

Affix Photograph of Proposer

Proposal Form

(For Life to be Assured below 18 years)

Thank you

For putting your trust in Aegon Life Insurance. We hope to live up to your expectation and provide you with solutions to fulfill your financial needs.

NOTE : FOR UNIT LINKED PLAN, THE INVESTMENT RISK IN THE INVESTMENT PORTFOLIO IS BORNE BY THE POLICY HOLDER.

TO BE FILLED BY THE SALES REPRESENTATIVE

<input type="checkbox"/> Rural <input type="checkbox"/> Urban Rural Code _____	Sourcing Channel <input type="checkbox"/> Agency Distribution <input type="checkbox"/> Aegon Connect <input type="checkbox"/> Business Alliance <input type="checkbox"/> Other (Give details) _____	Quote Number
Details of Life Advisor/ Relationship Manager/ Specified Person	Code _____ Contact Number _____	

INSTRUCTIONS FOR COMPLETING THIS PROPOSAL FORM

- This form is to be completed in **BLOCK LETTERS** by the Proposer or the Life to be Assured.
- Insurance is a contract of utmost good faith, which requires all material facts to be disclosed to the Insurance Company and Insurance Company to the proposed insured.**
- If the Proposer or the Life to be Assured signs this proposal in vernacular or put their thumb impression upon it, then the respective declaration must be completed.
- Answers should be legible. Questions should be answered in 'Yes' or 'No'. (Strokes / Dots / Dashes / Leaving the questions unanswered will not be accepted). Details need to be provided in case of affirmative answers.
- The Proposer and Life to be Assured must countersign any cancellation or alterations made in this form. **White ink must not be used.**
- The Life to be Assured is advised to use the facility of nomination, available in the form.
- If the payment is not made by way of cheque/DD, kindly make cash payment at an ALI branch and collect your initial deposit receipt.**

e-Insurance Account (eIA) Details (To be filled by the Proposer)

We can process your application form quicker if you have an e-Insurance Account (eIA) with an Insurance Repository in India:

- If you have an eIA, provide details:
 - Name of Insurance Repository _____
 - eIA No _____
 - Name as appearing in eIA _____
- If you do not have an eIA, would you like to open an account? Yes No
 If Yes, choose any one Insurance Repository:

<input type="checkbox"/> CAMSRep - CAMS Insurance Repository & Services	<input type="checkbox"/> KARVY
<input type="checkbox"/> NDML - NSDL Data Management Ltd.	<input type="checkbox"/> CIRL - Central Insurance Repository Ltd.
<input type="checkbox"/> SCHIL - Stock Holding Corporation of India Limited	

Once you have an eIA, you can buy and keep all your insurance policies from any insurer in electronic mode. You need to have only one eIA for all your policies and it comes with an unique e-Insurance Account number. Each e-Insurance account holder gets an unique Login ID and Password to access his account and electronic policy details online. Once you have an eIA, your documentation for buying a policy will be much simpler

SECTION 1: PERSONAL DETAILS	Proposer	Life to be Assured (Minor)
1.1 Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs./Ms. <input type="checkbox"/> Other _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs./Ms. <input type="checkbox"/> Other _____
First Name	_____	_____
Middle Name	_____	_____
Last Name	_____	_____
1.2 Father's First Name	_____	_____
Middle Name	_____	_____
Last Name	_____	_____
1.3 Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female

