



**2. LIFE TO BE INSURED DETAILS (If different from Proposer):**

2.1 Name: (Mr. / Ms. / Master.)  Surname  Middle Name  FIRST NAME

2.2. Client id (if existing client of KLI):  2.3 Date of Birth:

2.4 Gender:  Male (M)  Female (F)  Transgender (T) 2.5 Marital Status:  2.6 Nationality

2.7 Citizenship  2.8 Contact No(s):  2.9 Email Id:

2.10 Occupation:  Professional  Self Employed  Student  Housewife  Retired  Salaried  
 Private  Public  Govt.

2.11 Name of Organization/Business  2.12 Nature of Organization/Business

2.13 Annual Income  2.14 Total Years in Service / Business (Yrs.)  2.15 Age Proof:  Driving License No.   
 Birth Certificate   PAN   Passport No.  Passport Expiry Date:

2.16 Address & ID Proof:  Driving License No.  License Expiry Date:           PAN   
 Passport No.  Passport Expiry Date:           NREGA Job Card  Voter's Id   
 Others

2.17 Communication Address:   
 City  State  PIN

2.18 Permanent Address (if different from the above):   
 City  State  PIN

2.19 GSTIN No  2.20 ABHA No

**3. PLAN DETAILS**

3.1 Plan Option:  Maximizer  Rising Star  Retire Rich

	Name of Plan / Rider	Policy / Rider Term (Yrs.)	Policy / Rider Premium Payment Term (Yrs.)	Premium Frequency	Sum Assured (Rs.)	Instalment Premium (Rs.)
3.2 Basic Benefit						
3.3 Optional Rider Benefit						
					Total Premium	

**4. FUND DETAILS**

Please select any one Investment Strategy option you want to opt for:  Self-Managed Strategy  Age Based Strategy

If Age Based Strategy is opted, please select your Risk Appetite (any one):  Aggressive  Moderate  Conservative

If Self Managed Strategy is opted, Please indicate your fund allocation below (Total must be equal to 100%)

Funds	Classic Opportunities	Frontline Equity	Balanced	Dynamic Bond	Dynamic Gilt	Money Market	Dynamic Floating Rate	Kotak Mid Cap Advantage	Kotak Nifty 500 Multicap Momentum Quality 50 Index Fund	Total
Allocation %										

Note: For the Segregated Fund Identification Number (SFIN), please refer to product brochure / leaflet / Benefit Illustration / visit the Insurer's website for the same.

**5. PROPOSAL DEPOSIT PAID DETAILS**

5.1 Mode:  Debit / Credit Card  Net Banking  Cheque/DD  Cash\* Others

Cheque/DD No.  Dated:           Amount (Rs.):

Drawn on (Name of Bank and Branch)  IFSC Code:

\*(Should you choose to pay premiums by cash, you are advised to do so at the nearest Kotak Life Insurance branch only)

**6. BANK DETAILS FOR DIRECT CREDIT OF BENEFITS / REFUNDS**

6.1 Bank Name & Branch:  6.2 Account Type:  Current  Savings

6.3 Account Number:  6.4 Name of Account Holder:

MICR Code:  IFSC:  Cheque Copy Enclosed:  Yes  No

Note: The client undertakes the responsibility to intimate KLI regarding change in bank details. The claims arising under this policy will be settled through the above mentioned Bank Account only.

**7. NOMINEE DETAILS (Enter Nominee details if Plan Rising Star Option is Selected)**

7.1 Name: (Mr. / Ms. / Master.)  Surname  Middle Name  First Name

7.2 Date of Birth:           Gender:  Male (M)  Female (F)  Transgender (T)

7.3 Relationship with Life to be Insured

7.4 Communication Address:   
 City  State  PIN

7.5 Nationality  Indian  NRI/PIO  Others

**8. APPOINTEE DETAILS (If Nominee is less than 18 years, Appointee is mandatory. Appointee MUST be above 18 years of age)**

