



**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 \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ District: \_\_\_\_\_

State: \_\_\_\_\_ PIN Code: \_\_\_\_\_ Tel. (O): S T D \_\_\_\_\_

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

Annual Income (Rs.) (Income including all other sources): \_\_\_\_\_ Industry: \_\_\_\_\_

Exact Nature of Daily Duties: \_\_\_\_\_

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 PAYOR DETAILS\***

**Identity Proof** (Please attach a copy): Type Submitted: \_\_\_\_\_ Serial Number: \_\_\_\_\_

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

**Residence Proof** (Please attach a copy): Type Submitted: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Issuing Authority: \_\_\_\_\_ Issue Date: D D M M Y Y 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) \_\_\_\_\_

**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	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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

Sources 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 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 payor? ( If the space is insufficient kindly attach a separate sheet)

Details of:	Name of the 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 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 the plan	Amount of Insurance*/ Sum Assured	Policy Term	Premium Paying Term	Premium (exclusive of Service Tax^)	Service Tax^	Premium (inclusive of Service Tax^)
<b>Basic Plan</b>	Tata AIG Life InvestAssure Superstar						
<b>Riders</b> (Tick✓)	<input type="checkbox"/> Tata AIG Life Critical Illness Rider (Lump Sum Benefit) UIN - 110C012V01						
	<input type="checkbox"/> Tata AIG Life Accidental Death Benefit Rider (ADB) UIN 110C003V01						
	<input type="checkbox"/> Tata AIG Life Accidental Death and Dismemberment Rider (Long Scale) (ADDL) UIN 110C004V01						
<b>Total</b>							

\*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#

# Maximum Premium multiple is '20' if Super 110% Capital Guarantee fund is chosen

^ 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 the exact premium rate.

Tick the type of Waiver of Premium (WOP) Benefit (available in case of Death / Disability) to be chosen:-

Family Guard – 100% of future Premiums paid into policy as if the policy is on monthly mode

Family Advantage – 50% of future premiums paid into policy as if the policy is on monthly mode and 50% of premiums paid to policyholder (in case of disability) or nominee (in case of Death of Life Assured) as if the policy is on monthly mode

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

Top-50 Fund: \_\_\_\_\_%; Top-200 Fund: \_\_\_\_\_%; Aggressive Flexi: \_\_\_\_\_%; Stable Flexi: \_\_\_\_\_%; Bond Fund: \_\_\_\_\_%; Super 110% Capital Guarantee fund (Only for the Premium paying term >= 20 years, issue age <= 45 years, can be chosen only if opted at inception and should be equal to the proportion chosen at inception): \_\_\_\_\_%; Super Select Equity Fund \_\_\_\_\_%; Large Cap Equity Fund: \_\_\_\_\_%.

**OR**

**SMART** (Systematic Money Allocation and Regular Transfer)

Choose Accumulation and Target Fund (Fund available for investment\*)

Accumulation Fund      Target Fund

Top-50 Fund	<input type="checkbox"/>	<input type="checkbox"/>
Top-200 Fund	<input type="checkbox"/>	<input type="checkbox"/>
Aggressive Flexi	<input type="checkbox"/>	<input type="checkbox"/>
Stable Flexi	<input type="checkbox"/>	<input type="checkbox"/>
Bond Fund	<input type="checkbox"/>	<input type="checkbox"/>
Super Select Equity Fund	<input type="checkbox"/>	<input type="checkbox"/>
Large Cap Equity Fund	<input type="checkbox"/>	<input type="checkbox"/>

\* Funds available after deducting Premium allocation charges

Please select the Annualised Premium of your Tata AIG Life InvestAssure Superstar Coverage Rs. \_\_\_\_\_

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

Please select the fund(s) where the future premiums should be invested in the event of death of the Life Assured.

Top-50 Fund: \_\_\_\_\_%; Top-200 Fund: \_\_\_\_\_%; Aggressive Flexi: \_\_\_\_\_%; Stable Flexi: \_\_\_\_\_%; Bond Fund: \_\_\_\_\_%; Super 110% Capital Guarantee fund (Only for the Premium paying term >= 20 years, issue age <= 45 years, can be chosen only if opted at inception and should be equal to the proportion chosen at inception): \_\_\_\_\_%; Super Select Equity Fund \_\_\_\_\_%. Large cap Equity Fund \_\_\_\_\_%.

