



Max Life Insurance Company Limited

Regd. Office: 419, Bhai Mohan Singh Nagar, Railmajra, Tehsil Balachaur, District Nawanshar, Punjab 144533.

Head Office: 11th & 12th Floor, DLF Square, Jacaranda Marg, DLF City Phase-II, Gurugram, Haryana, 122002

First Annuitant Recent Photograph

Proposer/ Second Annuitant Recent Photograph

(If first annuitant is minor then photograph of Proposer is to be pasted here)

NON-LINKED NON-PARTICIPATING INDIVIDUAL GENERAL ANNUITY SAVINGS PLAN

Agent Assisted Yes No

Proposal Number:

GO /CA/Broker Code : _____

GO received Date : _____

IMPORTANT NOTES:

- You are required to disclose All material facts and circumstances in this proposal, which shall form the basis of the contract, failing which the single premium contract issued shall be voidable at the option of the company subject to section 45 of the insurance Act as amended from time to time.
- Payment of Single premium must accompany this proposal by a crossed cheque/demand draft. The cheque must be issued in favour of **MAX LIFE INSURANCE COMPANY LIMITED** account (Policy No. as above. In case your purchase price is already with Max Life Insurance Co. Ltd., this form must state the instructions to use it for providing a single premium to you.
- Please provide AML & KYC documents (copy of PAN id, regular income proof etc.)
- The Annuity will be payable to you at the end of your chosen frequency/mode.
- Nominee should be different from annuitant.

Do you have a Max Life Insurance Policy or have currently applied simultaneous policies? Yes If yes give Policy/Proposal number _____

Are you a NPS subscriber? Yes No

Please provide your Permanent Retirement Account Number (PRAN) _____

(Mandatory if NPS subscriber)

Objective of Insurance E/E MWPA HUF CEIP Partnership Individual

A. PROPOSER/ ANNUITANT DETAILS

	<input type="checkbox"/> PROPOSER	<input type="checkbox"/> FIRST ANNUITANT	<input type="checkbox"/> SECOND ANNUITANT <i>(If Joint Life Single premium is chosen)</i>
1. Title			
2. Name	First		
	Middle		
	Last		
3. Father's / Husband Name	First		
	Last		
4. Date of Birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
5. Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> NA	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
6. Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> Foreign National	<input type="checkbox"/> Indian <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> Foreign National	<input type="checkbox"/> Indian <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> Foreign National
Residing Country <i>if Nationality other than Indian</i>			
Residence for Tax purpose in Jurisdiction(s) outside India	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If 'Yes' then FATCA & CRS-Self Certification Form to be mandatorily completed)</i>		
7. Relationship to Annuitant			
8. Marital Status			
9. Organisation Type			
10. Occupation / Job Title			
11. Name of entity/employer			
12. Annual Income (Rs)			
13. Is the Proposer/ Annuitant/Nominee a Politically Exposed Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

14. COMMUNICATION ADDRESS (Proposer/ First Annuitant)

House No./Apt. Name			
Society Road/Area/Sector			
Landmark			
Village/Town	City/District		
Pin Code	State / U.T.	Country	
Mobile # 1	Mobile # 2	Std Code	Telephone #
E-mail ID			

15. PERMANENT RESIDENTIAL ADDRESS (optional)

House No./Apt. Name			
Society Road/Area/Sector			
Landmark			
Village/Town	City/District		
Pin Code	State / U.T.	Country	

16. Preferred Mailing Address Communication Address Permanent Address

17. Do you wish to hold this Policy electronically under e-Insurance ? Yes No

a. e-Insurance Account No. (if available): _____ and Insurance Repository name: _____

b. Preferred Insurance Repository you would like to have your e-Insurance Account CAMSRep Karvy CIRL NSDL

B. NOMINEE DETAILS

(Applicable only in case of annuity option selected with death benefit)

