

KOTAK PROPOSAL FORM

 APPLICATION NO.: **KP**

(KPF)

FORM ID NO: 10101630

 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 | |
| Agent ID <small>(Life Advisor/Corporate Agent/Broker/Relationship Officer)</small> | |
| Name of the Product | |
| Product Code | |

| | |
|-------------------------------|-----------------|
| Proposal Receipt Date | D D M M Y Y Y Y |
| Cross Reference No. | |
| Branch Code | |
| Client ID (for new customers) | |
| Opportunity ID | |

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> |
|---|---|---|
| 1.1 CLIENT ID (for existing Kotak Life Insurance policyholders) | | |
| 1.2 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 |
| 1.3 FULL NAME | Surname First Name Middle Name | |
| 1.4 MAIDEN NAME (in case of married female) | Surname First Name Middle Name | |
| 1.5 FATHER'S / HUSBAND'S NAME | Surname First Name Middle Name | |
| 1.6 NATIONALITY | <input type="checkbox"/> Indian <input type="checkbox"/> NRI/PIO ¹ <input type="checkbox"/> Others <small>(please specify)</small> | <input type="checkbox"/> Indian <input type="checkbox"/> NRI/PIO ¹ <input type="checkbox"/> Others <small>(please specify)</small> |
| 1.7 GENDER | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| 1.8 DATE OF BIRTH | D D M M Y Y Y Y | D D M M Y Y Y Y |
| 1.9 GROSS ANNUAL INCOME | (In Rs. per annum) | (In Rs. per annum) |
| 1.10 PROOF OF AGE | <input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Cert. <input type="checkbox"/> Driving Licence <input type="checkbox"/> Others <small>(please specify)</small> | <input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Cert. <input type="checkbox"/> Driving Licence <input type="checkbox"/> Others <small>(please specify)</small> |
| 1.11 MARITAL STATUS | <input type="checkbox"/> 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) |
| 1.12 EDUCATIONAL QUALIFICATION (Tick Highest) | <input type="checkbox"/> Professional <input type="checkbox"/> Post-Graduate <input type="checkbox"/> Graduate <input type="checkbox"/> 12 th pass <input type="checkbox"/> 10 th pass <input type="checkbox"/> Below 10 th Others <small>(please specify)</small> | <input type="checkbox"/> Professional <input type="checkbox"/> Post-Graduate <input type="checkbox"/> Graduate <input type="checkbox"/> 12 th pass <input type="checkbox"/> 10 th pass <input type="checkbox"/> Below 10 th Others <small>(please specify)</small> |
| 1.13 OCCUPATION CATEGORY | <input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Housewife <input type="checkbox"/> Others <small>(please specify)</small> | <input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Housewife <input type="checkbox"/> Others <small>(please specify)</small> |
| 1.14 a) IF SALARIED <small>(please tell us the type of organization)</small> | <input type="checkbox"/> Private Ltd. <input type="checkbox"/> Public Ltd. <input type="checkbox"/> Govt. <input type="checkbox"/> Trust <input type="checkbox"/> Partner / Proprietor <input type="checkbox"/> Others <small>(please specify)</small> | <input type="checkbox"/> Private Ltd. <input type="checkbox"/> Public Ltd. <input type="checkbox"/> Govt. <input type="checkbox"/> Trust <input type="checkbox"/> Partner / Proprietor <input type="checkbox"/> Others <small>(please specify)</small> |
| 1.14 b) IF SELF-EMPLOYED <small>(please tell us the type of organization)</small> | <input type="checkbox"/> Trading <input type="checkbox"/> Manufacturing <input type="checkbox"/> Professional Others <small>(please specify)</small> | <input type="checkbox"/> Trading <input type="checkbox"/> Manufacturing <input type="checkbox"/> Professional Others <small>(please specify)</small> |
| 1.15 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 |

4. DETAILS FOR UNIT LINKED PLANS ONLY4A.1 For **KOTAK HEADSTART PLANS**, please choose the plan variant below (in case of Joint Life plans, please fill in the Joint Life Addendum)
 Assure Wealth - Single Life
 Assure Wealth - Joint Life
 Future Protect - Single Life
 Future Protect - Joint Life
4A.2 For **KOTAK HEADSTART FUTURE PROTECT (Joint Life option)**,

