

Pradhan Mantri Jeevan Jyoti Bima Yojana

Proposal Form for Canara HSBC Life Insurance
Pradhan Mantri Jeevan Jyoti Bima Yojana,
a Non-participating Non-Linked Group Term Insurance Plan for
<<Master Policyholder>>

Agent/ Broker code		Application received date	
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1. Details of Proposer

a. Name of Proposer	
b. PAN of Proposer	
c. Type of Business/ Trade/ Activity Type of organization (MFI,SHG,Bank)	
d. Address & Pincodes	
e. Mailing Address	
f. Contact Person's Name/ Designation	
g. E-mail address	
h. Telephone Number	

2. Brief Scheme Details:

Plan name	Canara HSBC Life Insurance Pradhan Mantri Jeevan Jyoti Bima Yojana	
Entry Age	Minimum 18 – 50 years	Max age at Maturity – 55 years
Policy Term	1 year (annually renewable)	
Sum Assured	`2,00,000	

Quotation Number/ Version _____ Date ___ / ___ / _____, Proposed Date of commencement of policy: _____

Subject to payment of premium for minimum number of member specified, submission of all required details, and fulfillment of other applicable terms and conditions

3. Coverage Details

Basic Sum Assured _____

4. a. Type of Group _____

b. Does the group have existing life policy with some other Insurer? Yes No

If yes, Please provide insurer details: _____

c. Is the proposed scheme contributory in nature (i.e. whether members to pay premium)? Yes No

d. Please provide definition of target group for the coverage under the scheme:

e. Type of coverage Voluntary Compulsory

No. of members in the group - _____

What is the expected participation rate & criteria for inclusion? _____

f. Mortality experience details for last 5 years:

Year	No. of lives in the scheme	No. of deaths	Cause of Death (Natural/ Accidental)	Total Claim Amount
Year 1				
Year 2				
Year 3				
Year 4				
Year 5				

5. Payment details:

Mode of Payment: Annual mode

Payment Details:

Payment Instrument: Cheque Demand Draft Direct Debit Others

In case of payment by cheque/ demand draft the instrument is to be drawn in favor of "Canara HSBC Life Insurance Company Limited"

Bank Cheque/ Draft drawn on	Instrument dated	Paid Amount (in `)	Cheque/ DD Number

DECLARATION OF THE PROPOSED MASTER POLICYHOLDER:

I/ We have obtained all the approvals and completed all the necessary procedures stipulated as per the relevant internal Guidelines/ Rules/ Bye Laws/ Statutory Provisions etc., applicable to me/ us, and that accordingly I/ We are duly authorized to make this Proposal, furnish any particulars and carry out all matters in connection with or incidental to the proposed Group Insurance scheme with Canara HSBC Life Insurance Company Limited (the "Company"). I/ We further affirm that the Company shall not be liable in any manner whatsoever for relying upon this confirmation and issuing a Master Policy in my/ our favour.

I/ We on behalf of the _____ hereby declare that I/ We have understood the questions in the Proposal form and I/ We have answered them truthfully, completely and correctly. I/ We further declare that I/ We have not withheld any fact or information which may affect the decision of the Company in underwriting the risk under the Proposal.

I/ We confirm that the proposed members are aware of the fact that the Company has collected and will retain with itself personal information relating to members for the purpose of assessing the risk on the life of the members for

which such information is absolutely essential. The Company may also share the same with hospitals/ diagnostic centres, reinsurers, life insurance council/ association, investigation/ verification agencies or vendors as it deems necessary for issuing and administering the policy of insurance. In case proposed members have an objection to usage of member's personal information for the purposes mentioned above, I/ We shall intimate the Company prior to its acceptance of my proposal and issuance of the policy, in which case the Company shall cancel the proposal, refund the proposal deposit and delete all sensitive personal information relating to such proposed member from its records/ systems.

I/ We understand and agree that the terms of agreement as set out in the quotation number recorded in this proposal form and the replies given and the statements made by me/ us in the Proposal and in any supplementary questionnaire answered by me/ us together with the enclosed description, member data details and other particulars of each and every eligible member and any other written statements made by me/ us or on our behalf and any proposals/ questionnaires submitted by the eligible members for the purpose of the proposed insurances shall be the basis of the contract between me/ us and the Company and in case of any misrepresentation or fraud, the benefits, if any, may be payable in accordance with Section 45 of the Insurance Act, 1938 as amended from time to time.