NOMINEE DETAILS		Nominee 1 (Mandatory)	Nominee 2 (Optional)	Nominee 3 (Optional)
a. Title				
b. Name	First			
	Middle			
	Last			
c. Date of Birth				
d. Gender				
e. Percentage		___ %	___ %	___ %
f. Relationship with Annuitant		<input type="checkbox"/> Spouse <input type="checkbox"/> Parents <input type="checkbox"/> Other -----	<input type="checkbox"/> Spouse <input type="checkbox"/> Parents <input type="checkbox"/> Other -----	<input type="checkbox"/> Spouse <input type="checkbox"/> Parents <input type="checkbox"/> Other -----
g. Appointee Full Name <i>(If nominee is under age 18)</i>				
h. Appointee relationship to Nominee				

C. COVERAGE INFORMATION - Type of Coverage

1. Annuity Options (Select any one option)	Deferment Period (applicable for v & vi)
i. Single Life Immediate Annuity for life (without death benefit)	<input type="checkbox"/>
ii. Single Life Immediate Annuity for life (with death benefit)	<input type="checkbox"/>
iii. Joint Life Immediate Annuity for life (without death benefit)	<input type="checkbox"/>
iv. Joint Life Immediate Annuity for life (with death benefit)	<input type="checkbox"/>
v. Single Life Deferred Annuity for life (with death benefit)	<input type="checkbox"/> ___ Year(s)
vi. Joint Life Deferred Annuity for life (with death benefit)	<input type="checkbox"/> ___ Year(s)
vii. Family Income <i>(option available for National Pension System (NPS) subscribers only)</i>	<input type="checkbox"/>

2. SOURCE OF FUNDS

Policy No.	Name of Company/ Self	Premium Payment Amt.	Date	Mode*	Cheque / DD Number**
* Cheque / DD / Max Matured Policy				**Please enclose a copy of Cheque	

3. Single Premium (in Rs) / Purchase Price	GST* & applicable Cess (in Rs.)	Premium Payment Amount	Date of First annuity payable	Annuity Amount (as per mode of payment of annuity)

*GST shall comprise of CGST, SGST/UTGST or IGST (whichever is applicable) including cesses and levies, if any. All applicable taxes, cesses and levies, as per prevailing laws, shall be borne by you.

4. Frequency and Mode of annuity Annual Semi Annual Quarterly Monthly

5a. NEFT BANK A/C DETAILS OF ANNUITANT	All Payouts will be credited to this account through Electronic mode of payment. (This will be applicable at select cities as per facilities/arrangements of Max Life Insurance).
Bank Account Number:-	Account Holder's Name:-
MICR Code :-	IFSC Code:-
Bank Name & Branch:	
Type of Bank Account <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others _____	

5b. NEFT BANK A/C DETAILS OF JOINT ANNUITANT	All Payouts will be credited to this account through Electronic mode of payment. (This will be applicable at select cities as per facilities/arrangements of Max Life Insurance).
Bank Account Number:-	Account Holder's Name:-
MICR Code :-	IFSC Code:-
Bank Name & Branch:	
Type of Bank Account <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others _____	

6 IS PAYOR DIFFERENT FROM THE PROPOSER? Yes No

Name:-	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> NA	DOB:- dd/mm/yyyy
Address:-	Income:-	
Relationship to Proposer:-	Banking Since:-	

BANK ACCOUNT DETAILS OF THE PAYOR	
Bank Account Number:-	Bank Name & Branch:-

7a. PERMANENT ACCOUNT NUMBER ANNUITANT (PAN)	<input type="checkbox"/> Form 60/61 required
7b. PERMANENT ACCOUNT NUMBER JOINT ANNUITANT (PAN)	<input type="checkbox"/> Form 60/61 required
7c. PERMANENT ACCOUNT NUMBER PROPOSER (PAN)	<input type="checkbox"/> Form 60/61 required
7c. PERMANENT ACCOUNT NUMBER PAYOR (PAN) <i>(if different from Proposer)</i>	<input type="checkbox"/> Form 60/61 required