SECTION 1: PERSONAL DETAILS	Proposer	Life to be Assured (Minor)
1.4 Date of Birth	D D M M Y Y Y Y	D D M M Y Y Y Y
1.5 Age Proof Submitted (Any one as specified for Proposed Plan)	<input type="checkbox"/> School/College Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Municipal Birth Certificate <input type="checkbox"/> PAN Card <input type="checkbox"/> Driving Licence <input type="checkbox"/> Other (Please specify) _____	<input type="checkbox"/> School/College Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Municipal Birth Certificate <input type="checkbox"/> PAN Card <input type="checkbox"/> Driving Licence <input type="checkbox"/> Other (Please specify) _____
1.6 Nationality	<input type="checkbox"/> Indian Resident <input type="checkbox"/> NRI <input type="checkbox"/> Foreign National (i.e. Person of Indian origin holding valid and unexpired PIO card) <input type="checkbox"/> Foreign National (Overseas Citizen of India i.e. Person holding Dual Citizenship and holding valid and unexpired OCI card)	<input type="checkbox"/> Indian Resident <input type="checkbox"/> NRI <input type="checkbox"/> Foreign National (i.e. Person of Indian origin holding valid and unexpired PIO card) <input type="checkbox"/> Foreign National (Overseas Citizen of India i.e. Person holding Dual Citizenship and holding valid and unexpired OCI card)
1.7 Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Widow/Widower	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Widow/Widower
1.8 Relationship between Proposer & Life to be Assured	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Grandparent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Others (Please specify) _____	N.A.
1.9 Identification Proof (Any one)	<input type="checkbox"/> Passport <input type="checkbox"/> PAN Card <input type="checkbox"/> Driving Licence <input type="checkbox"/> Voter's Identity Card <input type="checkbox"/> Letter from Recognized Public Authority or Public Servant verifying the identity & residence <input type="checkbox"/> Other (Please specify) _____	N.A.
1.10 PAN No.		N.A.
1.11 Educational Qualifications	<input type="checkbox"/> Illiterate <input type="checkbox"/> Non-Matriculate <input type="checkbox"/> Matriculate <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate	N.A.
1.12 Address for communication		
Landmark/Area		
City		
State		
Pin Code		
Telephone Number: (With STD Code)		
Mobile Number	0	0
1.13 Permanent address (if different)		
City		
State		
Pin Code		
Telephone Number: (With STD Code)		
Mobile Number	0	0
1.14 E-mail Address		
1.15 Address Proof Submitted (Any one)	<input type="checkbox"/> Telephone Bill <input type="checkbox"/> Ration Card <input type="checkbox"/> Bank Account Statement <input type="checkbox"/> Electricity Bill <input type="checkbox"/> Letter from Recognised Public Authority <input type="checkbox"/> Other (Please specify) _____	<input type="checkbox"/> Telephone Bill <input type="checkbox"/> Ration Card <input type="checkbox"/> Bank Account Statement <input type="checkbox"/> Electricity Bill <input type="checkbox"/> Letter from Recognised Public Authority <input type="checkbox"/> Other (Please specify) _____

SECTION 1: PERSONAL DETAILS	Proposer	Life to be Assured (Minor)
1.16 Occupational and Employment Details	<input type="checkbox"/> 1. Agriculturist <input type="checkbox"/> 2. Armed Forces <input type="checkbox"/> 3. Driver <input type="checkbox"/> 4. Housewife <input type="checkbox"/> 5. Police <input type="checkbox"/> 6. Service - Government <input type="checkbox"/> 7. Service - Private Sector <input type="checkbox"/> 8. Service - Public Sector <input type="checkbox"/> 9. Student <input type="checkbox"/> 10. Professional (Please specify) _____ 11. Business <input type="checkbox"/> 11.a) Antique Dealer <input type="checkbox"/> 11.b) Arms/Explosive <input type="checkbox"/> 11.c) Money changer/ Money transfer agents <input type="checkbox"/> 11.d) Film Personalities <input type="checkbox"/> 11.e) Real Estate Dealers <input type="checkbox"/> 11.f) Casino <input type="checkbox"/> 11.g) Overseas Manpower Supplier <input type="checkbox"/> 11.h) Construction (Infrastructure, etc.) <input type="checkbox"/> 11.i) Others (Please specify) _____ <input type="checkbox"/> 12. NRI- Salaried <input type="checkbox"/> 13. NRI- Business	N.A.
1.17 Type of Entity	<input type="checkbox"/> Partnership Firm <input type="checkbox"/> Trust/Charity <input type="checkbox"/> NGO <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Private Limited Company	N.A.
1.18 a) Name of the employer b) Exact nature of duties c) Designation d) Years since working e) Total work experience	_____ _____ _____ _____] years (in current job) _____] years	N.A.
1.19 Annual Income	_____	N.A.
1.20 Income Proof Submitted	<input type="checkbox"/> I.T. Return <input type="checkbox"/> Form - 16 <input type="checkbox"/> Salary Slip <input type="checkbox"/> Other (Please specify) _____	N.A.
1.21 Are you a Politically Exposed Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please provide details _____ Politically Exposed Persons are individuals who are or have been entrusted with prominent public functions, eg. Heads of States or Governments, Senior Politicians, Senior Government / Judicial / Military Officers, Senior Executives of State-owned Corporations, important Political Party Officials, etc. in domestic / foreign country.	N.A.
1.22 For Non-earning Female Lives / Students a) Husband's or Parent's Annual Income b) Total Insurance Cover on Husband / Parents	_____ _____	N.A.

