



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

Second Annuitant
Recent Photograph

NON-LINKED NON-PARTICIPATING INDIVIDUAL GENERAL ANNUITY SAVINGS PLAN

Agent Assisted Yes No

Proposal Number:

GO /CA/Broker Code : NA

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 -

A. ANNUITANT DETAILS

		FIRST ANNUITANT	<input type="checkbox"/> SECOND ANNUITANT (If Joint Life Single premium is chosen)
1. Title			
2. Name	First		
	Middle		
	Last		
3. Father's / Husband Name	First		
	Last		
4. Date of Birth			DD/MM/YYYY
5. Gender	<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	
Residing Country	<i>if Nationality other than Indian</i>	<i>if Nationality other than Indian</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 Annuitant/Nominee a Politically Exposed Person?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

14. CURRENT RESIDENTIAL ADDRESS

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

15. PERMANENT RESIDENTIAL ADDRESS (optional)

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

16. Preferred Mailing Address Current Residential Permanent Residential

17. Preferred language of communication:

English Hindi Punjabi Gujarati Marathi Tamil Malayalam Kannada Oriya Telegu Bengali

18. 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. Guardian Full Name <small>(If nominee is under age 18)</small>			
h. Guardian 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)

Please Note:-
In case of Immediate Annuity, annuity below age 50 shall be offered only in case annuity is purchased from the proceeds arising out of the surrender benefit, maturity benefit or death benefit payable under Max Life pension accumulation plan or similar pension accumulation plan offered by others.

2. SOURCE OF FUNDS					
Policy No.	Name of Company/ Self	Premium Payment Amt.	Date	Mode*	Cheque / DD Number**
<small>* Cheque / DD / Max Matured Policy</small>				<small>**Please enclose a copy of Cheque</small>	

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	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi Annual	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly
---	---------------------------------	--------------------------------------	------------------------------------	----------------------------------

5a. NEFT BANK A/C DETAILS OF ANNUITANT	<small>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).</small>
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	<small>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).</small>
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 _____

6a. PERMANENT ACCOUNT NUMBER ANNUITANT (PAN)	<input type="checkbox"/>	Form 60/61 required
6b. PERMANENT ACCOUNT NUMBER JOINT ANNUITANT (PAN)	<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 _____ **NA** _____

D. DECLARATION AND AUTHORISATION

1. DECLARATION BY ANNUITANT

I/We hereby declare that I/We fully understand the meaning and scope of the Proposal form and the questions contained above and 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 as may be relevant, 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 misrepresentation, 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.

I/We also confirm if any future premium or other payment due to the Company is made by me/us either personally or through Principle Office/Agent Advisor/ specified Person, then the Company shall not be liable unless the amounts are received and realized by the Company within the time. The Company stipulates for receipt of the payments and the Company decides to underwrite the risk. The single premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income. In case of premium is paid out of any account other my own, I shall ensure that such payment is permitted under Section 80C/80D of the Income Tax Act 1961. 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 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. I enable the company to assess the risk under my/our proposal in relation to the policy. I/we, my/our heirs, administrators or executors or assignees hereby authorize my past and present employer(s)/ business association/ medical practitioner/ other agencies or governmental and/or any regulatory bodies, insurance repositories, CERSAI/ UIDAI, reinsurers / hospitals or diagnostic centres/ other insurance companies / service providers y 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 for providing insurance services in respect of the Policy to be issued and I hereby provide consent to Max Life to share, store, disclose and transfer my personal information with its authorized third parties affiliates service providers for the said purpose for servicing the 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 pay-outs 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 E-mail, SMS or any other communication mode. I/we agree to receive regular reminders, updates/ alerts from Max Life regarding this policy/proposal. I would like to receive my insurance policy and all the information related to the proposed insurance Policy through insurance repository.

Signature / OTP Confirmation Date / Thumb Impression / Electronic Signature of Annuitant	Signature / OTP Confirmation Date / Thumb Impression / Electronic Signature of Joint Annuitant	Signature / OTP Confirmation Date / Thumb Impression / Electronic Signature of Witness
Name of witness:-	Place:-	Date :

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

I _____ having known the Proposer / Life Insured for a period of _____ do declare that I have explained the nature of the questions contained in this Proposal form to him / her. I have also explained that the answers to the questions form 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/Insured, the nature of his/her business and his / her financial status basis the AML Max Life 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/Life Insured	
Name of Principal Officer/Agent Advisor/Specified Person	
Principal Officer/Agent Advisor/Specified Person Code	
Phone No. with STD Code	

Date:-	Place:-
Signature / OTP Confirmation Date / Thumb Impression / Electronic Signature of Principal Officer/Agent Advisor/Specified Person	Signature / OTP Confirmation Date / Thumb Impression / Electronic Signature of Sales Manager

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

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 / OTP Confirmation Date / Thumb Impression / Electronic Signature of Declarant	Signature / OTP Confirmation Date / Thumb Impression / Electronic Signature of Proposer
---	--

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: 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 ten lakhs rupees.