In accordance to income tax regulation, in case of non-availability of valid PAN, TDS would be deducted @ 20% on payouts

Code Applicable for PD & Banca _____

D. DECLARATION AND AUTHORISATION

1. DECLARATION BY PROPOSER/ ANNUITANT

I/We hereby declare that I/We fully understand the meaning and scope of the Proposal form and the questions contained above and I am submitting the completed proposal form of my/our own volition, and confirm that I/We have not been induced by anyone to make the Proposal. I/We have been explained the nature of questions and the importance of disclosing all material information.

I/We further declare that all the statements and declarations herein shall be the basis of a contract between me/us and the Company and that I/We have made complete, true and accurate disclosure of all the facts and circumstances and have not withheld any information that may be relevant to enable the Company to make an informed decision about the acceptability of the Proposal. I agree that in case of any fraud or misstatement, action will be initiated as per Section 45 of Insurance Act, 1938, as amended from time to time. I/We undertake to notify the Company, forthwith in writing, of any change in any of the statements made in the Proposal subsequent to the signing of this proposal and before acceptance of risk and issuance of the Policy by the Company. The first and subsequent year premium will be paid out of legally acquired source of income. I will provide information as and when required by the Company, acting on its own or under any order or instruction received from Statutory Authorities, as regards to the sources of funds or utilizations or withdrawals. I agree that the Company may provide any information related to me in respect of this proposal; as available to the Company at any time, to any Statutory Authority in relation to the any laws including the laws governing prevention of money laundering, applicable in the country. To enable the Company to assess the risk under my/our proposal or for any other purpose in relation to the policy, I/we, my/our heirs, administrators or executors or assignees hereby authorize my past or present employer(s)/business association/medical practitioners /other agencies or governmental and/or any regulatory bodies, insurance repositories, CERSAI/ UIDAI, reinsurers / hospitals or diagnostic centres/ other insurance companies/ service providers to disclose and make available to the Company such details/records, as may be requested by the Company. I understand that I have disclosed my personal information with Max life and I hereby provide consent to Max Life to share, store my information with its authorized service providers for servicing this policy/proposal such as issuance, underwriting renewal and claims process with respect to this policy as per the regulation applicable from time to time. I/We submit the mandate to credit My / Our account towards all payments against the above policy and agree and understand that payouts would be processed through electronic mode of payment and will be affected at select cities as per facilities/ arrangements of Max Life Insurance. I/We authorize Max Life to send all communications by letter, E-mail, SMS. I/We agree to receive regular reminders, updates / alerts from Max life from time to time. I/ We authorize Max Life to send all communication by electronic means.

I do hereby certify that above stated information regarding the nationality and tax residential status is correct in all respects and may be used for all purposes, including reporting to statutory authorities & compliances, and understand that it is my responsibility to report the changes, if any, to Max Life within 2 weeks of occurrence of such change.

Signature / Thumb Impression / Electronic Signature of Proposer/ Annuitant	Signature / Thumb Impression / Electronic Signature of Joint Annuitant
Place:-	Date:- (dd/mm/yyyy)

VERNACULAR /ILLITERATE DECLARATION

(Declaration to be made by a person unconnected with Max life Insurance Company Limited but whose identify can be easily established.) I hereby declare that I have fully explained the contents of this proposal to the proposer/Life to be Insured in _____ language, as understood by him/her and that the left thumb impression/signature of the proposer/Life to be Insured has been appended/affixed after fully understanding the contents thereof. I have truthfully recorded the answers given by the Proposer/Life to be Insured. I have understood the content of the proposal form as explained to me in _____ language by the declarant, Mr./Ms. _____, filling in the proposal form and after the same, I am affixing my signature/thumb-impression.

Name of the Declarant:	Address of the Declarant:
I have understood the content of the proposal form as explained to me in _____ language by the declarant, Mr./Ms. _____, filling in the proposal form and after the same, I am affixing my signature/thumb-impression.	