2. a) Is the child studying? Yes No

b) If in school or college, state the class in which he/she is studying? _____

c) If in college, please state the type of course _____

SECTION 2: INSURANCE PLAN DETAILS

Please state purpose of insurance (Tick whichever is applicable) Protection Savings Investment

Name of Base Plan/Additional Benefit

AL Future Protect Plan AL Future Protect Plus Plan AL Flexi Money Back Advantage Plan AL _____

Base Sum Proposed (Rs.)		Policy Term (in years)	Premium Paying Term (in years)	Premium Details (Sum of premium for Base Plan & Riders, if any) (Rs.)			
				Installment Premium (a)	Service Tax [#] (b)	Education Cess [#] (c)	Total Installment Premium (a+b+c)
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

[#] Excluding premium for Unit Linked Insurance Plans (ULIPs).

Frequency of Premium Payment

Monthly Quarterly Half-yearly Yearly Single

Do you want to opt for any of the following as your Renewal Premium payment method? (Please check with your Sales Representative for the availability of this service)

Direct Debit ECS

*Please submit a duly filled ECS/Direct Debit Form along with a copy of a cancelled cheque of the relevant bank account.

SECTION 3: FUND CHOICE

For ULIPs: Do you want to opt for Invest Protect Option? Yes No (If the reply is 'No' please complete the following table)

Funds (for ULIPs)	Accelerator Fund	Stable Fund	Debt Fund	Secure Fund	Total
Allocation Percentage	_____ %	_____ %	_____ %	_____ %	_____ %

Do you want to select the auto re-balancing option? Yes No

SECTION 4. BANKING DETAILS

a. INITIAL PAYMENT DETAILS

Third Party Payment: Yes No

Particulars of Amount deposited _____ Amount in Rs. _____ Date of Deposit | D | D | M | M | Y | Y | Y | Y |

Cash Cheque Demand Draft Other (Please specify) _____

Cheque or Demand Draft No. _____

Name of the Bank, Branch Address _____

Account Number _____

MICR Code _____

IFSC Code _____

b. NEFT DETAILS (If bank account is different from initial payment)

Name of Account Holder _____

Name of the Bank, Branch Address _____

Account Number _____

MICR Code _____

IFSC Code _____

SECTION 5: INSURANCE HISTORY

1. Are there any insurance policies or proposals on the Life to be Assured/Proposer issued or submitted or pending with Aegon Life Insurance or **any other insurance company** (including policies which are Surrendered/Lapsed/Submitted for revival or Reinstatement)? Yes No

If yes, please give details:

Plan Name	Policy/ Proposal	Name of the Insurer Number	Sum Assured on Base Plan	Rider Sum Assured except Accident Riders	Month & Year of Issue	Current status of policy including any claims for living benefit

2. Have any of the proposals for life insurance on the Life to be Assured/Proposer ever been Declined/ Postponed/ Dropped or Accepted with modified terms? Yes No

If yes, please give details:

Policy/ Proposal Number	Name of the Insurer	Sum Assured on Basic Plan	Rider Sum Assured except Accident Riders	Month & Year of Issue	Please state reason for decline / postpone / rated up	Current status of policy including any claims for any living benefit

3. Give details of Family Insurance

Relationship to Life to be Assured	Total Sum Assured (Rs.)
Father	
Mother	
Brother(s)	
Sister(s)	

4 a) State the number of siblings Brother(s) Sister(s)

b) Are all the children insured? Yes No

If No, please mention reason for the same

SECTION 6: LIFESTYLE INFORMATION

(Please give details of all questions replied in affirmative in the space provided for the same.)

