



**Proposal Form No. 441  
Proposal Form for LIC's New Jeevan Shanti**

Recent  
Photograph  
of Annuitant/  
Primary  
Annuitant

**Annexure-2**

Recent  
Photograph  
of  
Secondary  
Annuitant

Division:

Branch :

**Instructions to fill up Proposal Form:**

1. This form is to be completed in BLOCK LETTERS by the Proposer and the Annuitant.
2. Insurance is a contract of utmost good faith which requires all material facts to be disclosed to the Insurance Company.
3. If the Proposer or Annuitant signs this proposal in vernacular or puts his/her thumb impression upon it, then the respective declaration must be completed.
4. Answer 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.
5. The Proposer and the Annuitant must countersign any cancellation or alterations made in this form. White ink Must not be used.

**To be filled by agent:**

1. D.O./CLIA/Chief Organizer Code No / Mentor code & Mobile Number:
2. Agent's/Specified Person's/DSA's/Sup Agent's Name,Code No & Mobile number:
3. Licence No:
4. Date of Expiry:

**For Office Use Only:**

Inward No: \_\_\_\_\_ Date \_\_\_\_\_  
Proposal No: \_\_\_\_\_ Amt of Deposit: \_\_\_\_\_ B.O.C No: \_\_\_\_\_ Date: \_\_\_\_\_

**Section – I**

**Details of Proposer/Annuitant/Primary Annuitant/ and Secondary Annuitant**

<b>A. Particulars of Proposer/Annuitant/Primary Annuitant (in case of joint life annuity option)</b>					
1	Name of the person proposing to purchase the Annuity	Prefix Mr./Mrs./Ms/Mx.:	First Name	Middle Name	Last Name
2	Relationship with - Annuitant / Primary Annuitant -Secondary Annuitant				
3	Father's Full name				
4	Mother's Full Name				
5	Gender	Male / Female / Third Gender			
6	Marital Status				
7	Spouse's Full name				
8	Date of Birth	____/____/____			
9	Age	_____ Years			
10	Place/ City of Birth				
11	Nature of Age Proof Submitted				
12	Nationality				
13	Citizenship				
14	<b>Correspondence Address</b>				
	House No.				
	City/ Town/ Village				
	District & State				
	Country				

	PIN Code	
	Tel. No. with STD Code	
15	<b>Permanent Address</b>	
	House No.	
	City/ Town/ Village	
	District & State	
	Country	
	PIN Code	
	Tel. No. with STD Code	
16	Residential status	Resident Indian / Non Resident Indian/ Overseas Citizen of India
17	<b>Address outside India ( Applicable only for NRI/ OCI)</b>	
	House No.	
	City/ Town/ Village	
	District & State	
	Country	
	PIN Code	
18	<b>KYC&amp; PMLA</b>	
a	Are you Income Tax Assessee	Y/N
b	PAN (Please provide Form 60, if PAN is not available)	
c	ID details(to be answered only if PAN card copy is not submitted) * In case of Aadhaar only last four digits is to be given as Id number	
	Proof of Identity	
	ID number *	
	Expiry date of Id	
d	Address Proof Submitted	
e	Are You Registered under GST, if yes give GSTIN :	
f	C KYC number (Central KYC Registry)	
19	<b>Occupation</b>	
a	Present Occupation	
b	Nature of duties	
c	Annual Income	
d	Source of Income	

<b>B Particulars of Primary and Secondary Annuitant, if applicable:</b>			
<b>Particulars</b>		<b>Annuitant/Primary Annuitant (If different from Proposer)</b>	<b>Secondary Annuitant (in case of joint life annuity option)</b>
1	Name	Prefix First Name Middle Name Last Name	Prefix First Name Middle Name Last Name
2	Relationship with Primary / Secondary Annuitant		
3	Father's Full name		
4	Mother's Full Name		
5	Gender	Male / Female / Third Gender	Male / Female / Third Gender
6	Marital Status		
7	Spouse's Full name		
8	Date of Birth	___/___/___	___/___/___
9	Age	_____ Years	_____ Years
10	<b>Place/ City of Birth</b>		
11	Nature of Age Proof Submitted		
12	Nationality		
13	Citizenship		
14	<b>Correspondence Address</b>		
	House No.		
	City/ Town/ Village		
	District & State		
	Country		
	PIN Code		

