

Proposal Form for Reliance Group Credit Assure Plus - Member

The insurance mentioned herein will be issued based on the facts provided in this proposal form. If any of the details provided are not factual or are not fully disclosed, the policy issued is liable to be cancelled with immediate effect by paying the surrender value. Please fill this form your self after reading the Product Brochure and with the assistance of are Advisor or Manager-Sales Team.

FOS Code Master: Master Policyholder Code: Master Policyholder Name:

- Important**
- Insurance is a contract of utmost good faith which requires the Proposer and Life to be Assured to disclose all material facts and answer all queries truthfully as it may impact the claim decision and payout of benefits.
 - For details on risk factors and Terms & Conditions please refer to the respective product brochure before concluding a sale.
 - Cash should be deposited with RNLIC branch only. Cash handed over to the RNLIC Advisor is at the customer's own risk.

PERSONAL DETAILS

I2000959

Type of Borrower: ☐ Borrower ☐ Co-Borrower

Life to be Assured ☐ Mr. ☐ Ms. Full Name

Father's/Husband's Name:

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

Annual Income (Rs): Nationality: ☐ Indian ☐ NRI ☐ Others (Specify)

Occupation: ☐ Business ☐ Service ☐ Professional ☐ Retired ☐ Farmer ☐ Student ☐ Housewife ☐ Salaried ☐ Unemployed ☐ Labourer ☐ Others Name of Firm: Nature of Job:

Address Proof (tick any one): ☐ Bank Certificate ☐ Driving Licence ☐ Electricity/Telephone Bill ☐ Passport ☐ 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. ☐ Valid Passport ☐ Defence ID Card ☐ Aadhar Card ☐ Govt. Pension Orders ☐ Driving Licence ☐ Municipal Birth Certificate ☐ PAN Card ☐ Others ☐ PAN Card No.

Details for communication: Mailing Address City PIN Code State Tel./Mobile No.

Proof of contactability (tick any one): ☐ Residence Landline Telephone Bill ☐ Mobile Postpaid Bill ☐ Any other contact proof

NOMINEE DETAILS

Name of the Nominee	Date of Birth	Relationship with the Life to be Assured	Percentage Share
		Total	100%

Appointee's Name (If Nominee is a minor):

Appointee's signature: Appointee's Date of Birth (dd/mm/yyyy):

Relationship with the Nominee:

PAYMENT DETAILS

Bank Name: Amount of DD/Cheque: Payment Details: DD No./MT Ref. No. DD/MT Date:

MASTER POLICYHOLDER DETAILS

MPH Name MPH RO Name MPH Branch Name MPH Branch Code MPH Staff Name MPH Staff Employee Code MPH Branch Manager Name MPH Branch Manager Code

Are you currently insured or applied for Reliance Group Credit Assure Plus? (If yes, please provide details below)

Contract/Proposal No.	Basic Sum Assured	Sum Assured Under Rider	Year of Commencement	Current Status & terms of acceptance
				<input type="checkbox"/> Declined <input type="checkbox"/> Postponed <input type="checkbox"/> Rated Up <input type="checkbox"/> Rejected <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.

