

## KOTAK PROPOSAL FORM

 APPLICATION NO.: **KP**

(KPF)

FORM ID NO: 10102050

 NON UNIT LINKED

 UNIT LINKED: "IN THIS POLICY, THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER."

### FOR OFFICE USE ONLY

 Proposal Number 

 Proposal Receipt Date 

 Name of the Product 

 Cross Reference No. 

 Product Code 

 Branch Code 

 Opportunity ID 

 Client ID (for new customers) 

### CATEGORY TO WHICH THE PROPOSER BELONGS:

 A.  Rural  Urban

 B.  Unorganized Sector  Economically Vulnerable / Backward Class  Other Categories

### INSTRUCTIONS FOR FILLING UP THE FORM

1. Please answer all questions. 2. Please tick a box thus  where appropriate. 3. Please strike out parts which are not applicable and write 'N.A.'. 4. Strokes of the pen, dots and dashes will not be accepted as replies. 5. This form is to be filled by the proposer himself/herself in **BLOCK LETTERS** in black or blue ink. In case he/she is unable to do so, he/she may dictate the answers to the questions in the proposal form to a scribe, other than the Company's Life Advisor / Corporate Agent / Broker / Relationship Officer. 6. The proposer must sign any cancellation or alteration. 7. Insurance is a contract of utmost good faith, which requires the proposer and life to be insured to disclose all material facts. In case of any doubt as to whether a fact is material or not, the fact should be disclosed. As the statements in this proposal constitute warranties, complete and accurate information must be given. 8. Please use additional sheet where space is not sufficient.

### 1. PARTICULARS OF THE LIFE TO BE INSURED AND PROPOSER (to be filled in BLOCK LETTERS)

PARTICULARS	LIFE TO BE INSURED	PROPOSER <small>(to be filled only if different from the life to be insured)</small>
<b>1.1 CLIENT ID</b> (As policyholder or as Nominee/Appointee/Trustee etc.)	<input type="text"/>	<input type="text"/>
<b>1.2 TITLE</b>	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Master <input type="checkbox"/>	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Master <input type="checkbox"/>
<b>1.3 FULL NAME</b>	Surname <input type="text"/> First Name <input type="text"/> Middle Name <input type="text"/>	Surname <input type="text"/> First Name <input type="text"/> Middle Name <input type="text"/>
<b>1.4 MAIDEN NAME</b> (in case of married female)	Surname <input type="text"/> First Name <input type="text"/> Middle Name <input type="text"/>	Surname <input type="text"/> First Name <input type="text"/> Middle Name <input type="text"/>
<b>1.5 FATHER'S / HUSBAND'S NAME</b>	Surname <input type="text"/> First Name <input type="text"/> Middle Name <input type="text"/>	Surname <input type="text"/> First Name <input type="text"/> Middle Name <input type="text"/>
<b>1.6 NATIONALITY</b>	Indian <input type="checkbox"/> NRI/ PIO <sup>1</sup> <input type="checkbox"/> Others <u>(please specify)</u>	Indian <input type="checkbox"/> NRI/PIO <sup>1</sup> <input type="checkbox"/> Others <u>(please specify)</u>
<b>1.7 GENDER</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>1.8 DATE OF BIRTH</b>	<input type="text"/>	<input type="text"/>
<b>1.9 GROSS ANNUAL INCOME</b>	(In ₹ per annum) <input type="text"/>	(In ₹ per annum) <input type="text"/>
<b>1.10 PROOF OF AGE</b>	Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Cert. <input type="checkbox"/> Driving Licence <input type="checkbox"/> Others <u>(please specify)</u>	Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Cert. <input type="checkbox"/> Driving Licence <input type="checkbox"/> Others <u>(please specify)</u>
<b>1.11 MARITAL STATUS</b>	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/>
<b>1.12 EDUCATIONAL QUALIFICATION</b> (Tick Highest)	Professional <input type="checkbox"/> Post-Graduate <input type="checkbox"/> Graduate <input type="checkbox"/> 12 <sup>th</sup> pass <input type="checkbox"/> 10 <sup>th</sup> pass <input type="checkbox"/> Below 10 <sup>th</sup> <input type="checkbox"/> Others <u>(please specify)</u>	Professional <input type="checkbox"/> Post-Graduate <input type="checkbox"/> Graduate <input type="checkbox"/> 12 <sup>th</sup> pass <input type="checkbox"/> 10 <sup>th</sup> pass <input type="checkbox"/> Below 10 <sup>th</sup> <input type="checkbox"/> Others <u>(ple. specify)</u>
<b>1.13 OCCUPATION CATEGORY</b>	Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Housewife <input type="checkbox"/> Others <u>(please specify)</u>	Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Housewife <input type="checkbox"/> Others <u>(ple. specify)</u>
<b>1.14 a) IF SALARIED</b> (please tell us the type of organization)	Private Ltd. <input type="checkbox"/> Public Ltd. <input type="checkbox"/> Govt. <input type="checkbox"/> Trust <input type="checkbox"/> Partner / Proprietor <input type="checkbox"/> Others <u>(please specify)</u>	Private Ltd. <input type="checkbox"/> Public Ltd. <input type="checkbox"/> Govt. <input type="checkbox"/> Trust <input type="checkbox"/> Partner / Proprietor <input type="checkbox"/> Others <u>(ple. specify)</u>
<b>1.14 b) IF SELF-EMPLOYED</b> (please tell us the type of organization)	Trading <input type="checkbox"/> Manufacturing <input type="checkbox"/> Professional <input type="checkbox"/> Others <u>(please specify)</u>	Trading <input type="checkbox"/> Manufacturing <input type="checkbox"/> Professional <input type="checkbox"/> Others <u>(please specify)</u>
<b>1.15 PERMANENT RESIDENTIAL ADDRESS</b>	C/o or S/o or W/o <input type="text"/> House/Flat No./Society <input type="text"/> Street/Lane/Mohalla <input type="text"/> Landmark <input type="text"/> Area/Location <input type="text"/> Village/Taluka/Tehsil <input type="text"/> City/District <input type="text"/> State <input type="text"/> Pin <input type="text"/>	C/o or S/o or W/o <input type="text"/> House/Flat No./Society <input type="text"/> Street/Lane/Mohalla <input type="text"/> Landmark <input type="text"/> Area/Location <input type="text"/> Village/Taluka/Tehsil <input type="text"/> City/District <input type="text"/> State <input type="text"/> Pin <input type="text"/>

