

**COMMON PROPOSAL FORM FOR LIFE INSURANCE
IN CASE OF UNIT-LINKED POLICY THE INVESTMENT RISK IN INVESTMENT
PORTFOLIO IS BORNE BY THE POLICYHOLDER.**

**If Regular
Premium**

Signature of Proposer

Please do not sign here for Single Premium

For office use only					
CDA/CA/BM Code	CA Exec/SM Code	FOS Code	POS/Advisor Code	Inward Date (ddmmyyyy)	Proposal date (ddmmyyyy)
Client No. of the Life to be Assured	Client No. of the Nominee	Client No. of the Proposer	Backdating Date (except ULIP) (ddmmyyyy)	Contract Number	
Amount Deposited	Bank Code	Receipt Number	SDS Code		
<input type="checkbox"/> First Insurance with Reliance Life Insurance	<input type="checkbox"/> Subsequent Insurance with Reliance Life Insurance	<input type="checkbox"/> Urban	<input type="checkbox"/> Rural		
Simultaneous application number _____			Occupation Code _____		

Important Guidelines:

1. This form is to be filled by the proposer him/her self. 2. If the proposer is unable to fill the form due to inability to read or understand English language, help of a person other than the insurance advisor/Reliance Life Insurance Company Limited (RLIC) employee or insurance intermediaries may be used for filling up **Annexure A** available separately. 3. For details on risk factors, terms and conditions please refer to the respective product brochure concluding a sale. 4. Premium paid through banking instruments, of which cheques should be only "Account Payee", shall be subject to realization. 5. Cash should be deposited with RLIC branch only. 6. *Enclose proof of mailing & permanent address (both) if different & attach complete address details. 7. Enclose self attested address proof, identity proof & income proof, PAN Card copy, as applicable.

PERSONAL DETAILS

1. Life to be Assured Mr. Ms. Full Name _____

Father's Name: _____

Gender: Male Female Date of Birth (dd/mm/yyyy) _____ Marital status: Single Married Widow(er)

Education: Post Grad & Above Graduate Diploma 12th Pass 10th Pass Below 10th Uneducated Others _____

Annual Income (Rs): _____ Source of Funds/Income: _____ Purpose of Insurance: _____

Bank Account No.: _____ Bank/Branch: _____

Nationality: Indian NRI Others (Specify) _____ Employee No. (Salary Deduction Scheme): _____

Occupation: Business Service Professional Retired Farmer Student Housewife Salaried Unemployed
 Labourer Others _____ Nature of Duties/Job Description: _____

Address Proof (tick any one): Bank Certificate Ration Card Electricity/Telephone Bill Passport Voter ID Card
 Employer Certification Society Maintenance Bill Others _____

Identity Proof (tick any one): Driving Licence Voter ID Card Passport PAN Card Bank Certification Defence ID Card
 Employer Certification Others _____

Age Proof (tick any one): School Cert./Transfer Cert./Mark Sheet Baptism Cert. Marriage Cert. Employer Cert. Passport (post 1.4.1986)
 Defence ID Card Govt. Pension Orders Driving Licence (post 18.4.1993) Municipal Birth Certificate PAN Card Others _____

Details for communication Mailing Address: *C/o. _____

*Flat/Building/House No. _____ *Building/House Name _____

*Street Name/No. _____ *Landmark _____

*Distric/Taluka _____ *Village Name/City _____

*State _____ *Pincode _____

2. Proposer Mr. Ms. (If different from Life to be Assured)

Father's Name: _____

Gender: Male Female Date of Birth (dd/mm/yyyy) _____ Marital status: Single Married Widow(er)

Education: Post Grad & Above Graduate Diploma 12th Pass 10th Pass Below 10th Uneducated Others _____

Annual Income (Rs): _____ Source of Funds/Income: _____ Purpose of Insurance: _____

Bank Account No.: _____ Bank/Branch: _____

Nationality: Indian NRI Others (Specify) _____ Employee No. (Salary Deduction Scheme): _____

