

KOTAK LIFETIME INCOME PLAN

APPLICATION NO.:

FORM ID NO: 10101822

FOR OFFICE USE ONLY

Proposal Number	<input type="text"/>	Proposal Receipt Date	<input type="text"/>
Agent ID (Life Advisor/Corporate Agent/Broker/Relationship Officer)	<input type="text"/>		
Cross Reference No	Branch Code	Client ID (for new customers)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
CATEGORY TO WHICH THE PROPOSER BELONGS: <input type="checkbox"/> A. <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> B. <input type="checkbox"/> Unorganized Sector <input type="checkbox"/> Economically Vulnerable / Backward Class <input type="checkbox"/> Other Categories			

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

1.1 Client Id (As policyholder or as nominee / Appointee / Trustee etc.)		<input type="text"/>	
1.2 Name of the Proposer		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	
<input type="text"/>	First Name	<input type="text"/>	Middle Name
<input type="text"/>		<input type="text"/>	Surname
1.3 Maiden Name (for female proposers only)			
<input type="text"/>	First Name	<input type="text"/>	Middle Name
<input type="text"/>		<input type="text"/>	Surname
1.4 Father's Name / Husband's Name			
<input type="text"/>	First Name	<input type="text"/>	Middle Name
<input type="text"/>		<input type="text"/>	Surname
1.5 Date of Birth	<input type="text"/>	1.6 Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="text"/>	D D M M Y Y Y Y	1.7 Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> NRI/PIO* <input type="checkbox"/> Others _____ Pls specify
1.8 Permanent A/C No. (PAN)	<input type="text"/>	1.9 PAN copy enclosed	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.10 AADHAR No., if allotted	<input type="text"/>		
1.11 Annual Income	in ₹	1.12 Relationship with Annuitant	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
1.13 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 _____ Pls specify		
1.14 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 _____ Pls specify		
1.15 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 _____ Pls specify		
1.16 Income Proof	<input type="checkbox"/> IT Returns <input type="checkbox"/> Employer's certificate <input type="checkbox"/> Audited P/L Accts <input type="checkbox"/> Others _____ Pls specify		
1.17 Current/Alternate Address (Please leave a space between each part of address)			
<input type="text"/>			
Landmark		City	
<input type="text"/>		<input type="text"/>	
State		Country	
<input type="text"/>		<input type="text"/>	
State		Pin	
<input type="text"/>		<input type="text"/>	
1.18 Telephone Number	Residence (ISD/STD)	Mobile (CODE)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
1.19 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 _____ Pls specify		
1.20 Email address			
<input type="text"/>			
1.21 Do your bit for green world & Switch to e-communication. Kindly mark if you would like to receive your communication through electronic mode <input type="checkbox"/>			
1.22 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			
1.23 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"/>	
1.24 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 - CAMS Insurance Repository & Services		<input type="checkbox"/> NDML - NSDL Data Management limited	
<input type="checkbox"/> KARVY		<input type="checkbox"/> SCHIL- Stock Holding Corporation of India Limited	
<input type="checkbox"/> CIRL - Central Insurance Repository Limited			
1.25 Permanent Address (Please leave a space between each part of address)			
<input type="text"/>			
Landmark		City	
<input type="text"/>		<input type="text"/>	
State		Country	
<input type="text"/>		<input type="text"/>	
State		Pin	
<input type="text"/>		<input type="text"/>	
1.26 Telephone Number	Residence (ISD/STD)	Mobile (CODE)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
1.27 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 _____ Pls specify		
1.28 Preferred Mailing Address			
Current/Alternate Address		Permanent Address	
<input type="text"/>		<input type="text"/>	

1.29 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):

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

2. PARTICULARS OF THE ANNUITANT

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

2.2 Name of the Annuitant

Mr. Mrs. Ms.

First Name

Middle Name

Surname

2.3 Maiden Name (for female proposers only)

First Name

Middle Name

Surname

2.4 Father's Name / Husband's Name

First Name

Middle Name

Surname

2.5 Date of Birth

D

D

M

M

Y

Y

Y

Y

2.6 Gender

Male

Female

2.7 Marital Status

Married

Unmarried

Widow(er)

Divorcee

2.8 Permanent A/C No. (PAN)

2.9 PAN copy enclosed

Yes

No

2.10 AADHAR No., if allotted

2.11 Nationality

Indian

NRI/PIO/OCI

Others

Pls specify

2.12 Annual Income

in ₹

2.13 Relationship with Proposer (only if annuitant is different from Proposer)

2.14 Occupation

Salaried

Professional

Self Employed

Retired

Student

House-wife

Others

Pls specify

2.15 Age Proof

Passport

Driving License

School / College Leaving Certificate

PAN card

Voter's Identity Card

Others

Pls specify

2.16 Identity Proof

Passport

Driving License

School / College Leaving Certificate

PAN card

Voter's Identity Card

Others

Pls specify

2.17 Income Proof

IT Returns

Employer's certificate

Audited P/L Accts

Others

Pls specify

2.18 Current/Alternate Address

(Please leave a space between each part of address)

