

KOTAK LIFETIME INCOME PLAN - PROPOSAL FORM

An Immediate Annuity Non-Linked Non-Participating Life Insurance Plan

APPLICATION NO.:

FORM ID NO: 30102035

FOR OFFICE USE ONLY

Proposal Number Cross Reference No. Branch Code Product Code

Proposal Receipt Date Client ID (for new Proposer)

Agent ID (Life Advisor/ Corporate Agent/Broker/ Relationship Officer)
CATEGORY TO WHICH THE PROPOSER BELONGS: ☐ Rural ☐ Urban ☐ Unorganised sector ☐ Economically Vulnerable / Backward Class ☐ Other Categories

OBJECTIVE OF INSURANCE: ☐ MWPA ☐ EMPLOYER-EMPLOYEE ☐ QROPS (UK pension fund transfer)

INSTRUCTIONS FOR FILLING UP THE FORM

1. Please answer all questions. 2. Please tick in the box where appropriate. 3. Please strike out parts which are not applicable and write 'N.A.'. 4. Strokes of the pen, dots and dashes will not be accepted as replies. 5. This form is to be filled by the proposer himself/herself. 6. The proposer must sign any cancellation or alteration. 7. Insurance is a contract of utmost good faith thus you are required to disclose all material and relevant facts. In case of any doubt as to whether a fact is material or not, the fact should be disclosed. As the statements in this proposal constitute warranties, complete and accurate information must be given. 8. Please use additional sheet where space is not sufficient.

1. BASIC DETAILS

1.1 Are you an existing Kotak Life Pension Policyholder? <input type="checkbox"/> Yes <input type="checkbox"/> No	1.2 If yes, Client Id <input type="text"/>
1.3 Pension Policy number <input type="text"/>	1.4 Annuity Value (✓ any one): <input type="checkbox"/> 60% as cash lump sum and remaining as annuity <input type="checkbox"/> 100% of the vesting amount
1.5 If this Annuity Policy is being taken through proceeds of any of Kotak Life's Superannuation Plan, please enter Group Member Account Number <input type="text"/>	

2. PARTICULARS OF THE PROPOSER (Please fill this section only if the Proposer & Annuitant are different)

2.1 Client Id (As policyholder or as nominee / Appointee / Trustee etc.) <input type="text"/>	
2.2 Name of the Proposer <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms	Surname <input type="text"/> Given Name (include Middle Name, if any with space) <input type="text"/>
2.3 Maiden Name (for female proposers only)	Surname <input type="text"/> Given Name (include Middle Name, if any with space) <input type="text"/>
2.4 Father's Name / Husband's Name	Surname <input type="text"/> Given Name (include Middle Name, if any with space) <input type="text"/>
2.5 DOB <input type="text"/>	2.6 Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
2.7 Nationality <input type="checkbox"/> Indian <input type="checkbox"/> NRI / PIO# <input type="checkbox"/> Others	
2.8 Permanent A/C No. (PAN) <input type="text"/>	2.9 PAN Copy enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No
2.10 AADHAR No., if allotted <input type="text"/>	
2.11 Annual Income in Rs. <input type="text"/>	2.12 Relationship with Annuitant <input type="text"/>
2.13 Occupation <input type="checkbox"/> Salaried <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> House-wife <input type="checkbox"/> Others <input type="text"/> Please specify	
2.14 Age Proof <input type="checkbox"/> Passport <input type="checkbox"/> Driving License <input type="checkbox"/> School / College Leaving Certificate <input type="checkbox"/> PAN card <input type="checkbox"/> Voter's Identity Card <input type="checkbox"/> Others <input type="text"/> Please specify	
2.15 Identity Proof <input type="checkbox"/> Passport <input type="checkbox"/> Driving License <input type="checkbox"/> School / College Leaving Certificate <input type="checkbox"/> PAN card <input type="checkbox"/> Voter's Identity Card <input type="checkbox"/> Others <input type="text"/> Please specify	
2.16 Income Proof <input type="checkbox"/> IT Returns <input type="checkbox"/> Employer's certificate <input type="checkbox"/> Audited P/L Accts <input type="checkbox"/> Others <input type="text"/> Please specify	
2.17 Current Address (Please leave a space between each part of address): <input type="text"/>	
<input type="text"/>	
CITY / DISTRICT <input type="text"/>	STATE <input type="text"/>
COUNTRY <input type="text"/>	PINCODE <input type="text"/>
2.18 Telephone Number: Residence <input type="text"/> (ISD/STD)	
Mobile <input type="text"/> (CODE)	
2.19 Address Proof <input type="checkbox"/> Bank Statement <input type="checkbox"/> Utility Bill* <input type="checkbox"/> Passport <input type="checkbox"/> Voter's ID <input type="checkbox"/> Employer's Certificate <input type="checkbox"/> Others <input type="text"/> Please specify	
2.20 Email address <input type="text"/>	
2.21 Do your bit for green world & Switch to e-communication. Kindly <input checked="" type="checkbox"/> mark if you would like to receive your communication only through electronic mode <input type="checkbox"/>	
2.22 Would you like to opt for Electronic Policy Issuance through an e-Insurance Account (eIA) of an Insurance Repository? <input type="checkbox"/> Yes <input type="checkbox"/> No : If you have an eIA, provide details:	
a) Name of Insurance Repository <input type="text"/>	b) eIA No: <input type="text"/>
c) Name as appearing in eIA: <input type="text"/>	
2.23 If you do not have an eIA, would you like to open an account? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, choose any one Insurance Repository: <input type="checkbox"/> CAMSRep <input type="checkbox"/> KARVY <input type="checkbox"/> NDML <input type="checkbox"/> CDSL	
2.24 Additional Details - Indicator for Residence / Tax status: a) Place and Country of Birth: <input type="text"/> Place <input type="text"/> Country	
b) Are you a citizen of any other country (dual / multiple) <input type="checkbox"/> Yes <input type="checkbox"/> No c) Are you a resident (for tax purposes) of any other country other than India <input type="checkbox"/> Yes <input type="checkbox"/> No d) Do you hold a green card of US or any similar card for any other country? <input type="checkbox"/> Yes <input type="checkbox"/> No If answer to any / all of the above is yes, please do fill all the details in the Insurance FATCA Declaration.	
2.25 Permanent Address (Please leave a space between each part of address): <input type="text"/>	
<input type="text"/>	
CITY / DISTRICT <input type="text"/>	STATE <input type="text"/>
COUNTRY <input type="text"/>	PINCODE <input type="text"/>
2.26 Telephone Number: Residence <input type="text"/> (ISD/STD)	
Mobile <input type="text"/> (CODE)	