<sup>1</sup> Please fill in the NRI / PIO questionnaire.

PARTICULARS	LIFE TO BE INSURED			PROPOSER <small>(to be filled only if different from the life to be insured)</small>		
<b>1.16</b> CURRENT RESIDENTIAL ADDRESS (If different from Permanent Residential Address)	C/o or S/o or W/o					
	House/Flat No./Society					
	Street/Lane/Mohalla					
	Landmark					
	Area/Location					
	Village/Taluka/Tehsil					
	City/District					
	State		Pin			Pin
<b>1.17</b> OFFICE ADDRESS (Company name and full address of present employer/last employer for retired individuals)	Street/Lane					
	Landmark					
	Area/Location					
	City/District					
	State		Pin			Pin
<b>1.18</b> PREFERRED MAILING ADDRESS	Permanent Residential	Current Residential	Office	Permanent Residential	Current Residential	Office
<b>1.19</b> WORK DETAILS (present employment)	a) No. of Years in Service	b) Designation	c) Nature of Work	a) No. of Years in Service	b) Designation	c) Nature of Work
	d) Nature of Business of the Organization			d) Nature of Business of the Organization		
<b>1.20</b> TELEPHONE NUMBER (with STD Codes)	Residence			Residence		
	Office			Office		
	Mobile			Mobile		
<b>1.21</b> E-mail ID						
<b>1.22</b> IT ASSESSEE	Yes	No		Yes	No	
<b>1.23</b> PERMANENT A/C NO. (PAN)			Enclosed	Yes	No	
<b>1.24</b> IF PAN NOT AVAILABLE	Applied for	Not Applied for		Applied for	Not Applied for	
<b>1.25</b> RELATIONSHIP TO LIFE TO BE INSURED	NOT APPLICABLE					
<b>1.26</b> TOTAL EXISTING LIFE COVER (excluding this proposal) (in ₹)	PLEASE REFER TO QUESTION NO. 9					