Please indicate the fund name for 100% allocation of 'Additional Death Benefit' on prior death of Primary Life Insured

4A.3 For **KOTAK PLATINUM EDGE**,

Please choose the option for Death Benefit

 Simple Protection
 Double Protection
4A.4 Please indicate your fund allocation below (please tick thus where appropriate) (Total must be equal to 100%) :

| | | | | | |
|----------|--|--|--|--|--|
| A | <input type="checkbox"/> Kotak Safe Investment Plan II | | | | |
| | Guarantee Fund (%) | | | | |
| | Money Market Fund (%) | | | | |

| B | Kotak Single Invest | Kotak Long Life Plans | Kotak Headstart Plans | Kotak Platinum Edge | Kotak Super Advantage |
|--------------------------------------|---------------------|-----------------------|-----------------------|---------------------|-----------------------|
| Classic Opportunities Fund (%) | | | | | |
| Frontline Equity Fund (%) | | | | | |
| Balanced Fund (%) | | | | | |
| Peak Guarantee Fund ³ (%) | | | | | |
| Dynamic Floor Fund II (%) | | | | | |
| Bond Fund (%) | | | | | |
| Gilt Fund (%) | | | | | |
| Floating Rate Fund (%) | | | | | |
| Money Market Fund (%) | | | | | |

³ 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. In Kotak Platinum Edge, this fund is available only with premium payment term of 3 years.

4B. DETAILS FOR NON-UNIT LINKED PLANS ONLY (Subject to acceptance of risk by insurer)4B.1 For **KOTAK CAPITAL MULTIPLIER PLAN**, to withdraw the maturity proceeds, I would like to opt for a Kotak Mahindra Bank Account ⁴
 Immediately
 At Maturity
4B.2 Do you want the policy to be backdated? Yes No

4B.3 If "Yes", specify backdate date

 D D M M Y Y Y Y

(Should not precede 1st April of current Financial Year)

and fill in corresponding age on Last Birthday (at that date)

4B.4 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
 D D M M Y Y Y Y

(Should not exceed 1 month from the date of submission of proposal from)

⁴ Extending of this facility shall be at the sole discretion of Kotak Mahindra Bank Ltd (KBML) and shall be subject to the terms and conditions prescribed.**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 Rs.)

5.5 DRAWN ON (Name of Bank and Branch)

 D D M M Y Y Y Y

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 NOMINEE⁵ / BENEFICIARIES⁶

| PARTICULARS | NOMINEE / BENEFICIARY | ADDITIONAL NOMINEE / BENEFICIARY |
|---|--|--|
| 7.1 CLIENT ID (for existing Kotak Life Insurance policy holder) | <input type="text"/> | <input type="text"/> |
| 7.2 Percentage of Share | <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 |
| 7.4 FULL NAME | 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"/> |
| 7.5 NATIONALITY | <input type="checkbox"/> Indian <input type="checkbox"/> NRI / PIO ⁷ <input type="checkbox"/> Others (Pls specify) <input type="text"/> | <input type="checkbox"/> Indian <input type="checkbox"/> NRI / PIO ⁷ <input type="checkbox"/> Others (Pls specify) <input type="text"/> |
| 7.6 GENDER | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| 7.7 DATE OF BIRTH | <input type="text"/> D D M M Y Y Y Y | <input type="text"/> D D M M Y Y Y Y |
| 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"/> | 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"/> |
| 7.9 RELATIONSHIP TO LIFE TO BE INSURED | <input type="text"/> | <input type="text"/> |

⁵ 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. ⁶ Applicable for Kotak Headstart Plans. ⁷ Please fill in the NRI / PIO Questionnaire.