Please fill in the NRI/PIO Questionnaire * not older than 6 months

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2.27 Address Proof ☐ Bank Statement ☐ Utility Bill* ☐ Passport ☐ Voter's ID ☐ Employer's Certificate ☐ Others

2.28 Preferred Communication Address : ☐ Current Address ☐ Permanent Address

2.29 Other Details:

- A. Do you have any history of conviction under any criminal proceedings, in India or abroad? ☐ Yes ☐ 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 Govt., Judicial or Military Officials, Senior Executives of Govt. companies, important political party officials and immediate family members of above persons)? ☐ Yes ☐ No

If 'Yes' kindly give details (please attach additional sheet where space is not sufficient):

3. PARTICULARS OF THE ANNUITANT (Applicable only if different from proposer)

3.1 Client Id (As policyholder or as nominee / Appointee / Trustee etc.)

3.2 Name of the Annuitant ☐ Mr. ☐ Mrs. ☐ Ms

3.3 Maiden Name (for female proposers only)

3.4 Father's Name / Husband's Name

3.5 DOB 3.6 Gender ☐ Male ☐ Female ☐ Transgender 3.7 Nationality ☐ Indian ☐ NRI / PIO# ☐ Others

3.8 Marital Status ☐ Unmarried ☐ Married ☐ Widow(er) ☐ Divorcee

3.9 Permanent A/C No. (PAN) 3.10 PAN Copy enclosed ☐ Yes ☐ No 3.11 AADHAR No., if allotted

3.12 Annual Income in Rs. 3.13 Relationship with Proposer (only if annuitant is different from Proposer)

3.14 Occupation ☐ Salaried ☐ Professional ☐ Self Employed ☐ Retired ☐ Student ☐ House-wife ☐ Others

3.15 Age Proof ☐ Passport ☐ Driving License ☐ School / College Leaving Certificate ☐ PAN card ☐ Voter's Identity Card ☐ Others

3.16 Identity Proof ☐ Passport ☐ Driving License ☐ School / College Leaving Certificate ☐ PAN card ☐ Voter's Identity Card ☐ Others

3.17 Income Proof ☐ IT Returns ☐ Employer's certificate ☐ Audited P/L Accts ☐ Others

3.18 Current/Alternate Address (Please leave a space between each part of address):

3.19 Telephone Number: Residence

3.20 Address Proof ☐ Bank Statement ☐ Utility Bill* ☐ Passport ☐ Voter's ID ☐ Employer's Certificate ☐ Others

3.21 Email address

3.22 Do your bit for green world & Switch to e-communication. Kindly ☒ mark if you would like to receive your communication only through electronic mode ☐