**2. ADDITIONAL INFORMATION OF THE LIFE TO BE INSURED AND PROPOSER**

PARTICULARS	LIFE TO BE INSURED			PROPOSER <small>(to be filled only if different from the life to be insured)</small>		
<b>2.1</b> PROOF OF IDENTITY	Passport	Voter's Identity Card	Ration Card	Passport	Voter's Identity Card	Ration Card
	PAN Card	Driving Licence	Others <u>(ple. specify)</u>	PAN Card	Driving Licence	Others <u>(ple. specify)</u>
<b>2.2</b> PROOF OF PERMANENT RESIDENCE (in case both are different, proof of Permanent Residence of Proposer only)	Telephone Bill <sup>2</sup>	Electricity Bill <sup>2</sup>	Passport	Telephone Bill <sup>2</sup>	Electricity Bill <sup>2</sup>	Passport
	Driving Licence	Voter's Identity Card	Others <u>(ple. specify)</u>	Driving Licence	Voter's Identity Card	Others <u>(ple. specify)</u>
<b>2.3</b> PROOF OF CURRENT RESIDENCE (in case both are different, proof of Current Residence of Proposer only)	Telephone Bill <sup>2</sup>	Electricity Bill <sup>2</sup>	Passport	Telephone Bill <sup>2</sup>	Electricity Bill <sup>2</sup>	Passport
	Driving Licence	Voter's Identity Card	Others <u>(ple. specify)</u>	Driving Licence	Voter's Identity Card	Others <u>(ple. specify)</u>
<b>2.4</b> SOURCE OF EARNINGS	Salary	Business Income	Inheritance	Salary	Business Income	Inheritance
	Others <u>(ple. specify)</u>			Others <u>(ple. specify)</u>		
<b>2.5</b> PROOF OF INCOME (where sum of annualized premiums across all policies with KLI [including at proposal stage] is ₹ 1 Lakh or more)	IT Returns	Employer's Certificate	Audited P/L Accts.	IT Returns	Employer's Certificate	Audited P/L Accts.
	Others <u>(ple. specify)</u>			Others <u>(ple. specify)</u>		

**2.6 OTHER DETAILS**

	LIFE TO BE INSURED		PROPOSER	
a) Do you have any history of conviction under any criminal proceedings in India or abroad?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Are you a Politically Exposed Person (these are the people who hold prominent public function viz. Heads/Ministers of Central or State Govt, Senior Politicians, Senior Govt., Judicial or Military Officials, Senior Executives of Govt. companies, Important Political Party Officials, and immediate family members of above persons)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Is your occupation associated with any specific hazards which would render you susceptible to any injury or illness, e.g. chemical factory, mines, explosives, corrosive chemicals, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Are you currently engaged in or intend to take part in any hazardous hobbies / activities which would increase the risk of any injury or illness to you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e) If your answer is 'Yes' to any of the above questions kindly give details:				

<sup>2</sup>Maximum 6 months old**3. PARTICULARS OF THE PLAN PROPOSED**

3.1	NAME OF THE PLAN / RIDER	POLICY TERM (Yrs.)	SUM ASSURED (₹)	MODAL PREMIUM (₹)
a) BASIC BENEFIT				
b) OPTIONAL RIDER BENEFITS (please fill the Life Guardian Addendum where applicable)				

POLICY FEES <sup>3</sup>**TOTAL PREMIUM (ROUNDED OFF TO THE NEAREST RUPEE)**3.2 Frequency of Premium Payment  Single  Yearly  Half - Yearly  Quarterly  Monthly3.3 Premium Payment Term (Years)  Full Policy Term  Others (please specify)<sup>3</sup> Policy Fees applicable as per terms and conditions mentioned in the policy document.