	Tel. No.with STD Code		
15	<b>Permanent Address</b>		
	House No.		
	City/ Town/ Village		
	District & State		
	Country		
	PIN Code		
	Tel. No.with STD Code		
16	<b>Residential status</b>	Resident Indian / NRI / OCI	Resident Indian / NRI / OCI
17	<b>Address outside India ( Applicable only for NRI/OCI)</b>		
	House No.		
	City/ Town/ Village		
	District & State		
	Country		
	PIN Code		
18	<b>KYC&amp; PMLA</b>		
a	Are you Income Tax Assessee	Y/N	Y/N
b	PAN(Please provide Form 60, if PAN is not available)		
c	ID details(to be answered only if PAN card copy is not submitted) * In case of Aadhaar only last four digits is to be given as Id number		
	Proof of Identity		
	ID number *		
	Expiry date of Id :		
d	Address Proof Submitted		
e	Are You Registered under GST, if yes give GSTIN :		
f	C KYC number (Central KYC Registry)		
19	<b>Occupation</b>		
a	Present Occupation		
b	Nature of duties		
c	Annual Income		
d	Source of Income		

<b>C Others</b>				
		<b>Proposer/ Annuitant/Primary Annuitant</b>	<b>Annuitant/Primary Annuitant (If different from Proposer)</b>	<b>Secondary Annuitant (in case of joint life annuity option)</b>
1	Have you ever been or are currently being investigated, charge sheeted, prosecuted or convicted or having pending charges in respect of any criminal/civil offences in any court of law in India or abroad? If yes, give details.			
2	Are you a Politically Exposed Person OR are you a family member or close relative of Politically Exposed Person? [As per RBI guidelines PEPs are the individuals who are or have been entrusted with prominent public functions in a foreign country.]			

<b>D</b>	<b>Details of Nominee and appointee to whom benefits, if any, are to be paid under the policy in case of death of the Annuitant/Primary Annuitant and Secondary annuitant (in case of Joint life annuity option) (It is in the interest of the life to be assured to avail the facility of nomination)</b>						
	Name and address of Nominee	% share	Age	Relationship with the annuitant/ primary annuitant	If Nominee is minor/ handicapped dependant, Appointee's full name, age and address	Relationship to the nominee	Appointee's signature as a token of consent

Mobile number of the proposer:  
E mail id of the proposer:

Mobile number of the annuitant/ primary annuitant:  
E mail id of the annuitant/ primary annuitant:

\_\_\_\_\_  
**Signature or Thumb impression of the Proposer**

\_\_\_\_\_  
**Signature or Thumb impression of the Annuitant/ Primary Annuitant**

Mobile number of the secondary annuitant:

E mail id of the secondary annuitant:

\_\_\_\_\_  
**Signature or Thumb impression of the Secondary Annuitant**

**Section – II : Details of Annuity Opted**

<b>A</b>	<b>Annuity Option</b>						
1.	Please indicate the type of annuity (Choose ( ✓ ) only one out of the given options).						
	<table border="1"> <thead> <tr> <th><b>Annuity Options</b></th> <th><b>Annuity Options- Details</b></th> </tr> </thead> <tbody> <tr> <td>Option 1</td> <td>Deferred annuity for Single life</td> </tr> <tr> <td>Option 2</td> <td>Deferred annuity for Joint life</td> </tr> </tbody> </table>	<b>Annuity Options</b>	<b>Annuity Options- Details</b>	Option 1	Deferred annuity for Single life	Option 2	Deferred annuity for Joint life
<b>Annuity Options</b>	<b>Annuity Options- Details</b>						
Option 1	Deferred annuity for Single life						
Option 2	Deferred annuity for Joint life						
2.	Please state either a. The Purchase Price Rs. _____ <b>OR</b> Amount of annuity instalment Rs. _____  b. Deferment Period: _____ years  c. Mode of annuity instalment to be paid: Yearly / Half – Yearly / Quarterly / Monthly						
3.	Is this proposal being taken for the benefit of dependant person with disability (Divyangjan)? If yes, please state						
	Whether the dependant person with disability (Divyangjan) is a nominee? (under Option 1- Deferred Annuity for Single life)						

<b>B.</b>	<b>Options available for payment of Death Benefit to nominee(s): (Choose only one out of the given options).</b>	
1	Lumpsum Death Benefit	
2	Annuitisation of Death Benefit (If the proposal is being taken for the benefit of Divyangjan and Purchase Price is less than Rs.1,50,000/-, this option is compulsory.)	Whether annuitisation required for: Full / Part of the benefit amount payable.  If in part, specify the percentage of benefit: _____

3	In instalment	
	i. Period to take Death Benefit in instalment (in years):	5/10/15
	ii. Whether option to take Death Benefit in instalment is required for	Full/ Part of the proceeds
	iii. If in part, specify the amount/percentage of benefit proceeds	Absolute Amount: _____ Percentage of benefit proceeds: _____
	iv. Mode of Instalment payment	Yearly/ Half- yearly/ Quarterly/ Monthly

