



A new look at life

Please affix the photograph of the Policyholder here

Application Form

(Please fill the form in BLOCK letters)

Customer ID No.:

Branch Code:

FSO/Campaign Code:

Office Code:

Channel:

Agent/Specified Person/Broker/Employee Name:

Policy No.:

Agent/Specified Person/Broker/Employee Code:

(Please fill the form in BLOCK letters)

STEP 1 PERSONAL DETAILS OF LIFE ASSURED

Name:

Father's/Husband's Name:

C/o:

Address 1/Village:

Address 2/PO:

Address 3/PS: Landmark:

City: District: State:

PIN Code: Date of Birth: Age (No. of completed yrs.): Gender:

Nationality: Marital Status: Single Married Widowed Divorced

Contact No. (Resi./Off./PP):

Mobile: E-mail:

Occupation: Nature of Daily Duties:

Bank Name: Bank Account No.:

Branch Name & Address:

STEP 2 PERSONAL DETAILS OF THE PROPOSER (Please fill this field only if the Proposed Life Assured is your child)

Name:

Father's/Husband's Name:

C/o:

Address 1/Village:

Address 2/PO:

Address 3/PS: Landmark:

City: District: State:

PIN Code: Date of Birth: Age (No. of completed yrs.): Gender:

Nationality: Marital Status: Single Married Widowed Divorced

Contact No. (Resi./Off./PP):

Mobile: E-mail:

Occupation: Nature of Daily Duties:

Bank Name: Bank Account No.:

Branch Name & Address:

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

Relationship with Life Assured:

STEP 3 BENEFIT AND PREMIUM TABLE

Please one box to select the Sum Assured: Rs. 100,000 Rs. 200,000 Rs. 400,000

Please one box to select your payment option: Monthly Quarterly Semi-annual Annual

Please one box to indicate the age of the Life Assured.

Monthly

Age	Sum Assured					
	100,000		200,000		400,000	
	Premium*	Total Payment**	Premium*	Total Payment**	Premium*	Total Payment**
0	1,130	1,142	2,190	2,212	4,344	4,388
1	1,183	1,195	2,296	2,319	4,556	4,602
2	1,236	1,249	2,402	2,427	4,768	4,817
3	1,298	1,311	2,525	2,551	5,015	5,066
4	1,360	1,374	2,649	2,676	5,263	5,317
5	1,439	1,454	2,808	2,837	5,581	5,638
6	1,528	1,544	2,985	3,015	5,934	5,995
7	1,616	1,632	3,161	3,193	6,287	6,351
8	1,722	1,740	3,373	3,407	6,711	6,779

Quarterly

Age	Sum Assured					
	100,000		200,000		400,000	
	Premium*	Total Payment**	Premium*	Total Payment**	Premium*	Total Payment**
0	3,328	3,362	6,448	6,514	12,792	12,922
1	3,484	3,520	6,760	6,829	13,416	13,553
2	3,640	3,677	7,072	7,144	14,040	14,183
3	3,822	3,861	7,436	7,512	14,768	14,919
4	4,004	4,045	7,800	7,880	15,496	15,654
5	4,238	4,281	8,268	8,352	16,432	16,600
6	4,498	4,544	8,788	8,878	17,472	17,650
7	4,758	4,807	9,308	9,403	18,512	18,701
8	5,070	5,122	9,932	10,033	19,760	19,962

Semi-Annual

Age	Sum Assured					
	100,000		200,000		400,000	
	Premium*	Total Payment**	Premium*	Total Payment**	Premium*	Total Payment**
0	6,528	6,595	12,648	12,777	25,092	25,348
1	6,834	6,904	13,260	13,395	26,316	26,584
2	7,140	7,213	13,872	14,013	27,540	27,821
3	7,497	7,573	14,586	14,735	28,968	29,263
4	7,854	7,934	15,300	15,456	30,396	30,706
5	8,313	8,398	16,218	16,383	32,232	32,561
6	8,823	8,913	17,238	17,414	34,272	34,622
7	9,333	9,428	18,258	18,444	36,312	36,682
8	9,945	10,046	19,482	19,681	38,760	39,155

Annual

Age	Sum Assured					
	100,000		200,000		400,000	
	Premium*	Total Payment**	Premium*	Total Payment**	Premium*	Total Payment**
0	12,800	12,931	24,800	25,053	49,200	49,702
1	13,400	13,537	26,000	26,265	51,600	52,126
2	14,000	14,143	27,200	27,477	54,000	54,551
3	14,700	14,850	28,600	28,892	56,800	57,379
4	15,400	15,557	30,000	30,306	59,600	60,208
5	16,300	16,466	31,800	32,124	63,200	63,845
6	17,300	17,476	33,800	34,145	67,200	67,885
7	18,300	18,487	35,800	36,165	71,200	71,926
8	19,500	19,699	38,200	38,590	76,000	76,775

Note: *Premium is exclusive of service tax. | **Total payment is inclusive of service tax. | Service tax has been charged @ 1.02% on Premium. | Above premium rates are applicable only to Standard Lives. | Conditions apply.

STEP 4A PREMIUM AND PAYMENT METHOD (Please the appropriate box)

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: Monthly Quarterly Semi-annual Annual

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 7 HEALTH DECLARATION

	Life Assured		Proposer	
	Yes	No	Yes	No
1. Have you ever had or received medical advice, investigation or treatment for any disorder of the heart or circulatory system, high blood pressure, stroke, asthma, tuberculosis, other respiratory conditions, cancer or tumour of any kind, diabetes, hepatitis or liver condition, urinary or kidney disorder, depression, mental or psychiatric condition, epilepsy, HIV infection or a positive test to HIV, back or neck pain, any disorder of the brain or nervous system, bowel or digestive disorder, anemia or blood disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. 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 during the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you engage in motor sports, climbing, scuba diving, hand-gliding, and aviation other than as a fare-paying passenger or any other hazardous activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been declined, deferred, or accepted at special terms under a life, accident, medical or other health-related insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answer 'Yes' to any questions from 1-4, you will have to fill a detailed form.

STEP 8 DECLARATION & 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 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 Life Assured and is finally approved by an authorised 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 authorise (a) any organisation, institution, or individual that has any record of knowledge of my/the Life 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 authorisation shall bind my/the Life Assured's successors and assigns and remain valid notwithstanding my/the Life 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 Life 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 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 authorisation 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 Life Assured, 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 Life Assured 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 Proposer:

Date:

(Date of signing this Application Form)

Agent/Specified Person/
Broker/Employee Name:

Place:

Agent/Specified Person/Broker/
Employee Signature:

Agent/Specified Person/
Broker/Employee Code:

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.: Office Code: Agent/Broker/Specified Person/Employee Name:

Agent/Broker/Specified Person/Employee Code: Agent/Broker/Specified Person/Employee Signature:

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

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