**4A. DETAILS FOR UNIT LINKED PLANS ONLY**

4. A.1 For KOTAK HEADSTART CHILD PLAN, please choose the option for Death Benefit payout  100% of Basic Sum Assured  50% of Basic Sum Assured, balance 50% as yearly payout

4A.2 Please indicate your fund allocation below (Total must be equal to 100%) (Please fill B.3 only if opting for other plans):

A Kotak Secure Invest Insurance			
Guarantee Fund (%)			
Money Market Fund (%)			

B	1. Kotak Wealth Insurance	2. Kotak Ace Investment	3. _____
Classic Opportunities Fund (%)			
Frontline Equity Fund (%)			
Balanced Fund (%)			
Peak Guarantee Fund <sup>4</sup> (%)			
Dynamic Floor Fund II (%)			
Bond Fund (%)			
Gilt Fund (%)			
Floating Rate Fund (%)			
Money Market Fund (%)			

<sup>4</sup>This is a closed-ended fund and will be available for specific periods from time to time. Please consult your Life Advisor/Corporate Agent/Broker/Relationship Officer regarding its availability.

**4B. DETAILS FOR NON-UNIT LINKED PLANS ONLY (Subject to acceptance of risk by insurer)**

4B.1 Do you want the policy to be backdated?  Yes  No

4B.2 If "Yes", specify backdate date           (Should not precede 1st April of current Financial Year) and fill in corresponding age on Last Birthday (at that date)

4B.3 If "No", then state, which date do you want the cover to commence from? (Tick any one box)

Date of Proposal Deposit Receipt  Date of Issue of Policy  Specified Future Date           (Should not exceed 1 month from the date of submission of proposal from)

**5. DETAILS OF PROPOSAL DEPOSIT PAID**

5.1 MODE OF PAYMENT  Cheque/DD  Cash (Should you choose to pay premiums by cash, you are advised to do so at the nearest Kotak Life Insurance branch only)

5.2 CHEQUE / DD NO.  5.3 DATED         5.4 AMOUNT (in ₹)  5.5 DRAWN ON (Name of Bank and Branch)

5.6 IFSC CODE

**6. BANK DETAILS FOR DIRECT CREDIT OF BENEFITS/REFUNDS**

6.1 BANK NAME  6.2 BANK BRANCH  6.3 BANK CODE

6.4 ACCOUNT NUMBER  6.5 NEFT/RTG/IFSC CODE  6.6 MICR NO.

Note: The client undertakes the responsibility to intimate KLI regarding change in bank details. The claims arising under this policy will be settled through the above-mentioned Bank Account only.

**7. PARTICULARS OF NOMINEE<sup>5</sup>**

PARTICULARS		NOMINEE		ADDITIONAL NOMINEE	
7.1 CLIENT ID (As policyholder or as Nominee/Appointee/Trustee etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.2 Percentage of Share	<input type="text"/> %	<input type="text"/> %	<input type="text"/>	<input type="text"/> %	<input type="text"/>
7.3 TITLE	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Master	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Master	<input type="checkbox"/>	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Master	<input type="checkbox"/>
7.4 FULL NAME	Surname <input type="text"/> First Name <input type="text"/> Middle Name <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
7.5 NATIONALITY	<input type="checkbox"/> Indian <input type="checkbox"/> NRI / PIO <sup>6</sup> <input type="checkbox"/> Others (Pls. specify) <input type="text"/>	<input type="checkbox"/> Indian <input type="checkbox"/> NRI / PIO <sup>6</sup> <input type="checkbox"/> Others (Pls. specify) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Indian <input type="checkbox"/> NRI / PIO <sup>6</sup> <input type="checkbox"/> Others (Pls. specify) <input type="text"/>	<input type="checkbox"/>
7.6 GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/>
7.7 DATE OF BIRTH	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
7.8 CURRENT RESIDENTIAL ADDRESS	C/o or S/o or W/o <input type="text"/> House/Flat No./Society <input type="text"/> Street/Lane <input type="text"/> Landmark <input type="text"/> Area/Location <input type="text"/> Village/Taluka <input type="text"/> City/District <input type="text"/> State <input type="text"/> Pin <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
7.9 RELATIONSHIP TO LIFE TO BE INSURED	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<sup>5</sup> Applicable only if Proposer and Life to be Insured are the same. In case of more than 2 nominees, please fill in the Additional Nominee Form. <sup>6</sup> Please fill in the NRI / PIO Questionnaire.