PERSONAL MEDICAL HISTORY OF LIFE TO BE ASSURED (Please tick “Yes” or “No” to each of the answer)					
1. (a) Height _____ Centimeters		1. (b) Weight _____ Kilograms			
2. Have you ever had/sought advice for/undergoing treatment for any of the following?					
a.	Chest pain, high blood pressure, raised cholesterol, stroke, heart attack, heart murmur, other heart/ blood vessel disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
b.	Dizzy or fainting spells, epilepsy, paralysis, depression, nervous or mental/ psychiatric disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
c.	Diabetes or sugar in urine?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
d.	Cancer, tumor, thyroid disorder, cyst, enlarged glands, enlarged lymph nodes?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
e.	Asthma, chronic cough, shortness of breath, pneumonia, tuberculosis/ or any other lung or respiratory disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
f.	Any other surgery or injury due to accident or otherwise?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
g.	Protein, blood or pus in urine?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
h.	Peptic ulcer, colitis, chronic diarrhea, hepatitis, jaundice, liver or any abnormality or evidence of disease of digestive nature?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
i.	Urine, kidney, bladder, reproductive or prostrate disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
j.	Do you have any symptoms for which a physician has not been consulted like unexplained weight loss, persistent fever, painful swelling?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
k.	Any sexually transmitted or venereal disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
l.	Brain or spinal disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
m.	Anemia, hemophilia, or other blood disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
n.	Arthritis, gout or joint pain, muscle disorder or bone disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
o.	Any disorder of the skin, ear discharge, impaired sight, hearing or speech or any other disorder of the ear, eye(other than wearing glasses), nose and throat?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
p.	Acquired Immune Deficiency Syndrome (AIDS) & AIDS related condition or HIV antibodies or hepatitis carrier?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
q.	Are you currently on diet or medication prescribed by a doctor?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
r.	Do you have any disability, physical deformity or bodily defect? If Yes, please state nature and extent of deformity/disability _____	<input type="checkbox"/> Yes <input type="checkbox"/> No			
s.	Have you ever been admitted to a hospital/ nursing home for treatment for an illness, medical disorder, medical condition, alcohol use or drug related condition? If Yes, Please submit discharge Certificate/ Hospital reports	<input type="checkbox"/> Yes <input type="checkbox"/> No			
t.	Have you ever been advised/ had a surgery or any medical investigations like X-ray, CT Scan, mammogram, pap smear etc? If Yes, specify reason and when _____	<input type="checkbox"/> Yes <input type="checkbox"/> No			
3. (a) Family Doctor's Name_____		3. (b) Phone (std code) _____			
Name and address of consulting Doctor _____					
Nature of Illness/ disease _____		Date of diagnosis _____		Fully recovered or under treatment _____	
TO BE ANSWERED BY ALL FEMALE LIFE TO BE ASSURED (If answer to any of the question below is “Yes”, please submit reports and details)					
4.(a) Are you currently pregnant? If Yes, number of weeks _____		<input type="checkbox"/> Yes <input type="checkbox"/> No			
(b) Have you had/ do you have any pregnancy complications in the present/ past?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
(c) Have you had/ do you have any gynecological problem like irregular menstruation etc?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
(d) Have you ever been examined for breast cancer, pap smear? If yes, when and why?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
FAMILY HISTORY					
Please give details of family members of the Life to be assured. Are any family member(s) suffering from or have suffered from or have died from heart disease, stroke, cancer, tuberculosis, high blood pressure, any form of kidney diseases, paralysis, diabetes, blood disorder or any other condition or hereditary diseases not mentioned above, please give details in the following table					
5.(a) Family Member Age/ Age at Death		5.(b) Status		5.(c)If alive, is health in good condition?	
(i) Father Age _____ Yrs		<input type="checkbox"/> Alive <input type="checkbox"/> Deceased		<input type="checkbox"/> Yes <input type="checkbox"/> No If No, details _____	
(ii) Mother Age _____ Yrs		<input type="checkbox"/> Alive <input type="checkbox"/> Deceased		<input type="checkbox"/> Yes <input type="checkbox"/> No If No, details _____	
(iii) Brother/Sister Age _____ Yrs		<input type="checkbox"/> Alive <input type="checkbox"/> Deceased		<input type="checkbox"/> Yes <input type="checkbox"/> No If No, details _____	
(iv) Brother/ Sister Age _____ Yrs		<input type="checkbox"/> Alive <input type="checkbox"/> Deceased		<input type="checkbox"/> Yes <input type="checkbox"/> No If No, details _____	
				<input type="checkbox"/> Accident <input type="checkbox"/> Others If Others, details _____	
DETAILS OF LIFE INSURANCE POLICES HELD/PROPOSALS APPLIED WITH RELIANCE NIPPON LIFE INSURANCE COMPANY LIMITED					
6. Is there any application being submitted or pending or do you have any other insurance policies with Reliance Nippon Life?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Contract/Proposal No.	Plan	Basic Sum assured	Year of Commencement	Present Status	
				<input type="checkbox"/> In force <input type="checkbox"/> Lapsed <input type="checkbox"/> Pending	
				<input type="checkbox"/> In force <input type="checkbox"/> Lapsed <input type="checkbox"/> Pending	
DETAILS OF LIFE INSURANCE POLICES HELD/PROPOSALS APPLIED WITH OTHER INSURANCE COMPANIES					
7. Is there any application being submitted or pending or do you have any other insurance policies in effect with any other insurance company?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of the Company		Sum Assured	Year	Present Status	
				<input type="checkbox"/> In force <input type="checkbox"/> Lapsed <input type="checkbox"/> Pending	
				<input type="checkbox"/> In force <input type="checkbox"/> Lapsed <input type="checkbox"/> Pending	
8. Have any of your proposals with Reliance Nippon Life or any other company been declined/ postponed/ dropped or accepted at modified rates? If yes, give details as below				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of the Company		Sum Assured	Year	Reasons	
LIFE STYLE QUESTIONS OF THE LIFE TO BE ASSURED (Please tick “Yes” or “No” to each of the answer)					
9. Do you intend to live or travel outside India for more than 6 months? If Yes, please give name of the country(ies), purpose of visit and duration _____				<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. (a) Have you ever used/ using tobacco in any form? (b) If Yes, in what form? <input type="checkbox"/> Cigarette <input type="checkbox"/> Cigar <input type="checkbox"/> Beedi <input type="checkbox"/> Chew <input type="checkbox"/> Ghutka <input type="checkbox"/> Snuff <input type="checkbox"/> Others (c) Quantity per day _____ Numbers/pouches (d) If quit, since when mmyyyy) _____				<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Have you ever had/ are currently on any tranquilizers, stimulants, sedatives, drugs, narcotics, barbiturates, marijuana, cocaine etc.?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. (a) Do you consume alcohol? (b) If Yes, what? <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Hard/Country liquor (c) Quantity per week _____ Glasses/ Pegs				<input type="checkbox"/> Yes <input type="checkbox"/> No	