1. Does Life to be Assured/Proposer intent to travel or is currently travelling outside India for more than 30 days? Yes No
If yes, please state the purpose of travel.

Studies Vacation Others (Please specify)

2. Does Life to be Assured/Proposer take part or do intend to take part in any hazardous sports, pastimes or hobbies such as diving, motor sports, mountaineering or sailing? Yes No
If yes, please complete the respective questionnaire.

3. Does Life to be Assured/Proposer engage or have any prospect or intention of engaging in aviation other than as a fare paying passenger? Yes No
If yes, please complete the Aviation questionnaire.

Q. No.	Details

SECTION 7: FAMILY HISTORY DETAILS

1. Has any of the child's parents or siblings ever suffered from or are suffering from diabetes, hypertension, heart disorder, cancer etc.? Yes No

If yes, please give details

SECTION 8: PERSONAL INFORMATION

1. a) Height cms. b) Weight kgs.

c) Has your weight altered by more than 5 kgs. in the last 2 years? If yes, please mention Yes No

Gain kgs. or Loss kgs.

Reason for loss

d) Has the child been immunized as per the schedule? Yes No

e) Is the mental and physical growth of the child as per age? Yes No

2. Please give name, address and contact number of Family Physician:

Name	Registration Number	Address	Contact Number

NOTE: If Life to be Assured/Proposer is to be subjected for Medical Examination Report (MER) from our authorised Medical Examiner, for the purpose of this policy, Section 10 may be left blank.

2. Please give name, address and contact number of Family Physician/Paediatrician:

Name	Registration Number	Address	Contact Number

SECTION 9: MEDICAL INFORMATION

(In case any of the below questions are replied in affirmative, please give complete details in the space provided for the same. For ailments/diseases marked as *please complete respective questionnaire.)

1. Has the child ever suffered from or is suffering from or sought advice for:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
a)	Heart Disease, Rheumatic fever, or any congenital or other adverse condition of heart?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b)	Diabetes*, impaired glucose tolerance or sugar in urine or high blood sugar?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c)	Blood disorder, anaemia, abnormal bleeding or spleen disorders?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d)	Cancer, tumour, leukaemia, cyst, enlarged lymph node or any abnormal growth?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e)	Thyroid disorder, pituitary tumours or other hormonal disorders?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f)	Epilepsy*, head injury, paralysis, tremors, numbness, double vision, dizzy or fainting spells?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
g)	Any mental illness* including psychiatric disorder, depression, anxiety, stress, nervous breakdown or insomnia?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
h)	Asthma*, chronic bronchitis, emphysema, pneumonia, tuberculosis, chronic cough, or any other chest or lung complaint for which you have required treatment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
i)	Recurrent Indigestion, Ulcer, Colitis, Chronic Diarrhoea, Piles, Fistula, Jaundice, Hepatitis, Cirrhosis or any other disease of the liver, stomach, bowels, kidneys, bladder, reproductive system or urinary system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
j)	Arthritis, polio or any disease of the joints, bones or muscles?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Has the child during the last 5 years:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
a)	Suffered from an ailment/injury/accident requiring treatment/hospitalisation for more than a week?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b)	Undergone or advised to undergo or are currently undergoing any form of medical treatment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c)	Consulted any doctor or other health practitioner except, for normal care at birth or for common cold/influenza lasting for less than 4 days?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d)	Undergone investigations or tests such as blood test, X-Ray or ECG etc.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e)	Been on any medication prescribed by a medical practitioner or on special diet or alternative medicine?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Has the child ever suffered or is currently suffering from any illness, impairment or disability not mentioned above?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Has the child or the parent ever suffered or tested positive or been treated for or infected with HIV, been diagnosed as having HIV antibodies or suffered from an AIDS related condition (ARC)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Does the child have any physical deformity or birth/congenital defects?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Does the child have any health symptoms or complaints for which a physician has not been consulted e.g persistent fever unexplained weight loss, loss of appetite, pain, swelling etc.?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Except as mentioned above, have you had any reason to suspect that the child has not been in good health since birth?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Are you aware of any circumstances not disclosed above, which might have an unfavourable bearing upon the life of the child?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Q. No.	Complete details such as diagnosis, medications, period of treatment etc.		