**8. PARTICULARS OF APPOINTEE <sup>7</sup> / LEGAL GUARDIAN**

<b>8.1 TITLE</b>	SURNAME	FIRST NAME	MIDDLE NAME
<b>8.2 CLIENT ID</b> (As policyholder or as Nominee/Appointee/Trustee etc.)	<b>8.3 DATE OF BIRTH</b> D D M M Y Y Y Y		<b>8.4 RELATIONSHIP TO NOMINEE</b>
<b>8.5 CURRENT RESIDENTIAL ADDRESS</b>			
Village/ District		Land Mark	Pin
City	State		
<b>8.6 Signature/Thumb Impression of the Appointee</b>			

<sup>7</sup> Where the Nominee(s) is/are a minor.**9. DETAILS OF LIFE INSURANCE POLICIES HELD / PROPOSALS APPLIED FOR BY THE LIFE TO BE INSURED**9.1 Do you have any existing insurance policy (ies) or have you applied for any insurance policy (ies) at any time?  Yes (If yes, please give details below)  No9.2 Has any of your policy/ proposal (including riders) ever been rated-up/ postponed/ declined on application or revival?  Yes (If yes, please give details below)  No

Policy/ Proposal No.	Company Name (including Kotak Life Insurance)	Sum Assured On Death	Acceptance Terms (Std./With Extra / Postponed / Declined / Not Completed)	Whether In Force/Lapsed (Mention year of Lapse/ Revival applied for)

**10. PERSONAL HEALTH DETAILS OF THE LIFE TO BE INSURED AND PROPOSER (Details for Proposer to be filled when there is Sum at Risk on Proposer's life)**

PARTICULARS	LIFE TO BE INSURED				PROPOSER							
<b>10.1 HEIGHT</b>			cms	OR			feet			inches		
<b>WEIGHT</b>			kgs				kgs					
<b>10.2A</b> Have you Gained or Lost Weight (more than 10 kgs)in the last 1 year?	Yes	No			Yes	No						
	If Yes, please specify Gain				Kgs OR Loss				Kgs			
<b>10.2B</b> If yes, please specify reason for Gain/Loss												
<b>10.3 LIFESTYLE DETAILS OF THE LIFE TO BE INSURED</b>	CURRENT USAGE				PAST USAGE							
	Current Usage	If YES, form of consumption	Since When	Average usage per day	Past Usage	If YES, form of consumption	Past average usage per day	Reasons for giving up				
Tobacco	Yes No	Cigarette/ Beedi/ Chewing Tobacco/ Tobacco Toothpaste			Yes No	Cigarette/ Beedi/ Chewing Tobacco/ Tobacco Toothpaste		Doctor's Advice / Others				
Alcohol <sup>8</sup>	Yes No	Beer/ Wine/ Hard Liquor			Yes No	Beer/ Wine/ Hard Liquor		Doctor's Advice / Others				
Any Narcotics (For medical/ recreational purposes)	Yes No				Yes No			Counseling, Rehabilitation etc				

<sup>8</sup> 1 unit = half pint beer/1 glass of wine/1 measure of spirits.

A JOINT VENTURE WITH OLD MUTUAL

**Faidey ka Insurance**Application No.: **KP****ACKNOWLEDGEMENT\***

Agent ID (Life Advisor/Corporate Agent/ Broker/Relationship Officer)

Received from Mr./Ms.

Insurance Limited along with ₹

Dated D D M M Y Y Y Y Drawn On

by way of Cash Deposit Dated D D M M Y Y Y Y with Kotak Life Insurance

Date: D D M M Y Y Y Y

Date D D M M Y Y Y Y

the proposal for Life Insurance with Kotak Mahindra Old Mutual Life

by way of Cheque\*\*/DD\*\* no.

Bank, Branch OR

Branch.

Place:

NAME

SIGNATURE

(Name and Signature of the Life Advisor/Specified person of Corporate Agent/Authorised Employee of Broker / Relationship Officer)

\* Please note that, this acknowledgement does not in any way constitute acceptance or commencement of risk.

