Canara HSBC LIFE INSURANCE

CANARA HSBC LIFE INSURANCE COMPANY LIMITED

PROPOSAL FORM

Thank you for putting your trust in Canara HSBC Life Insurance Company. This is your proposal form for a Non-Linked Non-Participating Individual Pure Risk Premium Life Insurance Plan.

V1.3/062026

- The payment would be accepted in Indian Rupees (₹) only from credit card or debit card or bank account owned by Proposer/ Payor.
- Kindly note that any non-disclosure or misrepresentation or suppression of information has a direct impact on the claim's decision. It may even lead to repudiation of the claim.

For office use only

Bank/ Channel Name ☐ Bank/ Channel Code ☐

Client's Branch Code ☐

Bank Account No. ☐

Customer Identification No. ☐

Branch Representative Name ☐

Branch Representative Code ☐ Insurance Sales Manager Code ☐

Customer Referred by Employee (Name) ☐

Referred by Employee (No.) ☐

Please affix recent Passport size photograph of Proposer and Sign across the photograph

DO NOT STAPLE THE PHOTOGRAPH

Type of Insurance ☐ Employer Employee ☐ Hindu Undivided Family ☐ Individual ☐ Married Women's Property Act ☐ Partnership Firm ☐ Salary Deduction ☐ Key man

Relationship with Bank ☐ Saving Bank Account ☐ Current Account ☐ Deposit ☐ Advance-Borrower ☐ Credit Card

Are You Existing Customer of Canara HSBC Life Insurance Company Limited ☐ YES ☐ NO

Are you a Staff Member ☐ YES ☐ NO

Are you a Corporate Customer ☐ YES ☐ NO

SECTION A: DETAILS OF THE LIFE TO BE ASSURED

1. PERSONAL DETAILS

1.1 a.Title

b. Name — First ☐ Middle ☐ Last ☐

1.2 a. Title

b. Father's Name — First ☐ Middle ☐ Last ☐

1.3 a. Title

b. Mother's Name — First ☐ Middle ☐ Last ☐

1.4 Gender (Male/Female/Transgender) ☐

1.5 Date of Birth (DD/MM/YYYY) ☐

1.6 Marital Status ☐

1.7 a. Current Residential Address/Communication Address ☐

b. Permanent Residential Address ☐

c. Address Proof document ☐

d. Mobile Number with ISD code ☐

e. E-mail ☐

(This email will be taken as registered email ID with us and you may correspond with us using this email ID)

1.8 Educational/ Professional Qualifications ☐

1.9 a. Occupation ☐ **b. Exact nature of duties/ occupation** ☐

(Specify if you are in money services/lottery/casino/gambling/horse jockey/NGO/Trust/Charity/Real Estate/Jewelry/Scrap Dealer/Diamond dealer)

c. Name of the Employer/ Organisation ☐ d. Nature of industry of the Employer/ Organisation ☐

e. Employer/Organisation Address ☐

f. Are there any risk associated with your occupation? Eg. Working with Boiler, Explosives, Chemicals etc. ☐ Yes ☐ No ☐

If Yes, please provide details ☐

1.10 a. Annual Income (₹) ☐ b. Age Proof ☐

c. PAN or Form 60 (if PAN is not available) ☐ d. CKYC Number (if applicable) ☐

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LIFE INSURANCE

1.11 **a.** Current Country of Residence ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ b. Residential Status ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

c. Country of Birth ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ d. City of Birth ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

e. Citizenship ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ f. Nationality ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

g.Tax Residency Country ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

1.12 Proof of Identity ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

1.13 Do you have an e-IA. If yes, please provide the following details:

a. e- Insurance Account Number (eIA) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

b. Name of the Insurance Repository to which eIA is linked ☐ CAMS ☐ CDSL ☐ KARVY ☐ NSDL

c. If No, then please name your preferred Insurance Repository ☐ CAMS ☐ CDSL ☐ KARVY ☐ NSDL for opening your e-IA free of cost.