Freelook Clause: We shall inform you by a letter forwarding the policy that you have a period of 15 days (30 days if the policy is sourced through distance marketing modes) from the date of receipt of the policy document, to review the terms and conditions of the policy, where if you disagree to any of those terms and conditions, you have the option to return the policy stating the reasons for your objection. You shall be entitled to a refund of the premiums paid, subject only to deduction of a proportionate risk premium for the period of cover charges of stamp duty paid and the expenses incurred on medical examination of the life insured, if any. However, if the Policy has been purchased from funds which are arising from any of Our pension plans or the pension plan of any other insurance company, under which annuitizing is compulsory, Freelook option stated above cannot be exercised.

QROPS - Customer Declaration

To,
The Scheme Manager,
11th floor, DLF Square Building,
Jacaranda Marg, DLF City Phase 2,
Gurugram, Haryana -122002
India.

Subject: Transfer of pension fund to Max Life Guaranteed Life Time Income Plan registered as QROPS

Dear Sir/Madam,

Undersigned having a pension fund with _____ (fund house name) in the UK (hereinafter referred as the "Fund House"), is willing to transfer the same to Max Life Guaranteed Life Time Income plan (having QROPS no. 504984) through Qualifying Recognized Overseas Pension Scheme ("QROPS"). I authorize Max Life Insurance Company limited ("Max Life") to send application to the fund House in order to Initiate and complete all formalities with respect to the transfer of the said fund.

I agree to bear all tax liability (if any) that shall arise due to transfer of the said fund or otherwise on any amount being received by me under QROPS. I Shall Keep Max Life Indemnified for any loss incurred by it for relying on this declaration or if any information provided herein is false, Incorrect or incompletes.

I Understand that, in case I am an existing QROPS policyholder, as per the prevailing Her Majesty's Revenue & Customs (HMRC) regulations, my age as at vesting date in a non QROPS Policy without requiring transfer of UK tax relieved assets, cannot be less than 55 (Fifty-Five) years.

I Understand that in an existing policyholder of non- QROPS Policy with the Age of the Annuitant as on the Vesting Date being less than 55 years, then I am not allowed to purchase a QROPS policy, unless the existing non-QROPS Policy is modified in a manner that the Age of the Annuitant as on the Vesting Date is not less than 55 (Fifty Five) years.

I understand that Max Life would not be in a position to offer tax advisory to me further understand that tax laws are subject to change and if required I Shall seek independent tax advice.

I understand that the above funds will be converted from foreign currency to Indian Rupee (INR) before investing into Max Life's products registered as QROPS. I understand that Max Life has access control on the conversion process/rates/Turn Around Time of the fund and the same will be determined by the dealing banks through which the fund is received. I understand that Max Life will not be responsible for any loss/liability caused to me due the transfer of funds.

I understand that the Information provided by me will form the basis of the Insurance policy. Further this declaration will also form part of the policy document.

I hereby declare that I have voluntarily accepted to initiate the request for the transfer of my UK tax relieved assets.

On the basis of this undertaking from me I request you to initiate the process of fund transfer of my pension fund from the UK.

--	--	--

**Signature / OTP Confirmation Date /
Thumb Impression / Electronic Signature of
Customer**

Place

Date

National Insurance Number:- _____

Date of Birth: _____ *(DD-MM-YYYY)*

Annexure

Note:- This is applicable only in case Annuitant(s) is a minor and this Policy is being purchased from the proceeds arising out of death benefit payable under Max Life pension accumulation plan or similar pension accumulation plan offered by others. Proposer in this case can be either a parent or a legal guardian. Further, in this case only Single Life Immediate Annuity for life (without death benefit) can be offered.

A. PERSONAL DETAILS

		PROPOSER
1. Title		
2. Name	First	
	Middle	
	Last	
3. Father's / Husband Name	First	
	Last	
4. Date of Birth (DD/MM/YYYY)		
5. Gender	<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	
Residing Country		(if Nationality other than Indian)
7. Marital Status		
8. Education		
9. Relationship with Annuitant		
10. Industry Type		
11. Organisation Type		
12. Occupation / Job Title		
13. Name of entity / employer		
14. Annual Income (Rs)		
15. Is the Annuitant/ Proposer a Politically Exposed Person ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>