<b>C.</b>	Are you registered with LIC Portal: Y/N If yes, give Customer ID _____ If not, Please visit our site <a href="http://www.licindia.in">www.licindia.in</a> and register yourself with LIC Portal after completion of this proposal to avail the benefit of e services.
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\_\_\_\_\_  
Signature or Thumb impression of the Proposer

\_\_\_\_\_  
Signature or Thumb impression of the Annuitant/  
Primary Annuitant

\_\_\_\_\_  
Signature or Thumb impression of the Secondary Annuitant

**Section – III: Personal History and current status of health**  
**(To be answered by the Annuitant/Primary Annuitant/ and Secondary Annuitant (if applicable))**

	Details	Annuitant/Primary Annuitant	Secondary Annuitant (in case of joint life annuity option)
A.	What has been your usual state of health? (tick one of the option(s) applicable)	a) Good b) Taken treatment in the past for more than one month c) Currently undergoing any treatment d) Physically Handicapped	a) Good b) Taken treatment in the past for more than one month c) Currently undergoing any treatment d) Physically Handicapped
B.	If answer to Question (A) is not a), please give details as below:		
	i. Nature/ cause of disease/illness/ Nature and cause of deformity		
	ii. Nature of Treatment		
	iii. Duration of treatment		
	iv. When the illness/ disease was detected		
	v. Whether the treatment is still continued		
	vi. Any other information related to above		
C.	Please state exact height in cms, and weight in kgs. (without shoes):	Height (in cms): _____ Weight (in Kgs): _____	Height (in cms): _____ Weight (in Kgs): _____

\_\_\_\_\_  
Signature or Thumb impression of the Annuitant/  
Primary Annuitant

\_\_\_\_\_  
Signature or Thumb impression of the Secondary  
Annuitant

**Section-IV: Declaration**

**DECLARATION BY PROPOSER AND THE ANNUITANT(S)**

I/We .....do hereby declare that the foregoing statements and answers are true and complete in every particular and do agree and declare that these statements and this declaration shall be the basis of the contract of annuity between me/us and the Life Insurance Corporation of India. In case of fraud, misrepresentation and suppression of material facts the policy contract shall be treated in accordance with the Section 45 of Insurance Act, 1938 as amended from time to time.

Notwithstanding the provision of any law, I/We authorize the Corporation to share the information pertaining to my proposal to any Authorized Organization / Institution / Agency / and Governmental / Regulatory Authority for the sole purpose of investigation / risk mitigation / fraud control and/or claim settlement.

I/We undertake to inform the Corporation immediately of any changes in KYC documents such as residence. I also give my consent to share my data with Central KYC Registry and to receive phone calls, SMS/ E mail from Central KYC registry in this regard.

I/We hereby give my consent to receive phone calls, SMS/E mail on the above mentioned registered number/ E mail address from / on behalf of the Corporation with respect to my life insurance policy/regarding servicing of insurance policies/enhancing insurance awareness/ notifying about the status of Claim etc.

I/We also understand that the premium and benefits under the policy are subject to taxes / duties/ charges in accordance with the laws as applicable from time to time.

Dated at.....on the .....day of.....20

Signature of Witness.....

Name of Witness .....

Occupation .....

Address .....

.....

\_\_\_\_\_  
**Signature or Thumb impression of the Proposer**

\_\_\_\_\_  
**Signature or Thumb impression of the Annuitant/  
Primary Annuitant**

\_\_\_\_\_  
**Signature or Thumb impression of the Secondary  
Annuitant**

**1. Declaration by the person filling in the form (In case form is filled up/signed in a language different from that of the Proposal Form or in case the proposer/ Annuitant/ Primary Annuitant/ Secondary Annuitant is person with disability (PWD) where he/she is not able to fill the proposal form himself/ herself.)**

"I hereby declare that I have fully explained the above questions and contents of the proposal form to the Proposer/ Annuitant/ Primary Annuitant/ Secondary Annuitant and I have truthfully recorded the answers given by the proposer/ Annuitant/ Primary Annuitant/ Secondary Annuitant and the proposer/Annuitant/ Primary Annuitant/ Secondary Annuitant has affixed the thumb impression/ signature as below after fully understanding the contents thereof."

Name of the Declarant: \_\_\_\_\_

Signature: \_\_\_\_\_

Address of the Declarant: \_\_\_\_\_

"I certify that the contents of the form have been fully explained to me by (Name, Designation, occupation) Mr. / Ms.: \_\_\_\_\_ and I have understood the significance of the proposed contract.

\_\_\_\_\_  
**Signature or Thumb impression of the Proposer**

\_\_\_\_\_  
**Signature or Thumb impression of the Annuitant/  
Primary Annuitant**

\_\_\_\_\_  
**Signature or Thumb impression of the Secondary Annuitant**

2. In case the Proposer/ Annuitant/ Primary Annuitant/ Secondary Annuitant is/are illiterate, the thumb impression of the proposer/ Annuitant/ Primary Annuitant/ Secondary Annuitant should be attested by a person of standing whose identity can easily be established, but unconnected with the Corporation and this declaration should be made by him.

