTHORISATION

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 annuitant 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.

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.

Commencement of Cover: I understand that the cover applied for under this Application will commence after consideration of my Application and payment of the required premium.

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 life insured 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.

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 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.

ANY PERSON MAKING DEFAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO FIVE HUNDRED RUPEES.

Income Tax Act, 1961

The premiums paid can be claimed as a deduction under section 80C. The annuity benefits are subject to tax under Section 17, 56 and 80CCC.

The benefits are available as per the tax laws prevailing currently. Please note that tax laws are subject to change.

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 or would 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 right to cancel the Insurance contract in case I have been found guilty of any of the provisions of any Law, directly or indirectly, having relation to the laws governing prevention of money laundering in the

STEP 4 DECLARATION & AUTHORISATION (continued)

I/We hereby declare that I/We have received the payment receipt from the Agent/Specified Person/Broker/Employee.

Signature / Thumb Impression of Annuitant:

Date:
(Date of signing this application form)

Place:

Signature / Thumb Impression of Payor:
(if other than annuitant)

Date:
(Date of signing this application form)

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 ANNUITANT/PAYOR IS ILLITERATE OR SIGNING IN VERNACULAR:

The thumb impression or signature of the annuitant/payor 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 _____ (Identity type) _____ (Identity No.) hereby declare that I have explained the contents of the application form to the annuitant/payor in _____ language and that I have read out to the annuitant/payor the answers to the questions dictated by the annuitant/payor and that the annuitant/payor has affixed his thumb impression on the application form after fully understanding the contents thereof.

Signature of Witness: _____ Please affix thumb impression here: _____

Details to be filled by Advisor/Employee: (Please check or strike off as appropriate)

Photo ID Residence Proof Income Proof Age Proof

I, _____ (name of Advisor/Employee), _____ (Advisor/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 Advisor/Employee)

Details to be filled by Advisor/Employee: (Only if the form has been filled by the Advisor/Employee on behalf of the Annuitant/Payor)

I, _____ (name of Advisor/Employee), _____ (Advisor/Employee Code) hereby declare and agree that I have read and explained the contents of the application form to the applicant. The information/answers filled in the application form by me on behalf of the applicant are exact replication of the information/answers provided to me by him/her. I further declare that there is no addition/deletion/alteration done by me to the information/answers provided by the applicant.

(Signature of the Advisor/Employee)

Details to be filled in by Annuitant / Payor: (Only if the form has been filled by the Advisor/Employee on behalf of Annuitant/Payor)

I, _____ (name of the Annuitant/Payor) hereby declare and agree that I have heard and fully understood the contents of the application form as explained to me by the Advisor/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 to him/her and no addition/deletion/alteration done by the Advisor/Employee to the information so provide.

(Signature of Annuitant/Payor)

• Acceptance of premium does not constitute risk commencement. Risk commencement starts after the acceptance of risk by the company. • This product is underwritten by Tata AIG Life Insurance Company Limited. • Please refer to policy document for more details. • Insurance is the subject matter of the solicitation.

FOR OFFICE USE ONLY

Policy No.:

Agent/Broker/Specified Person/Employee Name:

Office Code:

Agent/Broker/Specified Person/Employee Code:

Agent/Broker/Specified Person/Employee Signature:

Tata AIG Life Insurance Company Ltd. (Regn. 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 or SMS 'LIFE' 58888.