8.1 Name: (Mr. / Ms. / Master.)  Surname  Middle Name  First Name

8.2 Date of Birth:         Gender:  Male (M)  Female (F)  Transgender (T)

8.3 Relationship with Life to be Insured

8.4 Communication Address:

City  State  PIN

**9. ADDITIONAL INFORMATION OF PROPOSER & LIFE TO BE INSURED || HEALTH DETAILS OF THE LIFE TO BE INSURED**

		LIFE TO BE INSURED	PROPOSER
a)	Do you have any history of conviction under any criminal proceedings in India or abroad?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b)	Are you a Politically Exposed Person (these are the people who hold prominent public Function viz Heads /Ministers of Central or State Govt., Senior Politicians, Senior Govt., Judicial or Military Officials, Senior Executives of Govt. companies, Important Political Party Officials and immediate family members of above persons?)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c)	Are you a close relative of Politically Exposed Person as defined above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes' kindly give details: <input type="text"/>			

**10. HEALTH DETAILS OF THE LIFE TO BE INSURED**

Height:  Cms OR  Feet  Inches Weight:  Kgs

10.1	Do you: - (a) consume more than 10 cigarettes, bidi's per day? (b) chew more than 5 pouches tobacco per day? (c) consume more than 2 pegs of alcohol per day in any form? (d) consume any narcotics (for medical/recreational purposes)/cigar, e-cigarette, pan masala, gutkha	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
10.2	Has any of your insurance application or reinstatement application ever been declined, postponed or accepted at extra premium or modified terms due to medical/ health grounds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.3	Have you ever suffered from or diagnosed with or treated for HIV/AIDS infection?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**11. MEDICAL HISTORY OF THE LIFE TO BE INSURED**

11.1	Have you suffered from any disease ,disorder or condition related to blood pressure, cholesterol, diabetes, stroke, chest pain, cardiovascular/coronary artery disease or any form of heart disease? (Includes High or Low blood pressure, Heart disease includes rheumatic heart disease)	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.2	Have you suffered from any disease/disorder involving respiratory system , digestive system or genito urinary system? (Includes Asthma, bronchitis, pulmonary TB, lung ailment, calculus of kidney/ ureter, kidney disorders, urinary infections, ulcers, haemorrhoids, diseases of Gall bladder or intestine etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.3	Have you suffered from any mental, nervous, congenital disease or any physical deformity / disability or any other ailment not mentioned above? (Includes epilepsy, depression, blindness, deafness, mutism etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.4	Have you been under any medical prescription /attention or in the past 3 years; have you been hospitalised for 5 consecutive days or have been absent from work for 10 consecutive days for any sickness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.5	Are you currently pregnant or have suffered from any pregnancy related complications in the past or have suffered with any ailment related to cervix, breast or uterus?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.6	Has anyone of your parents/siblings/ spouse suffered from or have died before the age of 60 from any of the diseases such as cancer, Heart Disease/Hypertension/ Stroke (Heart Disease includes Cardiomyopathy.) Diabetes, Hepatitis B, Kidney Disorder or any other genetic / familial disease (Includes multiple sclerosis, muscular dystrophy, motor neuron disease, Parkinson's/Alzheimer's disease etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**12. DECLARATION BY THE LIFE TO BE INSURED / PROPOSER**