Occupation: Business Service Professional Retired Farmer Student Housewife Salaried Unemployed
 Labourer Others _____

Address Proof (tick any one): Bank Certificate Ration Card Electricity/Telephone Bill Passport Voter ID Card
 Employer Certification Society Maintenance Bill Others _____

Identity Proof (tick any one): Driving Licence Voter ID Card Passport PAN Card Bank Certification Defence ID Card
 Employer Certification Others _____

Age Proof (tick any one): School Cert./Transfer Cert./Mark Sheet Baptism Cert. Marriage Cert. Employer Cert. Passport (post 1.4.1986)
 Defence ID Card Govt. Pension Orders Driving Licence (post 18.4.1993) Municipal Birth Certificate PAN Card Others _____

Proposer/LA PAN Card No. _____ Relationship of the Life to be Assured with Proposer _____

Details for communication Mailing Address: *C/o. _____

*Flat/Building/House No. _____ *Building/House Name _____

*Street Name/No. _____ *Landmark _____

*Distric/Taluka _____ *Village Name/City _____

*State _____ *Pincode _____

NOMINEE / APPOINTEE DETAILS

3. Nominee Name Mr. Ms. _____
4. Date of Birth (dd/mm/yyyy) _____ Relationship of the Nominee with the Life to be Assured _____
5. Appointee's Name (If Nominee is a minor) _____
6. Appointee's signature _____ 7. Appointee's Date of Birth (dd/mm/yyyy) _____
8. Relationship with the Nominee _____
9. Address of the Nominee (Appointee, if Nominee is Minor) _____
 _____ City _____
 PIN Code _____ State _____

PLAN DETAILS (Questions 10 - 14)

10. Plan applied for: _____

Plan/Rider (Refer respective Product Sales Brochure for riders applicable)	Policy Term (Yrs)	Premium Paying Term (Yrs.)	Sum Assured (Rs.)	Installment Premium (Rs.)
Basic Plan Name				
Rider Name				
Rider Name				
Rider Name				
Total Installment Premium (Rs.)				

11. Rate for (Reliance Credit Guardian Plan/Reliance Special Credit Guardian Plan):
 For terms and conditions, please refer sales brochure.

12. Fund Options:

Plan Name	Fund Options (Allocation % should total to 100%)			
<input type="checkbox"/> Reliance Life Insurance Classic Plan	New Money Market Fund _____	New Gilt Fund _____	New Corporate Bond Fund _____	New Equity Fund _____
	New Infrastructure Fund _____	New Mid Cap Fund _____	New Energy Fund _____	New Pure Equity Fund _____
<input type="checkbox"/> Reliance Life Insurance Highest NAV Advantage Plan	Highest NAV Advantage Fund - Series I _____			

13. Return Shield Option: (Please tick box if you wish to avail of this facility)
14. Systematic Transfer Plan: STP - available with New Equity Fund only (Please tick box if you wish to avail of this facility)
15. Details of Amount Received: Cash/Cheque/DD No. _____ Dated On _____ Drawn On _____
16. Premium Payment type: Regular Single Limited
17. Premium Frequency: Yearly Half Yearly Quarterly Monthly (only ECS, Auto Debit, Credit Card, Debit Card)
18. Mode of Deposit : Cash Cheque Auto Debit Credit Card Debit Card

Note: For the monthly mode option, the first three months' premium to be paid as first installment.

FAMILY HISTORY OF THE LIFE TO BE ASSURED

19. Have either of your parents or any brothers or sisters suffered from or died under the age of 60 due to any of the following Yes No conditions: Heart problems, diabetes, stroke, hypertension, raised cholesterol, cancer, or any hereditary disease? If yes, please give full details below:

Life to be Assured/Proposer ^s	Family Member	Exact cause of Death or details of illness, e.g.: Heart Attack, Diabetes, Cancer , etc.	If Alive, Current Age	If Deceased: Age at Death

DETAILS OF LIFE INSURANCE POLICIES HELD/PROPOSALS APPLIED WITH LIFE INSURANCE COMPANIES (Including existing policies with Reliance Life Insurance Company Ltd.)

