

STEP 1B PERSONAL DETAILS OF PAYOR (If other than Life Assured)

Maiden Name: F I R S T M I D D L E L A S T Gender: M F

(In case of married women)

Date of Birth: D D M M 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

Name of the Employer / Name of the Business: Occupation:

Exact Nature of daily duties:

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

Business Address:

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

If other than Resident Indian please specify Current Country of Residence:

Relationship with the Life Assured:

STEP 1C ADDITIONAL DETAILS OF THE PAYOR*

Identity Proof (please attach a copy): Type submitted: **Serial Number:**

Issuing Authority: Issue Date: D D M M Y Y

Residence Proof (please attach a copy):Type submitted: **Serial Number:**

Issuing Authority: Issue Date: D D M M Y Y

If residence other than self/spouse/father, please provide relationship with owner of residence

Income Proof (if applicable, please attach a copy):

Type submitted: 1)

2)

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

STEP 1D Other details:

	Life Assured		Payor	
Are you a politically exposed person **?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	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 on a separate sheet	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

** 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.

Source of Funds of the Payor:

STEP 1E (to be answered by Life Assured):

i. Do you have or ever had an application for life ,accident, medical or other health related insurance declined / deferred and /or accepted with restricted benefits and /or with an increased premium and /or made any claim under any such policy of insurance by Tata AIG Life Insurance Company Ltd. or any other insurance company? Yes No If Yes, please provide details on separate sheet.

ii. Do you have any existing insurance and /or concurrent application for insurance on your life or where you are paying the Premium?(If the space is insufficient kindly attach a separate sheet)

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

STEP 2 DETAILS OF NOMINEE, APPOINTEE

Details Of:	Name	Relationship with Life Assured	Age	Signature
NOMINEE				
APPOINTEE (Applicable only in cases where the age of nominee is below 18 years)				

STEP 3. BANK DETAILS* (for all policy related payments made by the Company)

Name	Branch	Account No.

* Mandatory for NRIs

STEP 4 INSURANCE APPLIED FOR

	Name of Plan	Amount of Insurance/ Sum Assured**	Policy Term*	Premium (exclusive of Service Tax ^)	Service Tax ^	Premium (inclusive of Service Tax ^)
Basic Plan	Tata AIG Life United Ujjwal Bhawishya Plus					
Riders	Tata AIG Life Family Income Benefit Rider UIN - 110A019V01					
	Tata AIG Life Critical Illness Rider (Lump Sum Benefit) UIN - 110C012V01					
	Tata AIG Life Accidental Death Benefit Rider (ADB) UIN 110C003V01					
	Tata AIG Life Accidental Death and Dismemberment Rider (Long Scale) (ADDL) UIN 110C004V01					
Total						

*In Tata AIG Life United Ujjwal Bhawishya Plus Premium Paying Term is same as the Policy Term

**The premium multiple allows you flexibility of deciding the Sum Assured you want as decided by you in the step above. Minimum premium multiple is 5; Maximum premium Multiple is Policy Term Chosen except if Super 110% Capital Guarantee Fund is chosen then maximum premium multiple is 10

^ Service tax is applicable as per governing laws and the same shall be borne by the policyholder. Tata AIG Life Insurance Company Limited reserves the right to recover from the Policyholder, any levies and duties (including service tax), as imposed by the government from time to time. Kindly refer to the Sales Illustration for exact Premium rates

Fund(s) selected (Please fill in whole numbers only. Decimals and fractions not allowed)

Large-cap Equity Fund: _____%; Whole Life Mid-cap Equity Fund: _____%; Whole Life Aggressive Growth Fund: _____%;

Whole Life Stable Growth Fund: _____%; Whole Life Income Fund: _____%; Whole Life Short Term Fixed Income Fund: _____%;

Super 110% Capital Guarantee fund (Only for the Premium paying term > = 20 years, issue age <= 45 years and): _____%; Super Select Equity Fund _____ . %

Please fill in the value of the appropriate premium multiple selected for calculation of your Unit Linked Policy coverage: _____.

STEP 5A PREMIUM AND FREQUENCY OF PAYMENT:

Premium Frequency: Annual Semi-annual Quarterly Monthly.

Payment Mode: Cash Cheque Demand Draft Credit Card Salary Deduction

Standing Instruction Electronic Clearing System (Please fill ECS form if this option is selected)

Notes:

- Cash payment should not exceed Rs. 49,999/-
- Please draw Cheques in favour of "Tata AIG Life Insurance Company Limited" only. Don't issue blank cheque(s).
- Please ask your agent for a Debit Authorisation Form for deduction of subsequent premiums through Credit Card/Bank Account.