Landmark

City

State

Country

Pin

2.19 Telephone Number

Residence

(ISD/STD)

Mobile

(CODE)

2.20 Address Proof

Bank Statement

Utility Bill*

Passport

Voter's ID

Employer's Certificate

Others

Pls specify

2.21 Email address

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

2.23 Would you like to opt for Electronic Policy Issuance through an e-Insurance Account (eIA) of an Insurance Repository? Yes No

2.24 If you have an eIA, provide details a) Name of Insurance Repository

b) eIA No:

c) Name as appearing in eIA:

2.25 If you do not have an eIA, would you like to open an account? Yes No

If Yes, choose any one Insurance Repository:

CAMSRep - CAMS Insurance Repository & Services

NDML - NSDL Data Management limited

SHCIL - Stock Holding Corporation of India Limited

KARVY

CIRL - Central Insurance Repository Limited

2.26 Permanent Address

(Please leave a space between each part of address)

Landmark

City

State

Country

Pin

2.27 Telephone Number

Residence

(ISD/STD)

Mobile

(CODE)

2.28 Address Proof

Bank Statement

Utility Bill*

Passport

Voter's ID

Employer's Certificate

Others

Pls specify

2.29 Preferred Mailing Address

Current/Alternate Address

Permanent Address

2.30 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):

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

3. SPOUSE DETAILS (Applicable only for Lifetime Income with Last Survivor option)**3.1 Spouse Name**

First Name	Middle Name	Surname
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3.2 Date of Birth	D	D	M	M	Y	Y	Y	Y	3.3 Gender	Male	Female
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3.4 Age Proof	Passport	Driving License	School / College Leaving Certificate	PAN card	Voter's Identity Card	Others _____ Pls. specify
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3.5 Spouse Signature**3.6 Contact No.****PRODUCT DETAILS****4. PARTICULARS OF THE PLAN PROPOSED****4.1 Single Premium (Purchase Price)** in ₹

4.2 Mode of Payment	Cheque DD	Cash (Please pay at the nearest Kotak Life Insurance branch)	Net banking	Credit Card
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4.3 a. Cheque / DD No.	b. Cheque / DD Date	D	D	M	M	Y	Y	Y	Y	c. Amount in ₹
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d. Bank Name :	e. Bank Branch
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4.4 Annuity Option (Select any one)	Lifetime Income	Lifetime Income with cash-back	Last survivor Lifetime Income	Lifetime Income with term guarantee of 5 years
	Lifetime Income with term guarantee of 10 years	Lifetime Income with term guarantee of 15 years	Lifetime Income with term guarantee of 20 years	

4.5 Frequency of Annuity Payment	Monthly	Quarterly	Half-Yearly	Yearly	4.6 Mode of Annuity Payment	Direct credit to Bank Account	Cheque
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4.7 Bank details for credit of Annuity Income / Refund (PLEASE ATTACH A BLANK CANCELLED CHEQUE LEAF)

Bank Name	Branch Name
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Bank A/c No:	IFSC Code	MICR Code
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Name of A/c Holder (as reflecting in Bank A/c)

Bank Address

Landmark

City

State

Country

Pin

5 (a). NOMINEE 1 DETAILS (To be filled for Lifetime Income with cash-back and Lifetime Income with term guarantee options only)**5.1 Title**

First Name	Middle Name	Surname
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5.2 % OF SHARE*	5.3 Date of Birth	D	D	M	M	Y	Y	Y	Y	5.4 Gender	Male	Female
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5.5 Address

Landmark

City

State

Country

Pin

5.6 Contact No.**5.7 Relationship with Annuitant**

* In case of more than one nominee, please fill in the Additional Nominee Form. Please ensure that the total of the shares amount to 100%.

5 (b). NOMINEE 2 DETAILS (To be filled for Lifetime Income with cash-back and Lifetime Income with term guarantee options only)**5.1 Title**

First Name	Middle Name	Surname
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5.2 % OF SHARE*	5.3 Date of Birth	D	D	M	M	Y	Y	Y	Y	5.4 Gender	Male	Female
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5.5 Address

Landmark

City

State

Country

Pin

5.6 Contact No.**5.7 Relationship with Annuitant**

* In case of more than one nominee, please fill in the Additional Nominee Form. Please ensure that the total of the shares amount to 100%.

6. PARTICULARS OF APPOINTEE (WHERE THE NOMINEE IS A MINOR)

6.1 Title													
	First Name												
	Middle Name												
	Surname												
6.2 Date of Birth	D	D	M	M	Y	Y	Y	Y	6.3 Relationship with the Nominee				
6.4 Address													
	Landmark									City			
	State												
	Country									Pin			
6.5 Contact No.													
											Signature / Thumb Impression of the Appointee		

7. DECLARATION BY THE PROPOSER / ANNUITANT

"I confirm that I am submitting this Proposal Form after having read and understood the product features & benefits, risk factors, structure of charges, terms and conditions of the proposed plan as set forth in the related brochure(s)."