20. Are you currently insured or applying for Life Insurance Cover, Critical Illness Cover, Accident Benefit Cover, not covered above? Yes No
 If yes, please give full details below, with present status and terms of acceptance for all the Life Assured

Name of Life to be Assured/Proposer ^s	Name of Company	Contract/ Proposal No.	Basic Sum Assured	Sum Assured Under Rider	Risk Commencement Date	Present Status & terms of acceptance
						<input type="checkbox"/> Decline <input type="checkbox"/> Postpone <input type="checkbox"/> Rated Up <input type="checkbox"/> Reject <input type="checkbox"/> Inforce <input type="checkbox"/> Lapsed <input type="checkbox"/> Applied

Additional sheets with relevant details signed by life assured may be added if space is insufficient.

21. Parents' Insurance details - Total Sum Assured (Rs.) _____] Applicable for life assured <18 years old
22. Name of the Husband/Parent (applicable for female L.A.) _____
23. Total SA on life of Husband/Parent (All Policies) _____

LIFE STYLE QUESTIONS AND PERSONAL MEDICAL HISTORY OF THE LIFE TO BE ASSURED (Please tick Yes or No to each question)

	Life Assured (LA)	Proposer ^s
24. Are you currently or Do you intend engaging in any hazardous occupation or hobbies, eg. Working at heights underground or offshore, using explosives, flying other than as a fare-paying passenger, diving, mountaineering or any other dangerous activity?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
25. Are you currently or do you intend to live or travel outside of India for more than 6 months? If yes, please provide full details of countries to be visited and purpose of visit and duration _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
26a. Habits: Do you smoke or have you smoked more than 5 cigarettes or beedis or 3 Pouches of Gutka or Chewable Tobacco per day. If yes, please indicate in which form: <input type="checkbox"/> Cigarettes <input type="checkbox"/> Beedi <input type="checkbox"/> Chew <input type="checkbox"/> Gutka Qty per day _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
26b. Do you consume or have you consumed any form of alcohol / liquor exceeding 90ml or 3 Pegs of Hard Liquor or 2 glasses of beer / wine per week. If yes, what type? <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Hard liquor Qty per week _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
27. Height in Cm: LA _____ Weight in Kg: LA _____ Height in Cm: Proposer _____ Weight in Kg: Proposer _____		
28. Are you currently taking any medication or drugs, other than minor conditions, (e.g. colds and flu), either prescribed or not prescribed by a doctor, or have you suffered from any illness, disorder, disability or injury during the past 5 years which has required any form of medical or specialized examination (including chest x-rays, gynecological investigations, pap smear, or blood tests), consultation, hospitalization or surgery?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
29. Do you have : congenital/birth defects, pain or problems in the back, spine, muscles or joint, arthritis, gout, severe injury or other physical disability and have you been incapable of working/attending the school during the last 2 years for more than 5 days or are you currently incapable of working/attending school?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
30. Do you suffer from any medical ailments eg: diabetes, high blood pressure, cancer, respiratory disease (including asthma), Kidney or Liver Disease, Stroke, any blood disorder, Heart Problems, Hepatitis B or, Tuberculosis, Psychiatric Disorder, Depression, HIV AIDS or a related infection?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
31. Is any surgery planned or are you currently aware or have been advised, that you may need to seek medical advice within the near future? (Other than for medical examinations that may arise from this application)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
32. Have you ever suffered from drug or alcohol addiction or been advised by a doctor to reduce your alcohol/	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
33. Are you currently pregnant? If yes, please answer the following: Expected delivery date (ddmmyyy) _____ Number of months pregnant _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

IF YOU HAVE ANSWERED YES, TO ANY OF THE QUESTIONS BETWEEN 24 and 33 PLEASE PROVIDE THE DETAILS HERE

Name of the Life to be Assured/Proposer	Question No.	Complete Details required: For question no. 24 to 33 provide details including health condition, date of diagnosis, treatment prescribed, name/address of doctor-if applicable

Additional sheets with relevant details signed by life assured may be added if space is insufficient.

