

PROPOSAL FORM KOTAK RETIREMENT PLANS

 APPLICATION NO.: **RTC**

FORM ID NO: 10101650

 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

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Proposal Receipt Date

D	D	M	M	Y	Y	Y	Y
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Agent ID

(Life Advisor/Corporate Agent/Broker/Relationship Officer)

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Cross Reference No.

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Name of the Product

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Branch Code

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Product Code

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Client ID (for new customers)

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Opportunity ID

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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)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
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	<table border="1"><tr><td>Surname</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>First Name</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Middle Name</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	Surname																				First Name																				Middle Name																				<table border="1"><tr><td>Surname</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>First Name</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Middle Name</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	Surname																				First Name																				Middle Name																				<table border="1"><tr><td>Surname</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>First Name</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Middle Name</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	Surname																				First Name																				Middle Name																																																																																																																																																																																																																																																																																																																																																																																											
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1.4 MAIDEN NAME <small>(in case of a married female)</small>	<table border="1"><tr><td>Surname</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>First Name</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Middle Name</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	Surname																				First Name																				Middle Name																				<table border="1"><tr><td>Surname</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>First Name</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Middle Name</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	Surname																				First Name																				Middle Name																				<table border="1"><tr><td>Surname</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>First Name</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Middle Name</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	Surname																				First Name																				Middle Name																																																																																																																																																																																																																																																																																																																																																																																											
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1.5 FATHER'S / HUSBAND'S NAME	<table border="1"><tr><td>Surname</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>First Name</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Middle Name</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	Surname																				First Name																				Middle Name																				<table border="1"><tr><td>Surname</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>First Name</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Middle Name</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	Surname																				First Name																				Middle Name																				<table border="1"><tr><td>Surname</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>First Name</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Middle Name</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	Surname																				First Name																				Middle Name																																																																																																																																																																																																																																																																																																																																																																																											
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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	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
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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 <small>(Tick Highest)</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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 PERMANENT RESIDENTIAL ADDRESS	<table border="1"><tr><td>C/o or S/o or W/o</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>House/Flat 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¹ Please fill in the NRI / PIO questionnaire.

PARTICULARS		LIFE TO BE INSURED				PROPOSER <small>(to be filled only if different from the life to be insured)</small>						
1.15 CURRENT RESIDENTIAL ADDRESS (If different from 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				
1.16 OFFICE ADDRESS (company name and full address of present employer)	Street/Lane											
	Landmark											
	Area/Location											
	City/District											
	State				Pin				Pin			
1.17 PREFERRED MAILING ADDRESS	Permanent Residential	<input type="checkbox"/>	Current Residential	<input type="checkbox"/>	Office	<input type="checkbox"/>	Permanent Residential	<input type="checkbox"/>	Current Residential	<input type="checkbox"/>	Office	<input type="checkbox"/>
1.18 TELEPHONE NUMBER (with STD Codes)	Residence											
	Office											
	Mobile											
1.19 E-mail ID												
1.20 IT ASSESSEE	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
1.21 PERMANENT A/C NO. (PAN)					Enclosed	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>		
1.22 IF PAN NOT AVAILABLE	Applied for	<input type="checkbox"/>	Not Applied for	<input type="checkbox"/>	Applied for	<input type="checkbox"/>	Not Applied for	<input type="checkbox"/>				
1.23 RELATIONSHIP TO LIFE TO BE INSURED	NOT APPLICABLE				NOT APPLICABLE							

2. ADDITIONAL INFORMATION OF THE LIFE TO BE INSURED AND PROPOSER

PARTICULARS		LIFE TO BE INSURED				PROPOSER <small>(to be filled only if different from the life to be insured)</small>						
2.1 PROOF OF IDENTITY	Passport	<input type="checkbox"/>	Voter's Identity Card	<input type="checkbox"/>	Ration Card	<input type="checkbox"/>	Passport	<input type="checkbox"/>	Voter's Identity Card	<input type="checkbox"/>	Ration Card	<input type="checkbox"/>
	PAN Card	<input type="checkbox"/>	Driving Licence	<input type="checkbox"/>	Others _____	<input type="checkbox"/>	PAN Card	<input type="checkbox"/>	Driving Licence	<input type="checkbox"/>	Others _____	<input type="checkbox"/>
2.2 PROOF OF PERMANENT RESIDENCE <small>(in case both are different, proof of Permanent Residence of Proposer only)</small>	Telephone Bill	<input type="checkbox"/>	Electricity Bill	<input type="checkbox"/>	Passport	<input type="checkbox"/>	Telephone Bill	<input type="checkbox"/>	Electricity Bill	<input type="checkbox"/>	Passport	<input type="checkbox"/>
	Driving Licence	<input type="checkbox"/>	Voter's Identity Card	<input type="checkbox"/>	Others _____	<input type="checkbox"/>	Driving Licence	<input type="checkbox"/>	Voter's Identity Card	<input type="checkbox"/>	Others _____	<input type="checkbox"/>
2.3 PROOF OF CURRENT RESIDENCE <small>(in case both are different, proof of Current Residence of Proposer only)</small>	Telephone Bill	<input type="checkbox"/>	Electricity Bill	<input type="checkbox"/>	Passport	<input type="checkbox"/>	Telephone Bill	<input type="checkbox"/>	Electricity Bill	<input type="checkbox"/>	Passport	<input type="checkbox"/>
	Driving Licence	<input type="checkbox"/>	Voter's Identity Card	<input type="checkbox"/>	Others _____	<input type="checkbox"/>	Driving Licence	<input type="checkbox"/>	Voter's Identity Card	<input type="checkbox"/>	Others _____	<input type="checkbox"/>
2.4 SOURCE OF EARNINGS	Salary	<input type="checkbox"/>	Business Income	<input type="checkbox"/>	Inheritance	<input type="checkbox"/>	Salary	<input type="checkbox"/>	Business Income	<input type="checkbox"/>	Inheritance	<input type="checkbox"/>
	Others <small>(please specify)</small>	_____				Others <small>(please specify)</small>	_____					
2.5 PROOF OF INCOME <small>(where sum of all annualized premiums across all policies with KLI is Rs. 1 Lakh or more)</small>	IT Returns	<input type="checkbox"/>	Employer's Certificate	<input type="checkbox"/>	Audited P/L Accts.	<input type="checkbox"/>	IT Returns	<input type="checkbox"/>	Employer's Certificate	<input type="checkbox"/>	Audited P/L Accts.	<input type="checkbox"/>
	Others <small>(please specify)</small>	_____				Others <small>(please specify)</small>	_____					

