



#### IV. ADMINISTRATION DETAILS

i. Contribution payment method	<input type="checkbox"/> Cheque	<input type="checkbox"/> ECS (Please attach cancelled cheque)
ii. Contribution Received:		
iii. Premium Allocation Charge:		
iv. Net Contribution:		
v. Cheque Details	i. No.	ii. Bank Name
	iii. Amount	iv. Cheque Date
vi. Client Bank Details	i. Account No	ii. Bank Name
	iii. Amount in Rs	iv. Branch

#### V. DETAILS OF BROKERS APPOINTED

Broker Name:	Date of Appointment:	Broker License No:
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#### VI. Any existing policies under Kotak Assured Return Employee Benefit - II ( Yes No)

if Yes (Policy Nos.) \_\_\_\_\_  
Kotak Assured Return Employee Benefit - II is a non-participating Non-Linked Group Savings Product. The policy contract will be drafted with reference to the proposal form, the trust deed, if any and rules and the applicable terms and conditions.

I/We, the undersigned, declare for and on behalf of \_\_\_\_\_ (full name of the proposer) that:

- Pursuant to the Tender no. (if any) \_\_\_\_\_ Dated \_\_\_\_\_  
I/We are herewith submitting this proposal to Kotak Life Insurance Company Ltd. [KLI] for a Kotak Assured Return Employee Benefit - II Policy in our favour.  
I/we confirm having obtained consent of all/majority of members listed in the data provided with this Proposal Form.
- I/We shall obtain, such consent from all those eligible to participate in the policy that may be issued in our favour, pursuant to this Proposal Form.
- The benefits, the basis on which the proposed Plan will operate, and the terms and conditions thereof, have been explained to me/us and I/we have fully understood and agreed to abide by them.
- I/We understand and agree that cover under the Policy that may be issued in our favour shall not commence till all the necessary clarifications/documentations or other requirements raised by KLI are fulfilled. It is clarified that cover under the Policy shall commence from the date and in the manner indicated therein, subject to receipt of the prescribed premiums by KLI.
- I/We have obtained all the approvals and completed all the necessary procedures stipulated as per our relevant internal guidelines/rules/byelaws/statutory provisions applicable to us and KLI shall not be liable in any manner whatsoever for relying upon this confirmation and issuing a policy in our favour.
- I/We are duly authorized to sign the Proposal Form, furnish any particulars and carry out all matters in connection with or incidental to the said Group Insurance arrangement with KLI.
- Prior to requesting KLI to admit any person as a member under the Proposed Plan I/we shall ensure that they meet the eligibility criteria as per the aforesaid Tender. I/We also agree to make available to KLI such records, documents etc. related to the same as may be required.
- I/We understand and agree that the group policy to be provided by KLI pursuant to this proposal, shall be governed by the Policy contract to be issued by KLI in our favour, and shall be further subject to any other relevant Statutes, Insurance Regulatory and Development Authority of India Rules/ Regulations/ Guidelines etc in force.
- If any untrue statement is contained in the Proposal Form [including any addendum(s) thereto]/or any of the above documents or any statement provided to KLI or if there has been a non-disclosure of material fact, then subject to provisions of Section 45 of Insurance Act, 1938 in any such event KLI shall have the right to, in respect of a/all members to revise the premiums/vary the benefits/treat the Policy as void and premiums paid under the Policy in respect of such/all members may be forfeited to KLI.
- I/We confirm that the above specified Individuals / brokers (if applicable) are authorized to negotiate and provide all the relevant information on behalf of our Company to the insurer at different stages of negotiation for the purpose of insurance.
- I / We agree to pay all premiums due in advance for all lives to be covered under the policy contract that may be issued in our favour. In case fraud or misstatement the policy shall be cancelled immediately by paying the surrender value, subject to the fraud or misstatement being established by the insurer in accordance with Section 45 of the Insurance Act, 1938 as amended from time to time.
- "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/We confirm that the contribution in respect of this scheme is being made in accordance with the actuarial valuation of the scheme in line with AS 15 / Ind AS 19 (Revised).

Signed at	on this day of	Signature
Name of Authorized Signatory		
Capacity of Authorized Signatory		On behalf of proposer with official Company stamp/seal
Proposer's Witness :		
Name :		Date :
Kotak Mahindra Life Insurance Company Ltd. :		
Name :		Date :

#### VII. 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 Master Policy Holder and that if any untrue statement is contained therein the Company shall have the right to vary the benefits which may be payable and further if there has been a non-disclosure of a material fact the policy may be treated as void and 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 and all premiums paid under the policy may be forfeited to the Company. I also confirm that the Proposer has signed / affixed his/her right thumb impression in my presence.

#### VIII. DECLARATION FOR ONLINE TRANSACTION RIGHTS

I have read the terms and conditions of registration on Kotak Life Insurance 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.

Place :	Date :	Signature :
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Kotak Mahindra Life Insurance Company Ltd.

I declare that the Terms and Conditions have been explained to the client.

CRM Name

Signature of Witness

Date Approved :

**SECTION 41 OF THE INSURANCE ACT, 1938**, as amended from time to time: 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 prospectuses or tables of the insurer.

**SECTION 45 OF THE INSURANCE ACT, 1938**, as amended from time to time: 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)

**Free Look Period** : The policyholder is offered 30 days (except for policies having a cover term of less than a year) free look period from the date of receipt of the policy document wherein the policyholder may choose to return the policy within 30 days of receipt if s/he is not agreeable with any of the terms and conditions of the plan and receive the applicable refund amount. For Group Policies, the refund amount shall be payable to the Group Master Policyholder

**Kotak Mahindra Life Insurance Company Ltd**

Regn. No.: 107, CIN: U66030MH2000PLC128503, Regd. Office: 8th Floor, Plot # C- 12, G- Block, BKC, Bandra (E), Mumbai - 400 051. Website: <https://www.kotaklife.com> | Email: [kli.groupoperations@kotak.com](mailto:kli.groupoperations@kotak.com) | Toll Free No: 18001207856

Form No.302161