1.14 Are you a Politically Exposed Person (PEP)? ☐ Yes ☐ No

(PEPs are individuals who are or have been associated with a political party/politician or holding any senior role in any ministry/ government/state owned enterprises / judicial body / military/police in India or abroad or those individuals who have any close family members or associates in the said capacity)

1.15 Have ever been convicted or are you under investigation for any criminal charges? ☐ Yes ☐ No

If Yes, please provide details ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

1.16 Do you have Ayushman Bharat Health Account (ABHA)? ☐ Yes ☐ No

(If yes, please provide ABHA number) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

1.17 Do you need a physical copy of the policy document? ☐ Yes ☐ No

2. DETAILS OF NOMINEE:

Nominee/Beneficiary details to be provided, only where Life to be Insured is proposing on self

(In case of Multiple Nominees/ Beneficiaries, please fill up Multiple Nomination Form)

1. Nominee / Beneficiary Name Title ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other (Specify) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

First Name ☐☐☐☐☐☐☐☐☐☐☐☐ Middle Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Last Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

2.a) Date of Birth ☐☐/☐☐/☐☐☐☐ (DD/MM/YYYY) b) Gender ☐ Male ☐ Female ☐ Transgender

3. Nominee Relationship with £ Spouse ☐ Son ☐ Daughter ☐ Father ☐ Mother ☐ Other (Specify) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Life to be insured

4. Current Address of Nominee/Beneficiary ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Area/Taluka/Tehsil ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

City/District ☐☐☐☐☐☐☐☐☐☐☐☐ State ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Country ☐☐☐☐☐☐☐☐☐☐☐☐ Pin Code ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Permanent Address of Nominee/Beneficiary ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Area/Taluka/Tehsil ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

City/District ☐☐☐☐☐☐☐☐☐☐☐☐ State ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Country ☐☐☐☐☐☐☐☐☐☐☐☐ Pin Code ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

5. Contact details: *Telephone/Mobile Number wherever available* ✆ Mobile with ISD Code ☐☐☐☐☐☐☐☐☐☐ ✆ Alternate Mobile with ISD Code ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☎ Residence Ph ☐☐☐☐☐☐☐☐☐☐☐☐ ✉ Email ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

6. Nominee Bank Details

Bank Name ☐☐

Account No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ IFSC Code ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Appointee or Guardian Details (Other than the Life to be Insured), if the Nominee/Beneficiary is a minor (below 18 yrs)

1. Name of Appointee/Guardian Title ☐ Mr. ☐ Mrs. ☐ Ms ☐ Other (specify) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

First Name ☐☐☐☐☐☐☐☐☐☐☐☐ Middle Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Last Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

2.a) Date of Birth ☐☐/☐☐/☐☐☐☐ (DD/MM/YYYY) b) Gender ☐ Male ☐ Female ☐ Transgender

3. Relationship with the Nominee/Beneficiary ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

4. Address of Appointee/Guardian ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Area/Taluka/Tehsil ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

City/District ☐☐☐☐☐☐☐☐☐☐☐☐ State ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Country ☐☐☐☐☐☐☐☐☐☐☐☐ Pin Code ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

5. Contact details ✆ Mobile with ISD code ☐☐☐☐☐☐☐☐☐☐☐☐ ✆ Alternate Mobile ISD code ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☎ Residence Ph ☐☐☐☐☐☐☐☐☐☐☐☐ ✉ Email ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Canara HSBC
LIFE INSURANCE

3. INSURANCE HISTORY

3.1 Enter details of all active/lapsed policies for last 5 years and simultaneously applied proposal(s) with all life insurance companies

3. INSURANCE HISTORY

Name of Insurance Company	Sum Assured	Status
		<Active/ Lapsed>
		<Active/ Lapsed>

3.2 Have any of your Life/Health insurance proposal(s) been declined / postponed / dropped or accepted with modified terms? (Yes/No)