DECLARATIONS

1. I/We declare that the sales literature and illustrations in relation to the product proposed to be purchased by me/us have been provided and explained to me/us and I/we have understood the same.
2. I/We confirm that the deposit towards the first premium has not been and the renewal premiums to be paid under the policy to be issued in pursuance of this proposal will not be generated from the proceeds of any criminal activities/offences listed in the Prevention of Money Laundering Act 2002 or under any other applicable law, including the guidelines issued by the Insurance Regulatory and Development Authority of India (the "IRDAI") and all amounts paid along with the proposal and payable in future shall be paid out of legally assessed source of income. I/We undertake to provide to the Company information required by the Company regarding source of income whether required for its own satisfaction or required under any statutory provision/requisition. I/We have no objection to the Company providing this information to any Statutory Authority under enforceable provisions of law for the purpose of complying with anti money laundering law or other Statutes. I/We declare that in case I/we are found guilty of any offence relating to anti-money laundering law, the Company can cancel the policy issued pursuant to this application. In case the premium is paid out of any account other than my/our own, I/we shall ensure that such payment is permitted under Section 80C/80CCC of the Income Tax Act, 1961. I/We understand that the Company classifies its customers under various categories of risk for the purposes of complying with the laws governing prevention of money laundering and I/we confirm that I/we do not have any objections for the same.
3. I/We hereby understand and agree that the replies to the questions in the proposal, the details furnished in the enclosed questionnaires, the reports of any medical examination, or laboratory tests, the proof of age of the Life to be Assured / Proposer and this declaration will be the basis of the contract of assurance between me/us and Aegon Life Insurance Company Limited. (the "Company").
4. I/We hereby understand and agree that if any statement made in the proposal for insurance or to any medical examiner, or referee, or friend of the Life to be Assured, or in any other document leading to the issue of the policy is inaccurate or false, is on a material matter or facts which are material to disclose, or if any information provided or disclosure made by me/us at the time of proposal are invariance with my/our financial position or health condition, physical or mental, as at the time of proposal or if any of the documents submitted by me/us is found to be fake or forged the contract that will be made in pursuance of this proposal shall be null and void and the policy shall be cancelled immediately as per provisions under section 45 of the Insurance Act 1938 as amended from time to time
5. I/We understand and declare that any statement, any information sought by the Company from any person authorised by me/us to provide such information, all declarations, affidavits and other statements made by me/us and relied upon by the Company to assess the risk on Life to be Assured under this proposal shall form the basis of the contract of assurance between myself/us and the Company and shall be the basis of assessment, assumption and acceptance of risk by the Company. I/We further agree that the premium payable as well as the sum assured (main as well as additional benefits) may vary upon assessment of risk by the Company.
6. I/We hereby authorize Aegon Life Insurance Company Limited to conduct screening/confirmation/reconfirmation of overall status of the Life to be Assured including the health status through medical examination, including but not limited to HIV1/2, based on disclosure made by Life to be Assured as per underwriting policy of the Company. In the event of Life to be Assured being medically examined, the answers given by Life to be Assured to the medical examiner shall be deemed to be incorporated in this proposal.
7. In order to enable the Company to assess the risk under this proposal and anytime thereafter, I/we hereby authorize the past and present employer(s)/business associates of the Life to be Assured/Proposer, medical practitioner/hospital/medical source/any life and non-life Insurance Company/organization or Life Insurance Association to release to the Company the records of employment /business or other details of the Life to be Assured/Proposer as may be considered relevant for acceptance or otherwise of the proposal.
8. I/We agree and declare that the Company may without any reference to me/us (or to my/our beneficiary, as the case may be) disclose any information contained in the proposal, the annexure, in the reports of any medical examination /laboratory tests or in the documents submitted by me/us or procured by the Company to any other insurer or to any reinsurer or to any claims investigator. Likewise the Company may make available copies of the proposal form, annexures, reports of any medical examination laboratory tests or any documents submitted by me/us (or, as the case may be, by my/our beneficiary) or procured by the Company to any insurer or reinsurer or to any claims investigator. So also the Company may without any reference to me/us (or, as the case may be, to my/our beneficiary) furnish to any court/tribunal or other authority any such information or proposal, annexure, reports or documents as may be required of the Company or as may be considered necessary by the Company.
9. I/We understand and agree that the net asset value of the units allotted in unit linked products shall be at a rate as applicable on the date of the acceptance of the risk under this proposal and not as on the date when proposal and deposit was received by the Company.
10. I/We understand that I/we will be issued with a T-Pin number by Aegon Life Insurance Company Limited, which shall be used by me/us to transact over the Phone transactions as are, in the Company's sole judgement, feasible under the policy features including updating my/our personal and other policy details as and when required. I/We hereby declare that on the receipt of the T-Pin, I/we shall maintain complete secrecy & ensure that the same is kept confidential; and not let any unauthorized person including, for the purposes of this clause, the Nominee/beneficiary/any employee or representative of the Company, voluntarily or accidentally or by mistake have access to the T-Pin. I/We shall abide by such Terms & Conditions governing the use of T-PIN as may be sent to me/us along with the T-Pin. I/We also understand that the Company may at its sole discretion, amend or discontinue the service relating to such transactions over the phone. I/We do understand and agree that the responsibility of usage of the policy T-Pin is solely on my/our discretion.
11. I/We further agree that if after the date of submission of the proposal but before the issue of the Acceptance Letter cum First Premium Receipt (i) any