13. Have you remained ill or absent from your place of work on grounds of health for a total period of 21days, during the last 2 years? If Yes, please give details _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Describe the nature of duties _____	
15. Have you ever suffered any major injury in an accident? If Yes, specify year of accident and operation, if any _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Have you taken part, or do you have plans to take part, in any hazardous activity such as ballooning, mountain cycling, motorbike racing, bo gliding, diving, horse riding, martial arts, motor racing, mountain climbing, parachuting, sailing ,Skiing, weight lifting, white water rafting, wrestli flying other than as a fare paying passenger on a licensed service? (You must still answer YES and give details if you take part in potentially haza activity which is not listed) If Yes, please provide details in the special questionnaire which your advisor will provide _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

DECLARATION OF THE MEMBER

I understand and agree that the statements in this proposal form shall be the basis of the contract between me and Reliance Nippon Life Insurance Company Limited ("the Company"). I agree that I will inform the Company if, between the date of this proposal and the date of issuance of the policy about any change in my general health, occupation, financial position or if any other proposal or application to any other Insurance Company on my life is declined/postponed or accepted other than the standard terms so that the Company may consider the terms of acceptance. I understand that if I fail to disclose the information sought by the Company, then the Company may void the contract at its sole discretion without giving any further explanation and the consequence thereof shall follow. I agree that the Insurance protection shall only be provided effective from the date of acceptance of risk by the Company. I further declare that the statements in this proposal form are true and I have disclosed all information which might be material to the Company while issuing the policy contract. I declare that I have read the sales literature of the proposed plan and understood the Terms and Conditions of the plan along with the associated risks and benefits which I propose to take. I declare that the premiums paid have not been generated from the proceeds of any criminal activities/offences and I shall abide by and conform to the Prevention of Money Laundering Act, 2002 or any other applicable laws. I declare that the Company has disclosed and explained all the information related to this product and riders to me and I declare that I have understood the same before signing this proposal form. In case of fraud the policy contract shall be cancelled immediately by forfeiture of all premiums paid or in case of misrepresentation the policy contract shall be cancelled immediatelyby refund of all premiums paid, subject to the fraud or misrepresentation being established by the insurer in accordance with Section 45 of the Insurance Act, 1938 as amended from time to time.

AUTHORISATION FROM LIFE TO BE ASSURED (FOR REGULATED ENTITIES)

I hereby authorize the Company to charge any occupation/residential/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 the Company to conduct screening/confirmation/reconfirmation of overall status of the Life to be Assured including the health status through medical examinations, if required, 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 purposes 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/organization 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 agree that Reliance Nippon Life Insurance Company may need to share my personnel information with a specialist service provider, who would keep the said information in secure and confidential manner. Payments will be made to the provided bank a/c, unless the bank a/c particulars are changed/modified by my written communication to Reliance Nippon Life Insurance Company Limited. I also hereby agree and authorized the Company to access my data maintained by the Unique Identification Authority of India (UIDAI) for KYC verification purpose. I agree that in order to assess the risk, I need to undergo medicals as per Reliance Nippon Life Insurance Company Limited requirements and the same has been explained to me by the Advisor/Sales Manager" and "I authorize Reliance Nippon Life Insurance Company Limited and/or its representative to call us/me for all policy and/ or service related calls. I hereby authorize the Company to make the payment of outstanding loan balance amount to the Mater Policyholder by deducting from the claim proceeds payable on the happening of the contingent event covered under the scheme/policy.