If Yes, please provide details ☐☐☐

4. PERSONAL HEALTH AND LIFESTYLE DETAILS

4.1 Height ☐☐☐☐☐☐☐☐☐☐☐ cms. Weight ☐☐☐☐☐☐☐☐☐☐☐ Kgs.

4.2 Has your weight altered by more than 5 Kgs. in the last 1 year for reasons other than exercise ? (Yes/ No)

If Yes, please provide details ☐☐☐

4.3 Please give the following details:

Substance consumed	**Yes/ No**	**If Yes consumed as (either of the options)**	**Consumption quantity**	**For no. of years**
Tobacco	Y/N	Cigarette/ Cigars/ Gutkha/ others	☐☐☐ No.s per day ☐☐ Occasional	☐☐
Alcohol	Y/N	Beer/ Wine/ Spirits	☐☐☐ (ml/ week) ☐☐ Occasional	☐☐
Any narcotics	Y/N			☐☐

4.4 Do you take part in hobbies that are risky in any way? E.g. Aviation, Diving, Mountaineering etc. ☐ Yes ☐ No

If Yes, please provide details ☐☐☐

5. MEDICAL INFORMATION

1.	Has more than one of your close relatives (father, mother, brother(s), sister(s) died before the age of 60 years as a result of heart attack, stroke, cancer, diabetes, blood pressure, kidney disease or any hereditary disorder?	YES ☐ NO ☐
2.	Have you ever been investigated, treated or diagnosed or intending to seek any medical advice for any disease / medical symptoms / accident lasting more than a week or availed medical leave for more than 5 days?	YES ☐ NO ☐
i.	Diabetes mellitus, high blood sugar levels or sugar in urine, thyroid disorder or any other hormonal disorder	YES ☐ NO ☐
ii.	High blood pressure/hypertension, chest pain, heart attack, angina or disorders pertaining to the heart or circulatory system	YES ☐ NO ☐
iii.	Cancer, tumour, , growth, cyst, lump of any kind	YES ☐ NO ☐
iv.	Asthma, tuberculosis, bronchitis, difficulty in regular breathing, or any other respiratory disorder	YES ☐ NO ☐
v.	Seizure, stroke, paralysis, , epilepsy, parkinsons, or any other symptoms or disorder of the brain or nervous system	YES ☐ NO ☐
vi.	Any disorder of the stomach (e.g ulcers, colitis), intestine, liver (including jaundice,), kidney, urinary bladder, prostate or blood/protein in urine?	YES ☐ NO ☐
vii.	Any disorder of the reproductive system?	
viii.	Any back, Arthritic, Joint or bone disorders?	YES ☐ NO ☐
ix.	Any congenital defect, physical deformity/disability or handicap?	YES ☐ NO ☐
x.	Any disorder of the ear, nose, throat or skin?	YES ☐ NO ☐
xi.	Anaemia or any other blood related disorder?	YES ☐ NO ☐
xii.	Depression, Anxiety or any other mental or psychiatric disorder?	YES ☐ NO ☐
xiii.	Any other medical condition, illnesses, surgery or treatment not mentioned above	YES ☐ NO ☐

Canara HSBC
LIFE INSURANCE

3.	Have you or your spouse ever tested positive or treated for any sexually transmitted disease, HIV/AIDS, Hepatitis B or C or are you awaiting results of such tests?	YES ☐ NO ☐
4.	During the last 5 years have you had or been advised to have any investigations like blood reports / ECG (other than pre-employment or preventive health checkup) etc, surgery, have attended or been advised to attend a hospital or clinic or waiting for any kind of treatment to start?	YES ☐ NO ☐
5.	For Female lives only:	
i.	Are you pregnant?	YES ☐ NO ☐
ii.	Are there any pregnancy related complication or any other gynaecological disorders?	YES ☐ NO ☐

If you have answered any of the above questions as 'Yes' please provide the relevant and complete details such as diagnosis, medications, period of treatment etc. here:

Question Number	Details

The Company reserves the right to ask for medical tests or/ seek further information based on above answers.
Are the Life Assured & Proposer the same ☐ Yes ☐ No. If No, please fill Proposer Questionnaire

SECTION B.1. : INSURANCE PLAN DETAILS

Product Name	Plan Option	Coverage Option	Spouse Coverage *	Policy Term	Premium Payment Term	Mode of Premium Payment	Total Installment Premium (₹)	Proposed Coverage Amount (₹)
	<<Plan Option Name>>	<Level/ Increasing >	<Yes/ No>					

* If opted for, please fill out the spouse questionnaire. If spouse is working, Section B.3 of this form also needs to be filled in.

Death Benefit Payout Option	Lumpsum	Part Lumpsum and Part Monthly Income*	Monthly Income
Lumpsum Percentage	100%	<25%/50%/75%>	100%
Monthly Income Benefit Payout	NA	< Level/ Increasing at 5% p.a. (simple interest) /Increasing at 10% p.a. (simple interest) >	
Monthly Income Payout Period	NA	60 months	

**Remainder amount will be utilized for the Part Monthly Income payouts*

Optional In-Built Covers:

☐	Option	Proposed Coverage Amount
☐	Accidental Death Benefit (ADB)	< >
☐	Accidental Total and Permanent Disability (ATPD) - Premium Protection	<Y/N>
☐	Accidental Total and Permanent Disability (ATPD) - Premium Protection Plus	< >
☐	Terminal Illness (TI)*	< >
☐	Critical Illness (CI)	< >
☐	Child Care Benefit (CCB)^	< >
	Block Your Premium^	<Y/N> If "Y" ☐ 25% ☐ 50% ☐ 75% ☐ 100%

^Available with Plan option Life Secure only
*Not available with Plan option Life Secure with Income (Applicable under iSelect Smart360 Term Plan. Not available under Promise2Secure)

Canara HSBC
LIFE INSURANCE

If Child Care Benefit (CCB) is opted

Date of Birth of Child(DD/MM/YYYY)		Gender of Child	
CCB Policy Term		CCB Premium Payment Term	

***If Accidental Death Benefit is opted**

Accidental Death Benefit Policy Term		Accidental Death Benefit Premium Payment Term	

**Applicable under Young Term Plan, iSelect Smart 360 Term Plan and Promise2Secure*

IF CRITICAL ILLNESS BENIFITIS OPTED

Critical Illness Policy Term		Critical Illness Premium Payment Term	

Available Under Promise2Secure Only

SECTION B.2. : INSURANCE PLAN DETAILS – NON WORKING SPOUSE

(Coverage for Base Death Benefit as Level Coverage Option only and no Benefit Payout Option or Optional In-built Covers applicable)
Proposed Coverage Amount (₹): _____

SECTION B.3. : INSURANCE PLAN DETAILS – WORKING SPOUSE

Proposed Coverage Amount (₹): _____
Coverage Option: ☐ Level ☐ Increasing

Death Benefit Payout Option	**Lumpsum**	**Part Lumpsum and Part Monthly Income***	**Monthly Income**
Lumpsum Percentage	100%	<25%/50%/75%>	100%
Monthly Income Benefit Payout	NA	< Level/ Increasing at 5% p.a. (simple interest) /Increasing at 10% p.a. (simple interest) >	
Monthly Income Payout Period	NA	60 months	

**Remainder amount will be utilized for the Part Monthly Income payouts*

Optional In-Built Covers:

☐	**Option**	**Proposed Coverage Amount**
☐	Accidental Death Benefit (ADB)	< >
☐	Accidental Total and Permanent Disability (ATPD) - Premium Protection	<Y/N>
☐	Accidental Total and Permanent Disability (ATPD) - Premium Protection Plus	< >
☐	Terminal Illness (TI)*	< >
☐	Critical Illness (CI)	< >
☐	Child Care Benefit (CCB)^	< >
	Block Your Premium^	<Y/N> If "Y" ☐ 25% ☐ 50% ☐ 75% ☐ 100%