change in the occupation or any adverse circumstances connected with the financial position or the general health of the Life to be Assured / Proposer occurs or (ii) if a proposal for assurance or a proposal for revival of a policy on the life of the Life to be assured made to any other insurer is withdrawn, dropped, deferred, declined or accepted at an increased premium or subject to a lien or on terms other than as proposed, I/we shall forth with intimate the same to the Company in writing. I/We further undertake to notify the Company any changes in health condition of Life to be Assured or financial condition of myself/ours between the date of this proposal and prior to acceptance of the risk by the Company. Any omission on my/our part to do so shall render the assurance entered into in pursuance of this proposal invalid and the policy shall be cancelled immediately in accordance to the Section 45 of the Insurance Act 1938, as amended from time to time.

Witnessed by Life Advisor / Relationship Manager

Name: _____

Code: _____

Signature: _____

Place: _____

Signature/Thumb Impression of the Proposer

Signature/Thumb Impression of the Life to be Assured*

Date: / /

*If Life to be Insured has completed 18 years of age

Declaration to be submitted if proposal is signed in vernacular or bears the thumb impression of the Proposer: I have explained the contents of this proposal to the Proposer in _____ (language), as per his or her choice and that the contents have been fully understood by him/her. I have accurately recorded the Proposer's replies to the questions in the proposal form. I have read out the replies recorded by me to the Proposer and he or she has confirmed that they are correct. The thumb impression/signature of the Proposer is affixed in my presence.

Name of the declarant: _____

Address: _____

Signature of the person making the declaration: _____

Place: _____

Date: / /

I have understood the content of the proposal form as explained to me in _____

language by the person, Mr./Ms. _____

filling in the proposal form and, after the same, I am affixing my signature/thumb-impression.

Signature / thumb - impression of the Proposer: _____

Extract of Section 41 of Insurance Act, 1938: "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 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 prospectus or tables of the insurer. 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.

Extract of Section 45 of Insurance Act, 1938: Fraud, Misrepresentation and forfeiture would be dealt with in accordance with provisions of Sec 45 of the Insurance Act 1938 as amended from time to time.

"Free look Clause": If you are not satisfied with any of the terms and conditions of the Policy, you may return the Policy document along with a letter stating the reason for disagreement within 15 days or 30 days (if purchased through Distance Marketing mode¹) of receipt of the Policy document.

¹Distance marketing: Distance marketing includes every activity of solicitation (including lead generation) and sale of insurance products through the following modes: (i) Voice mode, which includes telephone-calling (ii) Short Messaging service (SMS) (iii) Electronic mode which includes e-mail, internet and interactive television (DTH) (iv) Physical mode which includes direct postal mail and newspaper & magazine inserts and (v) Solicitation through any means of communication other than in person.