## STEP 5A PREMIUM AND FREQUENCY OF PAYMENT

**Premium Frequency:**  Annual  Semi-annual  Quarterly  Monthly

**Mode of Payment:**  Cash  Cheque  Credit Card  Demand Draft

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

**Note:**

1. Cash payment should not exceed Rs.49,999/-
2. Please draw Cheques in favour of "Tata AIG Life Insurance Company Limited" only. Don't issue blank cheque(s).
3. Please ask your agent for a Debit Authorisation Form for deduction of subsequent premiums through Credit Card/Bank Account.
4. Please do not pay premium in cash to any person other than authorized cashier of Tata AIG Life

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

**Cheque** Name of Bank: \_\_\_\_\_ Account No.: \_\_\_\_\_

**Branch Name and Address:** \_\_\_\_\_

Cheque No.: \_\_\_\_\_ Date:

**Demand Draft No.:** \_\_\_\_\_ Date:

**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 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. In the event a Tata AIG Life 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 made 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 below.

**Terms & Conditions:** (1) The nominated credit card must be in the name of Life Assured/Payor 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 Life Assured/Payor 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 Life Assured/Payor: \_\_\_\_\_

Signature of Life Assured/Payor:

\_\_\_\_\_

(As appearing on the Credit Card)

## STEP 6A TO BE COMPLETED BY THE LIFE ASSURED IN ALL CASES

	Life Assured	
	Yes	No
1. Are you now a member of any military force, paramilitary, police forces, fire brigade engaged or are considering engaging in any hazardous sports or events (e.g. motor racing, climbing, scuba diving etc.) or flying in any aerial device other than as a fare paying passenger on a regularly scheduled airline or travel overseas than for vacation or holiday?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is your occupation associated with any specific hazard (e.g. chemical factory, Mines, Explosives, radiation, corrosive chemicals, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
If answer to any of the questions above (1 or 2) is "yes", please provide details	<input type="checkbox"/>	<input type="checkbox"/>

## STEP 6B HEALTH DETAILS OF LIFE ASSURED

	Life Assured
1. Do you smoke or otherwise use tobacco products or have done so in the last 12 months? If 'Yes', please state type and quantity consumed daily (average). If you have stopped smoking/using tobacco products, please state date and reason.	<input type="checkbox"/> Yes <input type="checkbox"/> No Type: Quantity:
2. Do you drink or consume alcohol? If 'Yes', please state type and quantity consumed per week (average). If you have stopped drinking alcohol, please state date and reason.	<input type="checkbox"/> Yes <input type="checkbox"/> No Type (wine/spirit/beer): Quantity:
3. Do you use or have you ever used habit-forming drugs or narcotics, barbiturates, opium derivatives etc.? If Yes please provide details	<input type="checkbox"/> Yes <input type="checkbox"/> No



## STEP 7 DECLARATION & AUTHORISATION

**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. 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 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 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 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.

**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:** 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

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 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 the 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 country, by any competent court of law.

I/we hereby declare and agree that I/we have heard and fully understood the contents of the application form as explained to me/us by the Advisor / Employee/Specified Person / Broker 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 Advisor / Employee/Specified Person / Broker to the information so provided.

Policy effective date:

Policy effective date would be underwriting approval date. However, if your birthdate falls between application date and underwriting approval date, application date would be considered as policy effective date.

Signature of 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 Specified Person/Broker)

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

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

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

Signature/ Thumb Impression of Applicant: \_\_\_\_\_

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)

### Details to be filled by Agent/Specified Person/Broker/Employee: (Only if this form has been filed by the Agent/Specified Person/Broker/Employee on behalf of the customer)

I, \_\_\_\_\_ (name of the Agent/Specified Person/Broker/Employee), \_\_\_\_\_ (Agent/Specified Person/Broker/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 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 Superstar 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. Please know the associated risks and the applicable charges, from your Insurance agent or the Intermediary or policy document of the Company. The various funds offered under this Contract are the names of the funds and do not in any way indicate the quality of these plans, 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 [customer-care@tata-aig.com](mailto:customer-care@tata-aig.com) visit us at [www.tata-aig-life.com](http://www.tata-aig-life.com) or SMS 'SERVICE' to 58888