AUTHORISATION FROM LIFE TO BE ASSURED (FOR NON-REGULATED ENTITIES)

I hereby authorize the Company to charge any occupation/residential/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 the Company to conduct screening/confirmation/reconfirmation of overall status of the Life to be Assured including the health status through medical examinations, if required, 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 purposes 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/organization 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 agree that Reliance Nippon Life Insurance Company may need to share my personnel information with a specialist service provider, who would keep the said information in secure and confidential manner. Payments will be made to the provided bank a/c, unless the bank a/c particulars are changed/modified by my written communication to Reliance Nippon Life Insurance Company Limited. I also hereby agree and authorized the Company to access my data maintained by the Unique Identification Authority of India (UIDAI) for KYC verification purpose. I agree that in order to assess the risk, I need to undergo medicals as per Reliance Nippon Life Insurance Company Limited requirements and the same has been explained to me by the Advisor/Sales Manager" and "I authorize Reliance Nippon Life Insurance Company Limited and/or its representative to call us/me for all policy and/ or service related calls.

Signature/Thumb Impression of the Life to be Assured	Signature/Thumb Impression of the Proposer
Name	Name
Mobile No.	Mobile No.
City	City
Date	Date

Signature/Thumb Impression of the Life to be Assured	Signature/Thumb Impression of the Proposer
Name	Name
Mobile No.	Mobile No.
City	City
Date	Date

DECLARATION FOR SIGNING IN VERNACULAR LANGUAGE OR FOR UNEDUCATED PERSONS

I (declarant), hereby declare that I have fully explained the questions and contents of the proposal form to the proposer in _____ language, and I have truthfully recorded the answers given by the proposer. The proposer has affixed the thumb impression below after fully understanding the contents thereof."

I (proposer), certify that the contents of the form and documents have been fully explained to me by (full name of declarant): _____

and I have understood the significance of the proposed contract.

Signature / Thumb Impression of the Proposer		Signature of the Declarant		Signature of Witness	
Name	Mobile No.	Name	Mobile No.	Name	Mobile No.
Date	Address	Date	Address	Date	City

Note: The Declarant cannot be Employee/Advisor/SP of Reliance Nippon Life Insurance Company Limited.

PROHIBITION OF REBATE (SECTION 41 OF THE INSURANCE ACT, 1938, AS AMENDED FROM TIME TO TIME)

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. 2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees. Please refer to our website or contact our office for the details under the above mentioned Section 41.

POLICY NOT TO BE CALLED IN QUESTION AFTER THREE YEARS (SECTION 45 OF THE INSURANCE ACT, 1938, AS AMENDED FROM TIME TO TIME)

(1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later. (2) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based. (3) notwithstanding anything contained in sub-section(2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer:- Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive. (4) A policy of the life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of the revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of the fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued: Provided that the insurer shall have to communicate in writing to the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based: Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation. Mis-statement of or suppression of shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer, the onus is on the insurer to show that had the insurer been aware of the said fact no life insurance policy would have been issued to the insured. (5) Nothing in this section shall prevent the insurer from calling for proof of age at any time if it entitled to do so, and no policy shall be deemed to be called in question merely because the term of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal. Please refer to our website or contact our office for the details under the above mentioned Section 45.

Reliance Nippon Life Insurance Company Limited (formerly known as Reliance Life Insurance Company Limited). IRDAI Registration No: 121. Registered Office: H Block, 1st Floor, Dhirubhai Ambani Knowledge City, Navi Mumbai, Maharashtra 400 710. Corporate Office: Reliance Centre, 5th Floor, Off Western Express Highway, Santacruz East, Mumbai - 400 055. Trade logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited & Nippon Life Insurance Company and used by Reliance Nippon Life Insurance Company Limited under license. For more information or any grievance, 1. Call us between 9am to 6pm, Monday to Saturday on our Toll Free Number **1800 102 1010** or 2. Visit us at **www.reliancenipponlife.com** or 3. Email us at: **rnlife.customerservice@relianceada.com** or 4. Fax: **022 3303 5662**. UIN for Reliance Group Credit Assured Plus: 121N115V01

Beware of spurious phone calls and fictitious/fraudulent offers IRDAI clarifies to public that 1. IRDAI or its officials do not involve in activities like sale of any kind of insurance or financial products nor invest premiums. 2. IRDAI does not announce any bonus. Public receiving such phone calls are requested to lodge a police complaint along with details of phone call, number.

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