DECLARATION BY LIFE TO BE ASSURED / PROPOSER

I understand and agree that the statements in this proposal form shall be the basis of the contract between me and Reliance Life Insurance Company Limited ("the Company") and that if any statements made by me are untrue or inaccurate or if any of the matter material to this proposal is not disclosed by me then the Company may cancel the contract and all the premiums paid, will be forfeited.

I agree that I will inform the Company if between the date of this proposal and the date of the issuance of policy.

- If there is any change in my general health, occupation, or financial position or,
- If any other proposal or application to any other insurance Company on my life is declined/postponed or accepted other than standard terms so that the Company may consider the terms of acceptance. I understand that If I fail to do so, then the Company may void the contract and all the premiums paid, will be forfeited.
- Further, I authorize Reliance Life Insurance Company Limited to charge any occupation / age extra or reduce the sum assured on my proposal based on the information provided by me and the supporting documents submitted with this proposal form

I hereby authorize Reliance Life Insurance Company Limited to conduct screening/confirmation/reconfirmation of overall status of the Life to be Assured including the health status through medical examinations which may include Laboratory tests, Cardiac, Radiological investigations and other medical tests including blood tests to detect bacterial/viral/fungal infections. I hereby give my consent to undergo HIV1/2 test by ELISA method. I am aware that this test is only for screening purpose and not confirmatory for HIV/AIDS.

In order to enable the Company to assess the risk under this proposal and any time thereafter, I hereby, authorize the past and present employer(s)/business associates/medical practitioner/hospital and medical source/any life and non-life insurance Company/organisation or Life Insurance Association to release to the Company the records of employment/ business or other details as may be considered relevant for acceptance or otherwise of this proposal form.

I declare that the statements in this proposal are true and I have disclosed all information which might be material to the Company while issuing the policy contract.

I have read the sales literature of the proposed plan and fully understood the terms and conditions of the plan along with the associated risk and benefit which I propose to take.

I confirm that the premiums have not been and will not be generated from proceeds of any criminal activities/offenses listed in the Prevention of Money Laundering Act 2002 or under any other applicable laws. Should there be any adverse change in my integrity or reputation, I shall inform Reliance Life Insurance Company Limited immediately.

I agree that the Insurance protection shall only be provided effective from the date of acceptance of risk by the Company.

For Regular Premium Policyholders only - Please note this is a regular premium policy and you would need to pay premium for _____ (in words) years.

Name of the Proposer _____	Signature/Thumb Impression of the Proposer _____
*Address _____	
*Landline / C/o. Number _____	*Mobile Number _____ *Date _____
*Email ID _____	(Note: If you fill this correctly, it will help us serve you better)

Signature of Witness

Name _____ Mobile No. _____
Address _____ Date _____

Signature/ Thumb Impression of the L.A

Name _____ Mobile No. _____
Address _____ Date _____

Section 41 of Insurance Act, 1938: (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.

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 the section shall be punishable with fine which may extend to five hundred rupees.

Section 45 of Insurance Act, 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.

DECLARATION FOR SIGNING IN VERNACULAR OR FOR UNEDUCATED PERSONS

Reliance Life Insurance Company Limited requires that this proposal is completed by the Proposer. (If the Proposer does not read, write, or speak English, then this proposal may be completed by another person as per item 1 in guidelines of page 1 of this proposal as such person need to complete this declaration.)

I have explained the contents of this proposal to the Proposer and endeavoured to ensure that the contents have been fully understood. I have accurately recorded the responses to the information sought by the proposal form and I have read the responses back to the Proposer and confirmed that they are correct.

Signature of Declarant in English

Name _____ Place _____ Date _____

PHOTOGRAPHS AND PERMANENT ADDRESS OF PROPOSER/LIFE TO BE ASSURED

- 1) Please affix photograph and mention Permanent address of **Proposer**, where Proposer is different from Life to be Assured.
- 2) In the event Life to be Assured and Proposer are same persons the following needs to be filled in by the Life to be Assured.