I/We declare that I/we have answered the questions in the Proposal Form after having fully understood the nature of the questions and the importance of disclosing all information while answering such questions.  
I/We also hereby declare that the answers given by me/us to all the questions in the proposal form are true and complete in every respect and that I/We have not withheld any material information or suppressed any fact.  
I/We undertake to notify the Kotak Mahindra Life Insurance Company Ltd ("the Company") of any change in the state of health of the life to be insured or as to his/her occupation or any decisions about his/her existing policies or proposals subsequent to the signing of this proposal form and before the acceptance of the risk by the Company.  
I/We hereby consent to the Company seeking information and any reports from any doctor(s) including hospital - who at any time may have attended to me/us concerning anything, which affects my/our physical or mental health.  
I also hereby irrevocably authorize any organization, institution or individual that has any records or knowledge of my health or medical history, employment, business, income or other details as may be required or considered relevant to divulge to the Company and the Company to divulge the same to any organization, institution or individual in connection with this proposal form or the resultant policy.  
I agree to undergo all medical tests including blood tests involving HIV antibodies as required by the Company's Underwriting Policy for obtaining the policy. Further I understand that in the event of my being physically examined, the answers given by me to the medical examiner acting on behalf of the Company, shall be deemed to be duly incorporated in this Proposal Form. In event of this proposal not being converted into a policy, the Company reserves the right to recover from me medical expenses incurred by the Company.  
I/We further declare that the statements/submissions made by me/us in this Proposal Form [including any addendum(s) thereto / all declarations, affidavits and other statements] and/or any information sought for by the Company from any person authorised by me to provide such information and relied upon by the Company to assess the risk on my life under this. Proposal Form shall form a basis of the contract of insurance between me/us and the Company.  
I/We further agree, in case of fraud / misrepresentation by me / us, the Policy will be cancelled immediately by the Company in accordance with the Section 45 of the Insurance Act, 1938 and amendments thereto from time to time.  
I/We understand that the contract will be governed by the provisions of the Insurance Act, 1938, the IRDA Act, 1999 and the Regulations framed there under and that the contract will not commence until the Company's written acceptance of this Proposal Form is received. In case of the life to be insured being a minor. I further declare and affirm that this proposal of insurance is for the benefit of the life to be insured.  
I/ we hereby confirm that all premiums will be paid from bonafide sources and no premiums have/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002.  
I/ We hereby agree, consent and authorize Kotak Mahindra Life Insurance Company Limited ("KLI") to collect and use; any information of the life insured(s) and/ or proposer, including but not limited to the personal and/ or sensitive personal data or information including KYC document and medical/health information that is contained in this proposal form, available with KLI and/ or otherwise obtained. I/ We expressly agree, consent and authorize KLI to part/share/ disclose and/ or verify such data and information with any entity including but not limited to statutory/ regulatory/ government bodies, individuals, organizations, entities, reinsurers, auditors, investigation agencies, service providers, industry associations/ federations etc.; in any form or manner as KLI deems appropriate for the subject life insurance cover and also for providing any other form of service(s) including but not limited to underwriting, issuance of cover, claim investigation/ processing/ payment/ settlement, marketing or promotional communications, value added services, risk management activities, policy servicing etc

I accept the above declaration

### 13. DECLARATION FOR ONLINE TRANSACTION RIGHTS

I have read the terms and conditions of registration on KLI website - www.kotaklife.com and accept them.

I understand that I will have to register on www.kotaklife.com to receive my username and password.

I agree that all transactions executed over the website www.kotaklife.com under my username and password will be binding on me.

I understand that I get transaction rights for proposal number mentioned above provided my application is accepted by Kotak Life Insurance.

I accept the above declaration

### 14. DECLARATION BY THE PERSON FILLING IN THE FORM (Applicable only where form is filled in by a scribe or signed in vernacular languages or where the form is filled in by a representative duly authorised by a person with disability)

Scribe / Vernacular languages

Disability

I, \_\_\_\_\_ (Full Name) have explained to the Proposer, that the answers to the questions form the basis of the contract of insurance between the Company and the Proposer. I also confirm that the Life to be Insured has signed / affixed his/her right thumb impression in my presence.

Address \_\_\_\_\_

\_\_\_\_\_ Village / District \_\_\_\_\_ Land Mark \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Pin \_\_\_\_\_

Place \_\_\_\_\_ Telephone No. \_\_\_\_\_ Date

I, the Life to be Insured / Proposer declare that the contents in the proposal form and documents have been fully explained to me

Signature of the Scribe \_\_\_\_\_ Signature/Right Thumb Impression of the Proposer \_\_\_\_\_ Signature of the Life Advisor/Specified person of Corporate Agent / Authorised Employee of Broker/ Relationship Officer) \_\_\_\_\_

**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 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.

**SECTION 45 OF THE INSURANCE ACT, 1938:** The provisions of Section 45 of the Insurance Act, 1938 are applicable in the above contract. Please refer to Section 45 either on our website or contact our intermediary or visit the nearest branch for the full text.