I/ We understand that the Company will not be on risk until it has accepted the Proposal, and communication of the acceptance has been given to me/us in writing.

I/ We undertake that prior to forwarding any Membership form and/ or Member data to the Company for admitting any person as a member under the Proposed Master Policy Contract, I/ We shall ensure that he/ she meets the applicable eligibility criteria as stated herein. I/ We also agree to make available to Company such records, documents, information etc. related to the same as may be required.

I/ We confirm that I/ We have obtained consent from members whose particulars are submitted with this proposal for admission to the proposed Master Policy to be issued in my/ our favour. Further, I/ We do confirm that I/ we shall continue to obtain consent from all those eligible to participate in the Master Policy that may be issued in my/ our favour, pursuant to this Proposal Form.

I/ We understand and agree that premium shall be due in advance for all lives to be covered under the Master Policy Contract that may be issued in my/ our favour. I/ We further undertake and assure that such premiums which are so collected from/ deducted from the Account(s) of proposed members shall be duly remitted to the Company within the applicable time limits.

I/ We agree and undertake to furnish all the required details about lives to be insured/ lives insured in the Company's format, in the <soft/ hard> copy (Member Data). I/ We further agree and undertake to furnish all the requisite documents in respect of claims within the stipulated time period and in the manner laid down in the Master Policy document.

I/ We understand and agree that the group insurance cover to be provided by the Company pursuant to this proposal, shall be governed by the Master Policy contract to be issued by the Company in my/ our favour, and shall

be further subject to the Insurance Act,1938 as amended from time to time, any other relevant Statutes, IRDA Rules/ Regulations/ Guidelines etc in force.).

I/ We would like the Company to contact me/ us through Telephone calls/ emails for policy & servicing related matters. I/ We hereby consent to the Company for disclosing/ sharing/ transferring my/ our data with such parties the Company may deem fit and proper for servicing, administrative or legal purpose.

1. Authorized Signatory's Name			
Position/ Designation		Place	Date
Signature & Company Stamp			
Name, Address & Signature of Witness			
2. Authorized Signatory's Name			
Position/ Designation		Place	Date
Signature & Company Stamp			
Name, Address & Signature of Witness			

Nature of work

1. If your organization's nature of work/ business/ activities involves any of the following, please tick the appropriate choice and provide complete details.

(Please put "NA" if not applicable)

1.	Casinos	Yes	No
2.	Gaming Activity	Yes	No
3.	Gambling Activity	Yes	No
4.	Not for Profit Organization	Yes	No
5.	Trusts	Yes	No
6.	Charities	Yes	No
7.	Promoting social, religious, humanitarian cause	Yes	No
8.	Real estate business	Yes	No
9.	Jewelers	Yes	No
10.	Precious stones dealers	Yes	No
11.	Scrap dealers	Yes	No
12.	Money services businesses*	Yes	No
13.	State run lotteries	Yes	No
14.	Jockey Club	Yes	No

*money service businesses are entities/ proprietorship concerns offering services involving currency exchange/ dealer/ exchange house/ third party payment processors/ payment/ collection agents etc which are not registered as banks

If Yes, please give complete details

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2. Are your shareholders/ directors politically exposed persons* (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.

If Yes, please give complete details

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3. Does your entity have the ultimate registered holding company in Japan or have any director(s)/ beneficial owner(s) as Japanese/ Indonesian resident(s)? **(Yes/ No)**

If Yes, please give complete details

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4. Please answer the below questions. (Please state "NA" if it is not applicable)

- a) Country of Incorporation _____
- b) Country of Primary Place of Business Operations _____
- c) Primary Nature of Business _____
- d) Country of Headquarters _____

This is a Non-Participating Group Insurance Plan. The Master Policy Contract to be issued will be drafted with reference to both the proposal form and applicable terms and conditions.

Section 41 of the 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:

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 subsection 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.

(1) 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.

Section 45 of the Insurance Act, 1938 as amended from time to time will be applicable. For full text of the provisions of this Section, please contact the Insurance Company or refer to the policy contract of this product on our website www.canarahsbclife.com.

Enclosures: Member details