Signature of Proposer/Life to be Assured

Permanent Address:

Address _____
 City _____ PIN Code _____
 State _____

CONFIDENTIAL REPORT (To be completed by the Sales Personnel after receiving the completed proposal form)

Note: If the Proposer & Principal Life to be Assured is related to the Advisor, this report should be countersigned by the Authorised Signatory

- 1. Have you met the Proposer & Principal Life to be Assured? Yes No
- 2. Are you (Advisor/SM) related to the Life/Lives to be Assured? If Yes, to whom and what is the relationship? Yes No
- 3. Do you notice any disability, mental or physical deformity for any Lives to be Assured? If Yes, give details Yes No
- 4. Are you personally satisfied with the financial standing of the Proposer & Principal Life to be Assured in relation to the proposed insurance? Please estimate the income of the proposed insurance? Life to be Assured? Yes No
- 5. Is the income proof verified by you? What is the type of income proof verified? Yes No
 Income Tax Return Form 16 Pay slip Balance Sheet P&L Others
- 6. Is the age proof verified by you for all Lives to be Assured? Yes No
- 7. Are all the Lives to be Assured, presently, in good health? If No, give details Yes No
- 8. How long have you known to the Lives to be Assured? _____ Years _____ Months

LIFE ADVISOR / EMPLOYEE CERTIFICATION

I certify that I have personally checked the identity of the Client/Life to be Assured and attached his photograph.
 I certify that the client has understood the proposal form completely and the facts disclosed therein are true and correct to the best of my knowledge and belief, I have also verified the completeness of documentation.
 I further declare that to the best of my knowledge the premium amounts are not sourced from the proceeds of any criminal activities/offences listed in the Prevention of Money Laundering Act 2002 or under any other applicable laws. Should there be any adverse change in my opinion of the integrity or reputation of the applicant, I shall inform Reliance Life Insurance Company Limited immediately.

Signature of IRDA Licensed Advisor
Name _____
Advisor Code _____
Date _____ Place _____
Time _____

Signature of Sales Manager
Name _____
SM Code _____
Date _____ Place _____
Time _____

Authorised Signatory
Name _____
SAP Code _____
Date _____ Place _____
Time _____

Authorised Signatory
Name _____
Designation _____
Date _____ Place _____
Time _____

ISO 9001:2008
CERTIFIED COMPANY

Reliance Life Insurance Company Limited (Reg. No. 121)
Registered Office H Block, 1st Floor, Dhirubhai Ambani Knowledge City, Navi Mumbai, Maharashtra 400 710, India.

UIN for Reliance Child Plan: 121N003V01, Reliance Credit Guardian Plan: 121N013V01, Reliance Special Credit Guardian Plan: 121N014V01, Reliance Endowment Plan (Regular): 121N018V01, Reliance Super Five Plus: 121N002V02, Reliance Term Plan: 121N005V02, Reliance Special Term Plan: 121N015V01, Reliance Cash Flow Plan: 121N001V01, Reliance Whole Life Plan: 121N004V01, Reliance Simple Term Plan: 121N007V01, Reliance Traditional Super InvestAssure Plan: 121N046V01, Reliance Life Traditional Golden Years Plan: 121N075V01, Reliance Life Traditional Investment Insurance Plan: 121N074V01, Reliance Life Insurance Highest NAV Advantage Plan: 121L077V01, Reliance Life Insurance Classic Plan: 121L076V01, Reliance Life Insurance Money Multiplier Plan: 121N079V01, Reliance Term Life Insurance Benefit Rider: 121C009V01, Reliance New Critical Conditions (25) Rider: 121C012V01, Reliance Accidental Death & Total and Permanent Disablement Rider: 121C002V01, Reliance New Major Surgical Benefit Rider: 121C014V01, Reliance Critical Conditions Rider: 121B003V01, Reliance Critical Conditions (25) Rider: 121B010V01, Reliance Major Surgical Benefit Rider: 121B011V01