[https://www.kotaklife.com/assets/images/uploads/why\\_kotak/section38\\_39\\_45\\_of\\_insurance\\_act\\_1938.pdf](https://www.kotaklife.com/assets/images/uploads/why_kotak/section38_39_45_of_insurance_act_1938.pdf)

**Note:** Proposer is advised to read and understand the product features, benefits & risk factors, structure of charges, terms and conditions of the proposed plan as set forth in the related brochure(s) available on the Insurer's website <https://www.kotaklife.com>

#### FOR OFFICE USE ONLY

#### CHECKED BY

NAME OF SALES MANAGER	NAME OF SALES ASSOCIATE	PROMOTION CODE	NAME OF BOE
SALES MANAGER ID	SALES ASSOCIATE ID	PARTNER CODE	BRANCH NAME
DD MM YYYY	DD MM YYYY	DD MM YYYY	DD MM YYYY
SIGNATURE OF SALES MANAGER	SIGNATURE OF SALES ASSOCIATE	SIGNATURE	SIGNATURE OF BOE

#### AGENT'S CONFIDENTIAL REPORT & DECLARATION BY THE LIFE ADVISOR / CORPORATE AGENT / BROKER / RELATIONSHIP OFFICER

Are you related to / associated with Life to be Assured / Proposer? Yes  No

a) I have last met the Proposer (in person) on           I have last met the Life to be Assured (in person) on           I, \_\_\_\_\_

(Full Name) in my capacity as the Life Advisor / Specified Person of the Corporate Agent/Authorized Employee of the Broker/Relationship Officer, do declare that I know the Life to be Assured / Proposer from last \_\_\_\_\_ years. I have assessed the need for insurance and accordingly explained the product features, benefits, charges, the Premium Paying Term, Tenure etc. to the Proposer and the Life to be Assured. I did not find any problem with the financial condition of the Proposer and the life to be assured w.r.t. insurability and premium paying capacity for the entire term of the policy and also found the health of life to be assured to be prima facie good with no ailment or physical / mental deformity. I also declare that Life to be assured and / or the Proposer is / are not Politically Exposed Person (PEP).

I hereby declare that the facts disclosed above are true and correct to the best of my knowledge and belief and propose this risk to be underwritten by KLI. I do hereby declare that I have explained all the contents of this proposal form, including the nature of the questions contained in this proposal form to the proposer. I have also explained that the statement(s), information and response(s) submitted by him/her in this proposal form to questions contained herein or any details sought herein will form the basis of the contract of insurance between KLI and the proposer, if this proposal is accepted by KLI for issuance of a policy. Based on my interaction with the proposer and/or the documents and records that I have been supplied with, I have no information, which suggests that any of the statement(s), information and response(s) supplied by the or the life to be assured is/are incomplete or untrue

Date:

Licence No. \_\_\_\_\_

Agent ID: \_\_\_\_\_

Contact: \_\_\_\_\_

Place: \_\_\_\_\_

(Signature & Stamp, as applicable of the Life Advisor/Specified person of Corporate Agent/Authorised Employee of Broker/ Relationship Officer)

#### FOR YOUR REFERENCE

- This is an acknowledgement by the Life Advisor/Specified person of Corporate Agent/Authorised Employee of Broker / Relationship Officer of having received the Proposal Form. This is not a receipt issued by Kotak Mahindra Life Insurance Company Ltd.
- Kotak Mahindra Life Insurance Company Ltd. shall issue a proposal deposit receipt (PDR) on receiving the completed proposal form with the cash / cheque / demand draft at its branch office.
- In case of non-receipt of your PDR or for any clarification, kindly contact nearest Branch of KLI.
- For further assistance, WhatsApp at 9321003007

This form is duly signed and submitted online by <

> and does not require physical signature