8. PARTICULARS OF APPOINTEE⁸ / LEGAL GUARDIAN⁹

| | | | |
|--|--|-------------------|--|
| 8.1 TITLE | SURNAME | FIRST NAME | MIDDLE NAME |
| 8.2 CLIENT ID (for existing Kotak Life Insurance policy holder) | 8.3 DATE OF BIRTH D D M M Y Y Y Y | | 8.4 RELATIONSHIP TO NOMINEE / BENEFICIARY |
| 8.5 CURRENT RESIDENTIAL ADDRESS | | | |
| City | Village/ District | Land Mark | Pin |
| 8.6 Signature/Thumb Impression of the Appointee | | | |

⁸ Where the Nominee(s) is/are a minor. ⁹ For Kotak Headstart Plans only, where the beneficiary is 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 life insurance policies with Kotak Life Insurance or other companies? Yes No At the proposal stage

9.2 If 'Yes' or 'At the proposal stage', please give the following details:

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

10. PERSONAL HEALTH DETAILS OF THE LIFE TO BE INSURED

10.1 HEIGHT cms OR feet inches

10.2A WEIGHT kgs **10.2B** Have you Gained or Lost Weight (more than 5 kgs) in the last 1 year? Yes No

10.2C If Yes, then please specify "+" Kgs OR "-" Kgs Please specify the reason for this Gain/Loss (please specify)

| 10.3 LIFESTYLE DETAILS | 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 ¹⁰ | 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 |

¹⁰ 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) Date D D M M Y Y Y Y

Received from Mr./Ms. the proposal for Life Insurance with Kotak Mahindra Old Mutual Life

Insurance Limited along with Rs. by way of Cheque**/DD** no.

Dated D D M M Y Y Y Y Drawn On Bank, Branch OR

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

Date: D D M M Y Y Y Y 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. FAMILY HISTORY OF THE LIFE TO BE INSURED

| 11.1 | 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/ Brother(s) | | | | | |
| Spouse | | | | | | | | | | | |
| Children | | | | | | | | | | | |

11.2A 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

11.2B If your answer is 'Yes' to the above question, kindly give details:

12. MEDICAL HISTORY OF THE LIFE TO BE INSURED (Not to be filled in case the 'Medical Addendum' is being completed by the Life to be Insured)

12.1 Are you currently in good health and not suffering from any ailment, whether or not under treatment? Yes No

12.2 Have you ever suffered from or received treatment or advice for any of the following diseases or impairments:

- (i) Cancer, tumour or growth, diabetes, disease of the heart, coronary, artery disease, blood circulatory system including high blood pressure, raised cholesterol or stroke, chest pain, epilepsy, mental or nervous disorder including depression, kidney disease, liver disease including hepatitis, respiratory disease, urinary or bowel disorder, or any other significant disease or impairment? Yes No

- (ii) HIV infection, AIDS-related or any other sexually transmitted disease? Yes No

12.3 In the last 5 years, have you remained absent from work for five consecutive days or spent three consecutive days in hospital for any illness, sickness, disease, injury or disorder? Please ignore normal pregnancy. Yes No

12.4 In the last 3 years, have you been treated, are currently undergoing or have been advised to treatment from a doctor or specialist or undergone any cardiological, radiological or pathological tests (excluding routine check-ups)? Yes No

12.5 Are you currently receiving or considering receiving medical attention or taking any prescribed drugs? Yes No

12.6 For Female Lives only

- (i) Are you currently pregnant? (If yes, please mention the month of pregnancy) _____ month(s) Yes No

- (ii) Have you ever suffered from or are currently suffering from any complications of pregnancy? Yes No

- (iii) Have you ever suffered from or are currently suffering from any diseases of the breast / uterus / cervix? Yes No

12.7 If your answer is 'Yes' to any of the above questions (or 'No' in case of 11.1), 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 lifexpert@kotak.com

**TOLL FREE 1800 209 8800****SMS KLIFE to 5676788****lifexpert@kotak.com****www.kotaklifeinsurance.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.

www.kotaklifeinsurance.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 authorize my employer, to divulge to the Company any information required by it in connection with this proposal form and the policy contract that may be issued pursuant to this proposal. I agree to undergo all medical tests 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)

Place _____

Date

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

Place _____

Date

14. DECLARATION FOR ONLINE TRANSACTION RIGHTS:

I have read the terms and conditions of registration on Kotak Life Insurance website – www.kotaklifeinsurance.com and accept them. I agree that all transactions executed over the website www.kotaklifeinsurance.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 _____

Date

Signature / Right Thumb Impression of the Proposer

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

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) _____

Place _____

Date

Telephone No. _____

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

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 |
| <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| SIGNATURE OF SALES MANAGER | SIGNATURE OF SALES ASSOCIATE | SIGNATURE | SIGNATURE OF BOE |

Kotak Mahindra Old Mutual Life Insurance Ltd.