"I hereby declare that I have fully explained the above questions and contents of the proposal form to the proposer/ Annuitant/ Primary Annuitant/ Secondary Annuitant in \_\_\_\_\_ language, and that the proposer/Annuitant/ Primary Annuitant/ Secondary Annuitant has affixed the thumb impression above after fully understanding the contents thereof."

Name of the Declarant: \_\_\_\_\_

Signature: \_\_\_\_\_

Address of the Declarant: \_\_\_\_\_

### **SECTION 45 OF THE INSURANCE ACT, 1938**

(1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.

(2) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud :

Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and the materials on which such decision is based.

Explanation I - For the purpose of this sub section, the expression "fraud" means any of the following acts committed by the insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy :

- (a) The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
- (b) The active concealment of a fact by the insured having knowledge or belief of the fact ;
- (c) Any other act fitted to deceive ; and
- (d) Any such act or omission as the law specially declares to be fraudulent.

Explanation II - Mere silence as to facts likely to affect the assessment of the risk by the insurer is not fraud, unless the circumstances of the case are such that regard being had to them, it is the duty of the insured or his agent, keeping silence to speak, or unless his silence is, in itself, equivalent to speak.

(3) Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer:

Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.

Explanation: A person who solicits and negotiates a contract of insurance shall be deemed for the purpose of the formation of the contract, to be agent of the insurer.

(4) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued:

Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based:

Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.

Explanation - For the purposes of this sub-section, the mis-statement of or suppression of fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer, the onus is on the insurer to show that had the insurer been aware of the said fact no life insurance policy would have been issued to the insured.

(5) 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.

\_\_\_\_\_  
Signature or Thumb impression of the Proposer

\_\_\_\_\_  
Signature or Thumb impression of the Annuitant/  
Primary Annuitant

\_\_\_\_\_  
Signature or Thumb impression of the Secondary Annuitant

**SECTION 41 OF THE INSURANCE ACT,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 prospectus or tables of the insurer.
- 2) 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.

\_\_\_\_\_  
Signature or Thumb impression of the Proposer

\_\_\_\_\_  
Signature or Thumb impression of the Annuitant/  
Primary Annuitant

\_\_\_\_\_  
Signature or Thumb impression of the Secondary Annuitant

\_\_\_\_\_  
Signature of the Agent

<b><u>Agent's Report</u></b>	
a.	How long do you know the Annuitant/Primary Annuitant and Secondary Annuitant?
b.	What is the approximate age of the Annuitants in your opinion?
c.	Do you recommend the acceptance of the Proposal?
d.	Have you explained fully the terms and conditions of the plan to the proposer?
e.	Marks of identification of Annuitant/Primary Annuitant and Secondary Annuitant
<p>I am satisfied with the identity of the party and on the basis of my independent enquiries, I hereby declare that the foregoing statements are true and correct to the best of my knowledge and belief.</p> <p>Further, I declare that the above proposal is secured by me and that I have fully explained the contents of the proposal form to the proposer.</p> <p>Dated at.....on the .....day of.....20</p> <p>_____ Signature of the Agent</p>	



**MANDATE FORM**

(To be filled in separately for each policy)  
To receive payments through NEFT

1. (a) Policy No./BOC: \_\_\_\_\_ Date: \_\_\_\_\_

Purchase Price Rs.: \_\_\_\_\_

Annuity: \_\_\_\_\_ Date: \_\_\_\_\_

(b) Name of Annuitant/Primary Annuitant: \_\_\_\_\_

2. Particulars of Bank A/c.

a. Bank Name: \_\_\_\_\_ Branch Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

b. Telephone No. of Annuitant/Primary Annuitant

(i) Mobile \_\_\_\_\_ (ii) Residence: \_\_\_\_\_

c. Annuitant/Primary Annuitant's E-Mail Address: \_\_\_\_\_

d. Account Type-(Saving Bank Account/Current Account/ Cash credit): \_\_\_\_\_

e. Account No. (as appearing on the Cheque Book): \_\_\_\_\_

f. IFSC code of the bank -----

g. Do you want to receive SMS/E-mail alert on payment of annuity to your A/C: Yes / No

(Enclose a Original cancelled cheque leaf with Annuitant's name printed on it **OR** if annuitant's name is not printed on the original cheque leaf, then send original cancelled cheque alongwith the photocopy of the first page of the Annuitant's bank passbook showing Name, core banking A/C number and IFSC code.)

I, hereby, declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for the reasons of incomplete or incorrect information, I would not hold the Corporation responsible.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Annuitant/ Primary Annuitant