3.23 Would you like to opt for Electronic Policy Issuance through an e-Insurance Account (eIA) of an Insurance Repository? ☐ Yes ☐ No : If you have an eIA, provide details:

a) Name of Insurance Repository b) eIA No:

c) Name as appearing in eIA:

3.24 If you do not have an eIA, would you like to open an account? ☐ Yes ☐ No If Yes, choose any one Insurance Repository: ☐ CAMSRep ☐ KARVY ☐ NDML ☐ CDSL

3.25 Additional Details - Indicator for Residence / Tax status: a) Place and Country of Birth:

b) Are you a citizen of any other country (dual / multiple) ☐ Yes ☐ No c) Are you a resident (for tax purposes) of any other country other than India ☐ Yes ☐ No d) Do you hold a green card of US or any similar card for any other country? ☐ Yes ☐ No If answer to any / all of the above is yes, please do fill all the details in the Insurance FATCA Declaration.

3.26 Permanent Address (Please leave a space between each part of address)

3.27 Telephone Number: Residence

3.28 Address Proof ☐ Bank Statement ☐ Utility Bill* ☐ Passport ☐ Voter's ID ☐ Employer's Certificate ☐ Others

3.29 Preferred Communication Address : ☐ Current Address ☐ Permanent Address

3.30 Other Details:

- A. Do you have any history of conviction under any criminal proceedings, in India or abroad? ☐ Yes ☐ 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 Govt., Judicial or Military Officials, Senior Executives of Govt. companies, important political party officials and immediate family members of above persons)? ☐ Yes ☐ No

If 'Yes' kindly give details (please attach additional sheet where space is not sufficient):

4. SPOUSE DETAILS (Applicable only for Lifetime Income with Last Survivor options)

4.1 Spouse Name

4.2 DOB 4.3 Gender ☐ Male ☐ Female ☐ Transgender 4.4 Contact No.

4.5 Age Proof ☐ Passport ☐ Driving License ☐ School / College Leaving Certificate ☐ PAN card ☐ Voter's Identity Card ☐ Others

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Proposer's Witness:

Name:

Date:

Kotak Mahindra Life Insurance Company Ltd. Witness:

Name:

Date:

Signature of Proposer's Witness

Signature of KLI Witness

9. DECLARATION FOR ONLINE TRANSACTIONS RIGHTS

I have read the terms and conditions of registration on Kotak Life Insurance website - <http://insurance.kotak.com> and accept them. I understand that I will have to register on <http://insurance.kotak.com> to receive my username and password. I agree that all transactions executed over the website <http://insurance.kotak.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.

Date: Place:

Signature / Thumb impression of Proposer

10. DECLARATION BY THE PERSON FILLING IN THE FORM (Applicable only where form is filled in by a scribe or signed in vernacular languages)

I, _____ (Full Name), have explained to the Proposer, that the answers to the questions form the basis of the contract of Annuity between the Company and the Proposer 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.

Address:

VILLAGE / DISTRICT		L A N D M A R K	
CITY / DISTRICT	STATE	COUNTRY	PINCODE

Telephone Number: Residence (ISD/STD) Mobile (CODE)

I, the Proposer declare that the contents in the proposal form have been fully explained to me and I have fully understood the significance of the proposed contract.

Signature of scribe

Signature / 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:

(2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakhs rupees.

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.

FREE LOOK PERIOD: The policyholder is offered 15 days free look period for a policy sold through any of the channels (except for Distance Marketing Channel and Electronic policies which will have 30 Days) from the date of receipt of the policy document wherein the policyholder may choose to return the policy document within 15 days / 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. If this product is purchased with the proceeds of NPS or Pension Plan from another insurer, then the proceeds (applicable amount) from cancellation in free look period shall only be transferred back to the source or same insurer from whom the money was received. If this product is purchased as QROPS through transfer of UK tax relieved assets, the proceeds from cancellation in free look period shall only be transferred back to the Fund House from where the money was received. Free-look option will not be available in case of existing customers, where it is compulsory to purchase annuity from Kotak Life Insurance.

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 Company's website www.insurance.kotak.com.