2.6 OTHER DETAILS

- a) Do you have any history of conviction under any criminal proceedings, in India or abroad?
 b) Are you a Politically Exposed Person (these are the people who hold prominent public function viz. Heads/Ministers of Central or State Govt, Senior Politicians, Senior Govt., Judicial or Military Officials, Senior Executives of Govt. companies, Important Political Party Officials, and immediate family members of above persons)?

LIFE TO BE INSURED		PROPOSER	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If 'Yes' kindly give details (please attach additional sheet where space is not sufficient):

3. PARTICULARS OF THE PLAN PROPOSED

3.1	PRODUCT NAME	POLICY TERM (Years)	CAPITAL GUARANTEE ² (Rs.) <small>(Not Applicable For Kotak Second Innings Plan)</small>	MODAL PREMIUM (Rs.)
PRODUCT DETAILS				
				POLICY FEES ³
				TOTAL (ROUNDED OFF TO THE NEAREST RUPEE)
3.2 Frequency of Premium Payment	<input type="checkbox"/> Yearly	<input type="checkbox"/> Half-Yearly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly
3.3 Premium Payment Term	<input type="checkbox"/> Full Policy Term	<input type="checkbox"/> 3 Year ²	<input type="checkbox"/> 5 Year ²	

² For Kotak Guaranteed Pension Builder only. Limited Premium Payment option is available only with policy term of 10 years. ³ Policy Fees applicable as per terms and conditions mentioned in the policy document

4. DETAILS ONLY FOR UNIT-LINKED PLAN

4.1 For **Kotak Second Innings Plan**, please indicate your fund allocation below

<input type="checkbox"/> % Pension Classic Opportunities	<input type="checkbox"/> % Pension Frontline Equity Fund	<input type="checkbox"/> % Pension Balanced Fund II
<input type="checkbox"/> % Pension Floor Fund II	<input type="checkbox"/> % Pension Bond Fund II	<input type="checkbox"/> % Pension Money Market Fund II

4.2 For **Kotak Guaranteed Pension Builder**, please indicate your fund allocation below

<input type="checkbox"/> % Pension Guarantee Fund	<input type="checkbox"/> % Pension Money Market Fund II
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5. DETAILS OF PROPOSAL DEPOSIT PAID

5.1	MODE OF PAYMENT	<input type="checkbox"/> Cheque/DD	<input type="checkbox"/> 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)		
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 NOMINEE ⁴

PARTICULARS	NOMINEE	APPOINTEE ⁵
7.1 CLIENT ID (for existing Kotak Life Insurance policy holder)		
7.2 Percentage of Share		
7.3 TITLE	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 <input type="checkbox"/>
7.4 FULL NAME	Surname First Name Middle Name	Surname First Name Middle Name
7.5 NATIONALITY	Indian <input type="checkbox"/> NRI / PIO ⁶ <input type="checkbox"/> Others (ple. specify) <input type="checkbox"/>	Indian <input type="checkbox"/> NRI / PIO ⁶ <input type="checkbox"/> Others (ple. specify) <input type="checkbox"/>
7.6 GENDER	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
7.7 DATE OF BIRTH	D D M M Y Y Y Y	D D M M Y Y Y Y
7.8 CURRENT RESIDENTIAL ADDRESS (If different from 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	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
7.9 RELATIONSHIP DETAILS	TO THE LIFE TO BE INSURED	TO THE NOMINEE
7.10 SIGNATURE/THUMB IMPRESSION	NA	

⁴ Applicable only if Proposer and Life to be Insured are the same. In case of nominees, please fill in the Additional Nominee Form. ⁵ Where the Nominee(s) is/are minor. ⁶ Please fill in the NRI / PIO Questionnaire.

8. 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 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/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 authorized by me to provide such information, relied upon by the Company to assess this Proposal Form and 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.

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 D D M M Y Y Y Y

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

Place _____
Date D D M M Y Y Y Y

Application No.: **RTC****ACKNOWLEDGEMENT***

Agent ID (Life Advisor/Corporate Agent/Broker/Relationship Officer)	Date
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	Bank,
by way of Cash Deposit Dated	Branch OR
Date:	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".

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 out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer. Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer. (2) Any person making default in complying with the provisions of 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.

9. 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

10. DECLARATION BY THE PERSON FILLING IN THE FORM (Applicable only where form is filled in by a scribe or signed in vernacular language)

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 ProposerSignature of the Life Advisor/Specified person of Corporate Agent
/Authorised Employee of Broker/ Relationship Officer

11. 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"/>
SIGNATURE OF SALES MANAGER	SIGNATURE OF SALES ASSOCIATE	SIGNATURE	SIGNATURE OF BOE

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.

PF03-0302-ENG/V2.0/PRN/100K/24/DEC/09/030/RG/60/HO



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 lifeexpert@kotak.com



TOLL FREE 1800 209 8800

SMS KLIFE to 5676788

lifeexpert@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.

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