AEGON Religare Life Insurance is now Aegon Life Insurance.

Aegon Life Insurance Company Ltd.,
 IRDAI Registration No. 138
 Corporate Identity No.: U 66010MH2007PLC169110
 Building No. 3, Third floor, Unit No. 1, NESCO IT Park, Western Express Highway, Goregaon (E),
 Mumbai 400 063. Tel: +91226118 0100 | Fax: 02261180200/300 | Toll Free No.: 1800 209 9090
 e-mail: customer.care@aegonlife.com | Website: www.aegonlife.com

Confidential Report

(To be filled by the Sales Representative)

Quote No. _____

This form is to be completed by the Life Agent / Relationship Manager / Specified Person of CA.

Please answer the questions below. Use extra sheet to provide details.

If the Sum Assured is more than Rs. 15 lakhs, it should be validated and signed by the Business Manager / Business Development Manager / Sales Manager. In cases where the Sum Assured exceeds Rs. 30 lakhs, along with a CR, a Special Report should be submitted by Branch Head for Tied Agency channel, Branch Manager for Aegon Connect and a Regional Manager for Business Alliance channel.

A) Personal details of Life to be Assured:

Name _____

1) a) Have you met the Life to be Assured for this life insurance proposal? Yes No

b) Is the Proposer / Life to be Assured related to you? Yes No

c) Since how long do you know the Proposer / Life to be Assured? _____ Years.

2) Are you aware of anything about the Life to be Assured's lifestyle, participation in hazardous sport, habits, medical history, health or any risk factor that would have an adverse effect on his/her insurability? Yes No

If yes, please provide details _____

3) Has any proposal for new business or reinstatement of the life insurance on the Life to be Assured ever been Declined, Deferred, Postponed or Accepted at special terms? Yes No

If yes, please provide details _____

4) Are you personally satisfied about the financial standing of the owner / Life to be Assured and insurability of the Life to be Assured? Yes No

If no, please provide details _____

5) Is the Proposer a Politically Exposed Person? Yes No

If yes, please provide details _____

6) Is the client hesitant in providing any information? If yes, please provide details Yes No

B) Financial details

Details	Proposer	Life to be Assured
1) Realistic estimate of annual income		
2) Investments e.g. Property / Shares / Others		
3) Liabilities: Mortgage / Loan / Car Loan / Others		

C) Source of Sale (tick one only)

Reference/cold call Relative of Life Agent / Relationship Manager / Specified Person Walk-in client Proposer's request

Existing client Friend/acquaintance Others (Please specify) _____

D) Policy Type

General NRI MWP HUF Employer Employee Partnership

E) Comments if any _____

Declaration: I/We hereby declare that the foregoing statements are true to the best of my/our knowledge and belief. I/We state that the proposal has been filled up by the Proposer / person authorized by the Proposer after fully understanding the nature of the questions in the proposal form and importance of disclosing all the material information has been explained by me/us to the Proposer, recommend this proposal for insurance. I/We confirm having verified the identity and the address of the customer and the proofs submitted for the same.

Life Agent / Relationship Manager / Specified Person Name _____

Code _____

Signature _____

Business Manager / Business Development Manager / Sales Manager Name _____

Signature _____

Proposal Checklist

For Questions which are not applicable, please mention N.A. (Strokes/Dashes/Dots/ leaving the details unanswered will not be accepted.)