\*\* All cheques/demand draft should be crossed and drawn in favour of "KOTAK LIFE INSURANCE" OR "KOTAK MAHINDRA OLD MUTUAL LIFE INSURANCE LIMITED".

**11. MEDICAL HISTORY OF THE LIFE TO BE INSURED AND PROPOSER (Details for Proposer to be filled when there is Sum at Risk on Proposer's life)**

	LIFE TO BE INSURED		PROPOSER	
11.1 Have you ever suffered from, received/receiving treatment or advice for any of the following conditions, diseases or impairments ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Any cancer, tumour, cyst or unusual growth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) High blood pressure (hypertension), low blood pressure (hypotension), diabetes, raised cholesterol, stroke, chest pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Any cardiovascular diseases/ disorders, coronary artery disease or any form of heart ailment or rheumatic heart disease etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Any respiratory diseases/ disorders like asthma, bronchitis, pulmonary TB, lung ailment, etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Any genitourinary diseases/ disorders like calculus of kidney/ ureter, acute chronic kidney diseases etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Any digestive system disease/ disorders like ulcers, haemorrhoids, diseases of gall bladder or intestine etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Epilepsy, mental or nervous disorder including depression?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) HIV infection, AIDS related or any other sexually transmitted disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Any other disorder/ disease not mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.2 In last 3 years :				
a) Have you remained absent from work for at least 10 consecutive days or admitted in hospital for at least 5 consecutive days for any illness, injury or disorder ? (Please ignore normal pregnancy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Have you been treated or are currently undergoing or have been advised treatment from a doctor or specialist or undergone any cardiological, radiological or pathological tests (excluding routine health check-ups not being follow ups)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.3 Do you have any physical deformity or mental ailment, blindness, deafness, mutism etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.4 Have you ever had persistent fever, unexplained infection or swollen glands in the last one year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.5 Have you ever been diagnosed with any form of congenital anomalies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.6 Are you currently receiving or considering receiving medical attention or taking any prescribed drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11.7 For Females Lives Only</b>				
i) Are you currently pregnant? (If yes, please mention the month of pregnancy).....Months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii) Have you ever suffered from or are currently suffering from any complication of pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii) Have you ever suffered from or suffering or are currently suffering any diseases of breast/ uterus/ cervix?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.8 If your answer is "Yes" to any of the above questions kindly give details				

**12. FAMILY HISTORY OF THE LIFE TO BE INSURED**

12.1	LIVING		DECEASED			LIVING		DECEASED	
	AGE	STATE OF HEALTH	AGE AT DEATH	CAUSE OF DEATH		AGE	STATE OF HEALTH	AGE AT DEATH	CAUSE OF DEATH
Father					Children				
Mother						Sister/			
Spouse					Brother(s)				
Children									

12.2A Have your parents / brothers / sisters / spouse / children ever suffered from or died of heart disease, stroke, high blood pressure, diabetes mellitus, any form of eye disease, cancer, kidney disease or paralysis, or any hereditary / familial disorders, tuberculosis, or any contagious diseases such as hepatitis, AIDS / HIV etc.?

Yes  No

12.2B If your answer is 'Yes' to the above question, kindly give details:

**SECTION 41 OF THE INSURANCE ACT, 1938 (4 OF 1938):** (1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take 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: Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer: (2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees

**SECTION 45 OF THE INSURANCE ACT, 1938 (4 OF 1938):** No policy of life insurance effected before the commencement of this Act shall after the 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.



**FOR YOUR REFERENCE**

- This is an acknowledgement by the Life Advisor/Specified person of Corporate Agent/Authorised Employee of Broker / Relationship Officer of having received the Proposal Form. This is not a receipt issued by Kotak Mahindra Old Mutual Life Insurance Limited.
- Kotak Mahindra Old Mutual Life Insurance Limited shall issue a proposal deposit receipt (PDR) on receiving the completed proposal form with the cash / cheque / demand draft at its branch office.
- In case of non-receipt of your PDR or for any clarification, kindly contact your Life Advisor/Specified person of Corporate Agent/Authorised Employee of Broker / Relationship Officer.
- For further assistance, do write to us at [lifeexpert@kotak.com](mailto:lifeexpert@kotak.com)



**TOLL FREE 1800 209 8800**

**SMS KLIFE to 5676788**

[lifeexpert@kotak.com](mailto:lifeexpert@kotak.com)

<http://insurance.kotak.com>

**Kotak Mahindra Old Mutual Life Insurance Ltd.**

Regn. No. 107, Regd. Office: Kotak Mahindra Old Mutual Life Insurance Ltd., 9th Floor, Godrej Coliseum, Behind Everard Nagar, Sion (East), Mumbai - 400 022.