^Available with Plan option Life Secure only
*Not available with Plan option Life Secure with Income (Applicable under iSelect Smart360 Term Plan. Not available under Promise2Secure)

If Child Care Benefit (CCB) is opted

Date of Birth of Child(DD/MM/YYYY)		Gender of Child	
CCB Policy Term		CCB Premium Payment Term	

Canara HSBC LIFE INSURANCE

*If Accidental Death Benefit is opted

Accidental Death Benefit Policy Term		Accidental Death Benefit Premium Payment Term	

*Applicable under Young Term Plan, iSelect Smart 360 Term Plan and Promise2Secure

IF CRITICAL ILLNESS BENIFITIS OPTED

Critical Illness Policy Term		Critical Illness Premium Payment Term	

Available Under Promise2Secure Only

Bank Details of Proposer for receiving refund or payments

I hereby request you to transfer all refunds/payments arising from the stage of proposal until the completion of tenure of the policy, directly to the bank account, details of which are provided herein below.

Note - Please submit relevant supporting documents along with the below details

Account Holder Name ☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

First Name Middle Name Last Name

Bank Name ☐☐☐

Account Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ IFSC Code ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Branch Address ☐☐☐

☐☐☐

Account Type ☐ Savings ☐ Current ☐ NRE ☐ NRO

DECLARATION AND AUTHORIZATION

I hereby declare that premium shall be paid from my own account.

I further understand that the information provided by me in the proposal form, other documents, questionnaire(s) and medical tests will form the basis of the insurance policy, and that the policy will come into force only after receipt of the premium and the communication of acceptance of risk by the Company as per it's Board approved underwriting policy. I agree that in case of fraud and misstatement the contract shall be treated in accordance with the Sec 45 of insurance Act 1938 as amended from time to time.

I hereby authorize/declare Canara HSBC Life Insurance Co. Ltd. to send me any information relating to my proposals / policies through SMS on the phone number/email address provided by me or through any other mode.

I authorize the Company to share (within or outside India) my personal/ sensitive personal information, (including information concerning the financial, physical or mental health together with leave records and employment details of the life to be assured/proposer and details available in my Ayushman Bharat Health Account (ABHA)) from/ with (i) Governmental and/or Regulatory Authority, (ii) Insurance Repositories (iii) CERSAI (iv) reinsurers/ group companies/hospital or diagnostic centers/other insurance companies/third parties including any past or present employer for underwriting assessment, claim investigation/ settlement, e-KYC or KYC authentication (if ermitted), offline verification, and policy servicing purpose including renewals. I authorize the Company to conduct screening/confirmation/ reconfirmation of overall status of my as well as that 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 . I authorize the Company to download KYC details from CKYC Records Registry.

For KYC purposes, I hereby consent or authorize the Company (i) to receive/download the KYC details, information and documents from CERSAI; and/or (ii) share my KYC details, information and documents with CERSAI.

I declare the details furnished above are true and correct to the best of my knowledge and belief and I understand that I am responsible to inform the company of any change in details mentioned in Section 'A- Personal Details'.

I declare that the premiums paid/ payable are/will be not generated from the proceeds of any illegal means/criminal activities / offences and I shall abide by and conform to the Prevention of Money Laundering Act, 2002 or any other applicable laws. I agree and declare that I will notify the Company of any change in the occupation, residential/ financial position, status of other life insurance policy, general health of the Life to be Assured or in any of the statements made in the proposal form

Canara HSBC
LIFE INSURANCE

subsequent to submission of this proposal to the Company but before the commencement of risk or issuance of policy whichever is earlier. I confirm that all information / documents sent by me either by post or through email ID mentioned in this form or uploaded through the "Company" website shall be taken as valid documents and will be used to assess the life insurance proposal for the issuance of the insurance contract. I understand that in case of withdrawal of this application by me post undergoing medicals or part thereof, the Company shall return the premium deposit after deducting the expenses incurred on the medical test/examination, if any.