11. DECLARATION BY THE LIFE ADVISOR/CORPORATE AGENT/BROKER/RELATIONSHIP OFFICER (please cancel what is not applicable and fill all details)

I, _____ (Full name of the Life Advisor/Specified person of the Corporate Agent/ Authorised Employee of the broker/ Relationship Officer) in my capacity as the Life Advisor/Specified Person of the Corporate Agent/Authorised Employee of the Broker/ Relationship Officer, do hereby declare and confirm that I have explained the 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 the questions contained herein or any details sought herein will form the basis of the contract of annuity between the Company and the proposer, if this proposal is accepted by the Company for issuance of a policy. I have also explained that the rates may change every two weeks and in such a case, the rate guaranteed will be as on the money realisation date or the date of conversion, whichever is later.

I have further explained that if any untrue statement(s)/information/ response(s) is/are contained herein / including any addendum(s), affidavits, statements, submissions furnished / to be furnished, the Company shall have the right to vary the benefits which may be payable and furthermore if there has been a non-disclosure of any material fact, the policy issued in his/her favour pursuant to this proposal may be treated by the Company as null and void and all premiums paid under the policy may be forfeited to the Company. 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 proposer or the life to be insured is/are incomplete or untrue.

Licence No. (Life Advisor/Corporate Agent/Broker/Relationship Officer)

Agent ID (Life Advisor/Corporate Agent/Broker/Relationship Officer)

Place: Date:

Tel. No:

(Signature of the Life Advisor/Specified person of Corporate Agent / Authorised Employee of Broker/ Relationship Officer)

12. AGENT'S CONFIDENTIAL REPORT

i) Name of the Annuitant(s) / Proposer: _____

ii) Name of the Proposer (Incase different from Annuitant): _____

#		Annuitant(s)	Proposer
1.	How long have you known the Annuitant(s) / Proposer?		
2.	How have you been introduced to the Annuitant(s) / Proposer? - Long term relationship. No of years: - Cold call - Referral if yes, Referred by name & contact details		
3.	When have you last met the Annuitant(s)/Proposer? (DD/MM/YY)		
4.	Have you personally met the Annuitant(s) / Proposer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Are you related to the Annuitant(s) and Proposer? (If Yes, pls. mention the relationship & provide an MHR from Sales Manager)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are you satisfied with the Financial condition and income earning capacity of the Annuitant(s) / Proposer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have you explained the Product features, benefits & the premium paying term for the plan applied by the client?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Is there any other information you would like to provide?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Do you recommend the proposal for annuity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date: Place: _____

Name of Advisor _____

(Signature of the Life Advisor / Specified person of Corporate Agent / Authorised Employee of Broker / Relationship Officer)

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
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
SIGNATURE OF SALES MANAGER	SIGNATURE OF SALES ASSOCIATE	SIGNATURE	SIGNATURE OF BOE

Kotak Mahindra Life Insurance Company Ltd.

IRDAI Regn. No.: 107, CIN: U66030MH2000PLC128503, Regd. Office: 2nd Floor, Plot # C-12, G-Block, BKC, Bandra (E), Mumbai - 400 051.
<http://insurance.kotak.com>

Koi hai... hamesha

ACKNOWLEDGEMENT FOR FRESH PROPOSAL*

(Any cash payment should only be made at the cash counter of nearest Kotak Life Insurance branch)

APPLICATION NO.:

Agent ID (Life Advisor/Corporate Agent/
Broker/Relationship Officer) _____Date

Received from Mr./Ms. _____ the proposal for Life Insurance with Kotak Mahindra Life Insurance

Company Ltd. along with ₹ _____ by way of Cheque**/DD**/Others no. _____

Dated Drawn _____ Bank, _____ BranchDate: Place: _____

NAME

SIGNATURE

(Name and Signature of the Life Advisor/Specified person of Corporate Agent/Authorised Employee of Broker / Relationship Officer)

* Please note that, this is not a money receipt and cannot be used for collection of renewal premium or any other purpose. This acknowledgement is merely an acknowledgement for receipt of fresh proposal. This acknowledgement does not in any way constitute acceptance or commencement of risk.

** All cheques/demand draft should be crossed and drawn in favour of "KOTAK LIFE INSURANCE" OR "KOTAK MAHINDRA LIFE INSURANCE COMPANY LTD."

See overleaf for details.

FOR YOUR REFERENCE

1. 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.
2. 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.
3. In case of non-receipt of your PDR or for any clarification, kindly contact nearest Branch of Kotak Life Insurance.
4. For further assistance, do write to us at clientservicedesk@kotak.com



clientservicedesk@kotak.com
<http://insurance.kotak.com>

Kotak Mahindra Life Insurance Company Ltd.

CIN: U66030MH2000PLC128503, Regn. No. 107, Regd. Office: 2nd Floor, Plot # C-12, G-Block, BKC, Bandra (E), Mumbai - 400 051.
<http://insurance.kotak.com/>