<http://insurance.kotak.com>

Insurance is the subject matter of the solicitation.

**13. DECLARATION BY THE LIFE TO BE INSURED, PROPOSER AND IN CASE OF MINOR BY HIS/HER LEGAL GUARDIAN**

I/We confirm that I/we am/are submitting this Proposal Form after having read and understood the product features, benefits & risk factors, structure of charges, terms and conditions of the proposed plan as set forth in the related brochure(s) and I/we submit the duly acknowledged sales illustration confirming my/our understanding of the plan for which this Proposal Form is being submitted.

I/We declare that I/we have answered the questions in the Proposal Form after having fully understood the nature of the questions and the importance of disclosing all information while answering such questions. I/We also hereby declare that the answers given by me/us to all the questions in the proposal form are true and complete in every respect and that I/We have not withheld any material information or suppressed any fact. I/We undertake to notify Kotak Mahindra Old Mutual Life Insurance Ltd. ("the Company") of any change in the state of health of the life to be insured or as to his/her occupation or any decisions about his/her existing policies or proposals subsequent to the signing of this proposal form and before the acceptance of the risk by the Company. I/We hereby consent to the Company seeking information and any reports from any doctor(s) including hospital - who at any time may have attended to me/us concerning anything, which affects my/our physical or mental health.

I also hereby irrevocably authorize any organization, institution or individual that has any records or knowledge of my health or medical history, employment, business, income or other details as may be required or considered relevant to divulge to the Company and the Company to divulge the same to any organization, institution or individual in connection with this proposal form and subsequently. I agree to undergo all medical tests including blood tests involving HIV antibodies required by the Company for obtaining the policy. Further I understand that in the event of my being physically examined, the answers given by me to the medical examiner acting on behalf of the Company, shall be deemed to be duly incorporated in this Proposal Form. In event of this proposal not being converted into a policy, the Company reserves the right to recover from me administration charges and medical expenses incurred by the Company.

I/We further declare that the statements/submissions made by me/us in this Proposal Form [including any addendum(s) thereto / all declarations, affidavits and other statements] and/or any information sought for by the Company from any person authorised by me to provide such information, relied upon by the Company to assess the risk on my life under this Proposal Form shall form a basis of the contract of insurance between me/us and the Company. And if any untrue statement is contained in the Proposal Form [including any addendum(s) thereto]/any of the above documents or statements, or if there has been a nondisclosure of a material fact the Company shall have the right to vary the benefits/ treat the Policy as void and all premiums paid under the policy may be forfeited to the Company.

I/We understand that the contract will be governed by the provisions of the Insurance Act, 1938, the IRDA Act, 1999 and the Regulations framed there under and that the contract will not commence until the Company's written acceptance of this Proposal Form is received. In case of the life to be insured being a minor, I further declare and affirm that this proposal of insurance is for the benefit of the life to be insured.

I/We hereby confirm that all premiums will be paid from bonafide sources and no premiums have/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002.

**(Applicable for non tobacco users opting for Kotak Preferred Term Plan or Kotak Preferred Term Benefit )**

I hereby declare, that I have not consumed tobacco in any form (smoking, chewing etc.) during the past 12 months and do not have any intention of consuming tobacco in any form in the future. I am aware that any false statement regarding my use of tobacco would render the contract void and lead to loss insurance cover.