I understand that the annuity rates applicable at the date of Acceptance of proposal shall be applicable and guaranteed for the term of the policy as per terms and conditions of the policy contract.

I declare that I 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 also hereby declare that the answers given by me to all the questions in the proposal form are true and complete in every respect and that I have not withheld any material information or suppressed any fact.

I also hereby authorize my employer, to divulge to the Company any information required by it in connection with this proposal form and the policy contract that may be issued pursuant to this proposal.

I further declare that the statements/submissions made by me 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, relied upon by the Company to assess the risk on my life under this Proposal Form shall form a basis of the contract of Annuity between me and the Company. And if any untrue statement is contained in the Proposal Form [including any addendum(s) thereto]/any of the above documents or statements, or if there has been a non disclosure of a material fact the Company shall have the right to vary the benefits/ treat the Policy as void and all premiums paid under the policy may be forfeited to the Company subject to the provisions of Section 45 of Insurance Act, 1938.

I 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. I hereby confirm that all premiums will be paid from bonafide sources and no premiums will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002.

Please paste latest self-signed photograph of the Proposer (if different from Annuitant)

Place

Date D D M M Y Y Y Y

Please paste latest self-signed photograph of the Annuitant

Place

Date D D M M Y Y Y Y

Please paste latest self-signed photograph of the spouse (if Last survivor Lifetime Income is chosen)

Place

Date D D M M Y Y Y Y

Signature / Right thumb impression of the Proposer (if different from Annuitant)

Signature / Right thumb impression of the Annuitant

Signature / Right thumb impression of the of the spouse (if Last survivor Lifetime Income is chosen)

**If a person other than the proposer fills the form then the person filling in the proposal form on his/her behalf and the proposer must sign the declaration given at section 9 of this form.

Proposer's Witness :

Name :

Date : D D M M Y Y Y Y

Signature of Witness

Kotak Mahindra Old Mutual Life Insurance Ltd. Witness:

Name :

Date : D D M M Y Y Y Y

Signature

8. 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 D D M M Y Y Y Y

Place

Signature / Right Thumb Impression of the Proposer

9. DECLARATION BY THE PERSON FILLING IN THE FORM

(APPLICABLE ONLY WHERE FORMS FILLED IN BY A SCRIBE* OR FOR FORMS 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 in case of fraud or misrepresentation by the Proposer / Annuitant, 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 all premiums paid under the policy may be forfeited to the Company, subject to the fraud or misrepresentation being established by the insurer in accordance with Section 45 of the Insurance Act, 1938. I also confirm that the Proposer has signed / affixed his/her right thumb impression in my presence.

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

ADDRESS OF SCRIBE

										City / Village																			
										State											Pin								
Place											Date	D	D	M	M	Y	Y	Y	Y										

Signature of the Scribe

*Scribe is a person not connected with the Company

Signature / Right Thumb Impression of the Proposer

Signature of Life Advisor / Broker as witness

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 which will have 30 Days) from the date of receipt of the policy wherein the policyholder may choose to return the policy 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.

AGENT'S CONFIDENTIAL REPORT

1. Name of the Life to be Insured / Proposer:

2. Name of the Proposer (In case different from life to be insured) :

	LIFE TO BE INSURED		PROPOSER	
A. How long have you known the Life to be insured / Proposer?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. How have you been introduced to the Life to be insured / Proposer?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
- Long term relationship. No of years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
- Cold call	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
- Referral if yes, Referred by name & contact details	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C. When have you last met the Life to be insured / Proposer? (DD/MM/YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D. Have you personally met the Life to be insured / Proposer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
E. Are you related to the Life to be Insured and Proposer? (If Yes, pls. mention the relationship & provide an MHR from Sales Manager)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
F. What is the purpose of taking insurance?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G. Are you satisfied with the Financial condition and income earning capacity of the Life to be insured / Proposer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
H. Does the Life to be insured/ proposer have the capacity to pay premium for the entire Premium paying term	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I. Are you aware of any illness, impairment, adversity or physical or mental abnormality which the Life to be insured is suffering from? (If yes, give details)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
J. Have you explained the Product features, benefits & the premium paying term for the plan applied by the client?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
K. Is there any other additional information you would like to provide?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
L. Do you recommend the proposal for insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Name of the Advisor

Dated Place

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



Koi hai... hamesha

ACKNOWLEDGEMENT FOR FRESH PROPOSAL*

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

Application No.:

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

Date

Received from Mr./Ms.

the proposal for Life Insurance with Kotak Mahindra Old Mutual Life

Insurance Limited along with ₹

by way of Cheque**/DD** no.

Dated

Drawn On

Bank,

Branch

Date:

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 OLD MUTUAL LIFE INSURANCE LIMITED".

See overleaf for details.