Signature / Thumb Impression / Electronic Signature of Declarant	Signature / Thumb Impression / Electronic Signature of Proposer/ Annuitant/ Joint Annuitant

2. DECLARATION BY PRINCIPAL OFFICER/AGENT ADVISOR/SPECIFIED PERSON

I _____ do declare and confirm that I have met and explained the Product features, benefits, premium paying term, nature of the questions contained in this Proposal form and other relevant terms and conditions to the Proposer and the Life Insured. I have also explained that the answers to the questions forms the basis of the contract of the Insurance between the Company and the Proposer / Life Insured, and if any untrue statement is contained therein and / or any information that may be relevant to enable the Company make an informed decision, the Company shall have the right to vary the benefits which may be payable and / or treat the policy voidable at the option of the Company subject to section 45 of the Insurance Act, 1938 as amended from time to time. I confirm that to the best of my knowledge the Life Insured does not suffer from any physical or mental abnormality or handicap or has / had been hospitalised, undergone any surgery or treatment, or he /she is involved in activities including any hazardous avocation or occupation or any other information material for underwriting this proposal form, unless expressly stated in this Proposal. I also declare and represent to the Company that I am in full compliance with the regulatory requirements applicable to agent / corporate agent / specified person / broker prescribed by the Insurance Act 1938, as amended from time to time and any other regulation, circular, instruction issued by IRDAI from time to time. I confirm that I have verified the identity, current / permanent residential address of the Proposer/ Life Insured, the nature of his/her business and his / her financial status basis the Max Life AML moral hazard checklist.

Is this a Replacement Sale? If yes, I have adequately explained the consequences of re placement sale to the customer. Yes No

Relationship of Principal Officer/Agent Advisor/Specified Person with the Proposer/Annuitant	
Name of Principal Officer/Agent Advisor/Specified Person	
Principal Officer/Agent Advisor/Specified Person Code	Phone No. with STD Code

Date:-	Place:-
Signature / Thumb Impression / Electronic Signature of Principal Officer/Agent /Specified Person/Authorised Seller	

We Confirm that we have made joint efforts in soliciting the prospect and will be jointly responsible for performing the service related to the policy. We further confirm that the objective of sharing the commission is not for qualifying for any contest and/or reward & recognition programs of the company.

(Applicable only if more than one Agent Advisors share the commission.)

Name(s) of Principal Officer/AA/Spec Person	Principal Officer/AA/Spec Person Code	Principal Officer/AA/Spec Person's Signature / OTP Confirmation Date	% Share

Important Notes:

(1) Any payment/s including initial payment accompanying this proposal, cash or by bearer instrument must be made at any of the Company's General Office only. (2) Crossed cheque or bank drafts must be made in favour of MAX LIFE INSURANCE COMPANY LIMITED ACCOUNT (Proposal No. as above) may be handed over to the Agent Advisor. (3) Receipt of the Completed Proposal and initial payment does not create any obligations upon the Company to underwrite the risk. The Company shall not be liable until it has underwritten the risk and issued the Policy. If the Policy is sent by post it shall be deemed to have been delivered to and received by you in the ordinary course within 3 (three) days of posting. We draw your attention to Section-39, 45 and 41 of the Insurance Act, 1938, which reads as follows-

Section 39: In case nomination facility is availed, section 39 of the Insurance Act, 1938 as amended from time to time shall apply.

Section 45: No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of issuance of policy, from the date of the Commencement of Risk or Revival of the policy or the date of the rider to the policy, whichever is later. However, Insurer may question the Policy at any time within three years from the date of issuance of policy, from the date of Commencement of Risk or Revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud, in which case insurer shall inform Proposer/Life Insured/legal representatives in writing specifying the grounds and materials on which such decision is based. For other details please refer to Section 45 of the Insurance Act, 1938 as amended from time to time.

Section 41: (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.