Please paste latest self-signed photograph of the Proposer

Signature / Right Thumb Impression of the life to be insured (or Guardian, if the life to be insured is a minor)

Signature / Right Thumb Impression of the Proposer (if different from the life to be insured)

Place

Place

Date

D D M M Y Y Y Y

Date

D D M M Y Y Y Y

**14. DECLARATION FOR ONLINE TRANSACTION RIGHTS:**

I have read the terms and conditions of registration on Kotak Life Insurance website – <http://insurance.kotak.com> and accept them. I agree that all transactions executed over the website <http://insurance.kotak.com> under my username and password will be binding on me. I understand that I get transaction rights for proposal number mentioned above provided my application is accepted by Kotak Life Insurance.

Place

Signature / Right Thumb Impression of the Proposer

Date

D D M M Y Y Y Y

**15 DECLARATION BY THE PERSON FILLING IN THE FORM (Applicable only where form is filled in by a scribe or signed in vernacular languages)**

I, \_\_\_\_\_ (Full Name) have explained to the Proposer, that the answers to the questions form the basis of the contract of insurance between the Company and the Proposer and that if any untrue statement is contained therein the Company shall have the right to vary the benefits which may be payable and further if there has been a non-disclosure of a material fact the policy may be treated as void and all premiums paid under the policy may be forfeited to the Company. I also confirm that the Life to be Insured has signed / affixed his/her right thumb impression in my presence.

Address

Village/ District

Land Mark

City

State

Pin

Place

Telephone No.

Date

D D M M Y Y Y Y

I, the Life to be Insured / Proposer declare that the contents in the proposal form and documents have been fully explained to me and I have fully understood the significance of the proposed contract.

Signature of the Scribe

Signature / Right Thumb Impression of the Proposer

(Signature of the Life Advisor/Specified person of Corporate Agent /Authorised Employee of Broker/ Relationship Officer)

**16. DECLARATION BY THE LIFE ADVISOR/CORPORATE AGENT/BROKER/ RELATIONSHIP OFFICER (please cancel what is not applicable and fill all details)**

I, \_\_\_\_\_ (Full Name) in my capacity as the Life Advisor / Specified Person of the Corporate Agent/Authorised Employee of the Broker/ Relationship Officer, do declare that I have explained all the contents of this proposal form, including the nature of the questions contained in this proposal form to the proposer. I have also explained that the statement(s), information and response(s) submitted by him/her in this proposal form to questions contained herein or any details sought herein will form the basis of the contract of insurance between the Company and the proposer, if this proposal is accepted by the Company for issuance of a policy.

I have further explained that if any untrue statement(s)/information/ response(s) is/are contained herein / including any addendum(s), affidavits, statements, submissions furnished / to be furnished, the Company shall have the right to vary the benefits which may be payable and furthermore if there has been a non-disclosure of any material fact, the policy issued in his/her favour pursuant to this proposal may be treated by the Company as null and void and all premiums paid under the policy may be forfeited to the Company. Based on my interaction with the proposer and/or the documents and records that I have been supplied with, I have no information, which suggests that any of the statement(s), information and response(s) supplied by the proposer or the life to be insured is/are incomplete or untrue

Licence No. (Life Advisor/Corporate Agent/Broker/Relationship Officer)

Agent ID

(Life Advisor/Corporate Agent/Broker/Relationship Officer)

Place

(Signature of the Life Advisor/Specified person of Corporate Agent /Authorised Employee of Broker/ Relationship Officer)

Date

D D M M Y Y Y Y

Telephone No.

**FOR OFFICE USE ONLY****CHECKED BY**

NAME OF SALES MANAGER

NAME OF SALES ASSOCIATE

PROMOTION CODE

NAME OF BOE

SALES MANAGER ID

SALES ASSOCIATE ID

PARTNER CODE

BRANCH NAME

D D M M Y Y Y Y

D D M M Y Y Y Y

D D M M Y Y Y Y

D D M M Y Y Y Y

SIGNATURE OF SALES MANAGER

SIGNATURE OF SALES ASSOCIATE

SIGNATURE

SIGNATURE OF BOE

**Kotak Mahindra Old Mutual Life Insurance Ltd.**

Regn. No. 107, Regd. Office: Kotak Mahindra Old Mutual Life Insurance Ltd., 9th Floor, Godrej Coliseum, Behind Everard Nagar, Sion (East), Mumbai - 400 022.

<http://insurance.kotak.com>

Insurance is the subject matter of the solicitation.

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