STEP 5B PAYMENT MODE (Applicable in case of Cheque / Credit card / DD option)

Cheque Name of Bank: _____

Account No: _____ Branch Name and Address: _____

		Life Assured			
		Yes	No		
	i) Cancer, tumour, cyst or growth of any kind?	<input type="checkbox"/>	<input type="checkbox"/>		
	j) Anaemia, haemophilia, leukaemia or any other blood disorder?	<input type="checkbox"/>	<input type="checkbox"/>		
	k) Back or neck complaint, arthritis, gout, physical disability or other disorder of the bones joints or muscles?	<input type="checkbox"/>	<input type="checkbox"/>		
	l) Any illness that has caused you to be absent from work for a continuous period of 7 days or more?	<input type="checkbox"/>	<input type="checkbox"/>		
5.	a) Have you been infected with HIV(Human Immunodeficiency Virus), been diagnosed as having HIV antibodies or suffered from an AIDS related condition?	<input type="checkbox"/>	<input type="checkbox"/>		
	b) Have you or your spouse received medical advice, testing or treatment in connection with sexually transmitted disease or HIV infection or suffered from prolonged weight loss, diarrhoea, enlarged glands, or unusual skin lesion or been advised to abstain from donating blood?	<input type="checkbox"/>	<input type="checkbox"/>		
6.	In the last 5 years, have you attended any doctor or any other medical facility for investigation or diagnostic tests(such as X rays. Ultrasound, CT scan, biopsy, ECG, blood or urine etc.?)	<input type="checkbox"/>	<input type="checkbox"/>		
7.	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"/>		
8.	Do you have any symptoms or condition for which you intend to consult a doctor in the future?	<input type="checkbox"/>	<input type="checkbox"/>		
9.	Female Life Assured only:	<input type="checkbox"/>	<input type="checkbox"/>		
	a) Are you now pregnant? If 'yes', please state expected delivery Date <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	b) Have you ever suffered from any complication during a previous pregnancy or delivery?	<input type="checkbox"/>	<input type="checkbox"/>		
	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 question above(4 to 9) is 'yes', please give full details (Diagnosis, dates, Investigations, results, treatment & Current Condition, noting the question number and indicate whether the answer relates to Life Assured (LA)					
Question No: <input type="text"/>					
10.	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 65? If 'Yes', please provide details (type of cancer if applicable: _____)	<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
11	Name and address of your physician (registered medical practitioner). Please provide registration number, date, reason & result of last consultation	Life Assured's Doctor:			

If space is insufficient, please attach a separate sheet

STEP 6B OTHER DETAILS

Have you ever been convicted of any criminal proceedings under any court of law in India or abroad? If yes, please provide details:

STEP 7 DECLARATION AND AUTHORIZATION

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, 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; (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 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 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 authorization 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 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 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,

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 occupation or any circumstances adversely affecting my financial position or there is any change in my 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, I shall forthwith intimate same to the company in writing.

I agree and understand that the information provided by me and disclosure made by me 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 the Insurance Act, 1938 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 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 (application)

Cancellation right and refund of premium (Free Look Period) I/We understand that I/We have the right to cancel the Policy by giving written notice to the Company and receive the premiums invested into the funds at Unit Price as at the date of cancellation along with the charge(s) paid after deducting a) for proportionate risk and rider premium (if any) for the period on cover and b) medical examination costs and stamp duty which have been incurred for issuing the Policy. Such notice must be signed by Me/Us and received directly by the Company within 15 days after I/We receive the Policy Document.

Commencement of cover: I/We 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. (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 are available as per Income Tax Act, 1961, and are subject to modification made there to from time to time. Tata AIG Life does not assume the responsibility on tax implication 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 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 has been done by the Advisor / Employee to the information so provided.

Policy effective date:

Policy effective date can be the application date or any date after application date, however if the policy is approved prior to opted date, the approval date will be considered as Effective date;

Signature of the Applicant:

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 Agent/Specified Person/Broker/Employee)

IN CASE THE LIFE ASSURED IS ILLITERATE OR SIGNING IN VERNACULAR / IF THE FORM HAS BEEN FILLED BY THE AGENT/SPECIFIED PERSON /BROKER/EMPLOYEE ON BEHALF OF THE LIFE ASSURED:

I, _____ (the Agent/Specified Person/Broker/Employee) hereby declare that I have explained the contents of the application form to the Life Assured in _____ language and that I have read out to the Life Assured, the answers to the questions dictated by the Life Assured. The information/answers filled in the application form are exact replication of the information/answers provided to me by the Life Assured and that the Life Assured has signed/affixed his/her thumb impression on the application form after fully understanding the contents thereof.

Signature of Agent/Specified Person/Broker/Employee:

Signature/ Thumb Impression of Life Assured:

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

Details to be filed 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. Acceptance of premium does not constitute risk commencement Risk commencement starts after the acceptance of risk by the company. ULIP Products are different from traditional Life Insurance products and are subject to risk factors. Premium paid in ULIP is 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 markets and the insured is responsible for his decision. Tata AIG Life Insurance Company Limited is only the name of the company and Tata AIG Life United Ujjwal Bhawishya Plus is only the name of the ULIP contract and does not in any way indicate the quality of the contracts, its future prospects or returns. Past performance is not indicative of future results.

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

Registered & Corporate Office: Peninsula Towers, 6 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 or write to us on customercare@tata-aig.com visit us at www.tata-aig-life.com or SMS 'SERVICE' to 58888