Aegon Life Branch name _____

Channel Partner Name & ID
(Only for Business Alliance Team) _____

Document Check	LA / RM / SP	CSE
The photocopy of the following documents MUST be self-attested by the Life to be Assured: <input type="checkbox"/> Age Proof <input type="checkbox"/> Address Proof <input type="checkbox"/> Identity Proof <input type="checkbox"/> Quote/ Benefit Illustration <input type="checkbox"/> Income Proof (Premium > 1 Lakh)		
Recent Photograph of the Life to be Assured stapled on the Proposal form. ECS Mandate Form & Cancelled Cheque copy (if opted for ECS)		
Life Planner sheet is completed in all respect & attached (Not required for Direct Marketing Channel)		

Following details of Quote matches with Proposal form	LA / RM / SP	CSE
Quote number mentioned on the proposal form		
Name, Date of Birth & Gender of the Life to be Assured		
Sum Assured, Premium, Policy & premium payment Term & Rider if opted		
Premium Payment Type as mentioned in the proposal form		
Payment Frequency for renewal premium selected as per product opted. For Pension plan, premium payment type matches with proposal form		
For ULIP Funds opted & total percentage of funds equals to 100%. (Not applicable if opted for Invest protect option for ULIPs)		
Proposer's and Life Agent's/Relationship Manager's/Specified Person's signature (Date of signing should be less than 90 days old)		
Quote sign date is same as Proposal sign date.		

Age Proof, KYC documents	LA / RM / SP	CSE
Name and Date of Birth of the Life to be Assured on the Proposal form matches with Age proof.		
Age Proof & KYC Documents are as per Underwriting & KYC Norms for the product opted		
Self-declaration attached, in case of minor name mis-match with the Age Proof. Declaration for Address proof, in case the address proof is in family member's name.		

I, hereby confirm that all the points in the Proposal Checklist have been duly checked & verified by me.

Signature of Life Agent/Relationship Manager/Specified Person _____ Signature of CSE _____

(ONLY FOR BUSINESS ALLIANCE CHANNEL)

I hereby declare that I have spoken to the customer and have verified that the product features and charges have been explained to him/her.

Signature of Sales Manager _____ Date _____
 Branch Remarks (if any) _____

Quote No _____

Exception Approval	LA / RM / SP	CSE
Specify the exception with mandatory Branch Head/Branch Manager or Regional Manager approval. 1. _____ 2. _____ 3. _____ Comments (if any): _____ Approver's Name: _____ Employee Code: _____		

Completeness Check of Proposal & Documents	LA / RM / SP	CSE
All questions answered in Health Declaration section. (Not applicable if opted for Pension plan without riders)		
Nominee/ Appointee details, Annual income, Contact number, Occupation & Employment details are updated.		
Corrections if any encountered on the form are countersigned in full by the Life Assured & Proposer. No White Ink is used.		
Life to be insured/Proposer have signed at relevant place. Date and Place of signing has been mentioned in the proposal form		
No signature mis-match (both Life to be assured & Proposer) in Proposal form & attached documents		
If Proposal is signed in vernacular or bears thumb impression of the Proposer/ Life to be Assured, then Vernacular Declaration is submitted with the Proposal Form.		
CR filled, Agent Name & Code mentioned & signed by the Requisite Authority.		
Cheque amount same as Quote, Cheque signed, current dated and made payable to "Aegon Life Insurance Co.Ltd." Quote Number & Name of customer written behind the Cheque.		

Insurance history, Lifestyle Information, Family History, Personal & Medical Information in Proposal Form	LA / RM / SP	CSE
All questions are answered (for all sections) and details mentioned are clear & complete. If the Life to be assured consumes alcohol/tobacco/nicotine in any form then the quantity is specified in the space provided.		
The relevant questionnaires (Medical & Non-medical) wherever applicable filled Eg Aviation questionnaire, Hypertension questionnaire etc.		
Family history sections (182) updated & for any death below 60 years exact cause of death specified.		
Medical Information section is correctly & completely answered by Life to be assured/Proposer. (Applicable only if Life to be assured is NOT subjected for a MER from our authorized Medical examiner.		
If Life Assured is female then questions pertaining to Female Lives (Q7) under Medical section is answered.		

(Only for Aegon Connect)

- Medicals done? Yes Not Applicable
- I hereby declare that I have spoken to the customer and have verified that the product features and charges have been explained to him/her and the interaction with the Relationship Manager has been satisfactory.

Signature of CSE Aegon Connect _____ Date _____
 Branch/CSE remarks on customer call back (if any) _____
 CSE Direct Remarks to be counter signed by the CDM/BH with Remarks _____
 *L.A - Life Agent. R.M - Relationship Manager S.P - Specified Person