Foreign Account Tax Compliance Act ("FATCA")/Common Reporting Standards ("CRS") Declaration: (Applicable if the proposer is a US person or is a tax resident outside of India):

1. I certify that (a) I am taxable as a US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District of Columbia or any states of the U.S., or (b) an estate the income of which is subject to U.S federal income tax regardless of the source thereof. (This clause is applicable only if the proposer is identified as a US person); or (c) taxable as a tax resident under the laws of country outside India. (This clause is applicable only if the proposer is a tax resident outside of India)

2. I understand that the Company is relying on the information submitted by me for the purpose of determining my status in compliance FATCA/CRS. The Company is not able to offer any tax advice on CRS or FATCA or its impact on me. I shall seek advice from professional tax advisor for any tax questions. I agree to submit a new form within 30 days if any information or certification on this form becomes incorrect. I agree that as may be required by domestic regulators /tax authorities, the Company may also be required to report, reportable details to CBDT or close or suspend my policy. I certify that I provide the information on this form and to the best of my knowledge and belief the certification is true, correct, and complete including the taxpayer identification number.

Date(DD/MM/YYYY)…….. Place..... Signature.....

Declaration and authorization of Proposer on Bima Applications Supported by Blocked Amount (Bima – ASBA)

As per the IRDAI's directions, I hereby provide my express consent and authorize Canara HSBC Life Insurance to block an amount as quoted in this proposal form (including applicable taxes), for the purpose of premium payment towards insurance. I agree and understand that this mandate shall be valid for a period of (i) 14 days from the date of premium block mandate or (ii) date of acceptance of this proposal, whichever is earlier and that the blocked amount will be utilized towards premium payment upon proposal acceptance. I further authorize Canara HSBC Life Insurance to share information with the relevant entities for the purpose of blocking/releasing the premium amount.

Impression, Left Thumb Impression (LTI) for Males, and Right Thumb Impression (RTI) for Females

Signature/Thumb Impression of Proposer

Date ☐☐/☐☐/☐☐☐☐ (DD/MM/YYYY)

Place _____

The above mandate is as per guidelines specified by NPCI from time to time and is applicable to individual proposers only

Declaration by Insurance Intermediary's Representative/Direct Sales Person/ Agent, etc

I _____ have suggested the present product (s) to the Proposer basis the assessment of suitability thereof to the needs of the proposer and have fully explained all the features thereof to the Proposer and he/she has understood same.

Signature of insurance intermediary's Representative/Direct Sales Person/Agent, etc

Vernacular language/Proposal not filled by Prospect/Illiterate Declaration:

I_____ Son/Daughter of _____, adult and residing at _____do hereby declare on solemn affirmation as under: I have read out and fully explained the contents of the proposal form in _____ language to Mr./Mrs./Ms. _____ and he/she has understood the significance of the proposed contract. I have truthfully and correctly recorded the replies given by the Proposer/Life to be Insured and that the Proposer/Life to be Insured has affixed the signature/thumb impression above, after fully understanding the contents thereof. Solemnly affirmed at _____ on_____ I_____(Proposer) hereby declare that I have understood the questions and answers of the proposal form as explained by Insurance Intermediary's Representative/Direct Sales Person/Agent/Declarant.

Signature of Insurance Intermediary's Representative/Direct Sales Person/Agent/Declarant

Signature/Thumb Impression of Proposer

Canara HSBC
LIFE INSURANCE

Section 41 of Insurance Act, 1938 (as amended from time to time):

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.

Section 45 of 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 a or suppression of a 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 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 that any statement of or suppression of a 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 or the legal representatives or nominees or assignees of 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 a material fact, and not on ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.

(5) 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.

Canara HSBC
LIFE INSURANCE

Canara HSBC Life Insurance Company Limited IRDAI Regn. No. 136
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