

Policy No	Table/ Term	Year of Issue	Self/ dependent	Company / BO/ Division	Sum Assured	Term Rider SA	Critical Illness Rider	AB Rider	Annualised Premium
TOTAL									

(In case NOPs are more use separate sheet as Annexure to this form)

5 Family history:

Relationship	LIVING		DEAD	
	Age (Yrs)	State of health	Age at death (Yrs)	Cause of death
Father				
Mother				
Brother				
Sister				
Wife/Husband				
Son				
Daughter				

5 A) Spouse details:

Name		Occupation		Annual Income	
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6. Need Analysis:

Total Annual Income _____

Outstanding Liabilities;

- i) Secured Loan _____
- ii) Non-secured Loan _____.

Based on his age and income, the maximum Insurance that can be granted as per existing rule is :

Age Group	Multiple of Avg Annual Income
Up to 35 years	25 times
36 to 45 years	20 times
46 to 55 years	15 times
56 years and above	10 times

Maximum Allowable Insurance:

7. a.) Object of Insurance: (Tick appropriate box/es)

Pure Risk Cover		Risk Coverage with savings	
Money back with Risk Cover		Secured Return with Risk Cover	
Market linked Return with Risk cover		Pension/ Annuity	
Health Cover		Suitable for children	
Others			

7.b.) Risk Profile:

Conservative to Moderate		Aggressive	
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7.c.) How would you like to pay your premiums?

Lumpsum (Single Premium)		Regular Installments (Non-single premium)	
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7.b.) Time frame for this investment?

After 3 - 5 Yrs	
After 6 - 10 Yrs	
After 11 - 15 Yrs	
After 16 - 20 Yrs	
After 21 Yrs or More	
After Death only	

(If other than above, please specify)

8. Categorization of Plans in relation to object of Insurance;

Pure Risk Cover	Risk Coverage with savings	Money back with Risk Cover	Secured Return with Risk Cover
	Conservative to Moderate	Conservative to Moderate	Conservative to Moderate
Tech Term	New Endowment Plan	New Bima Bachat	New Bima Bachat
Jeevan Amar	New Jeevan Anand	New Money Back - 20 yrs	Jeevan Shiromani
New Jeevan Mangal	New Bima Bachat	New Money Back - 25 yrs	Bima Shree
Bhagya Lakshmi	Single Premium Endowment Plan	New Children's Money Back Plan	
	New Money Back - 20 yrs	Jeevan Tarun	
	New Money Back - 25 yrs	Jeevan Umang	
	Jeevan Lakshya	Bima Shree	
	Jeevan Labh		
	Aadhaar Stambh		
	Aadhaar Shila		
	Jeevan Umang		
	Jeevan Shiromani		
	Bima Shree		
	Micro Bachat		

Market linked Return with Risk cover	Pension/ Annuity	Health Cover	Suitable for children
Aggressive	Conservative to Moderate	Conservative to Moderate	Conservative to Moderate
New Endowment plus	Jeevan Shanti	Jeevan Arogya	New Children's Money Back Plan
	Jeevan Nidhi	Cancer Cover	Jeevan Tarun
			New Endowment Plan
			New Bima Bachat
			Single Premium Endowment Plan
			New Money Back - 20 yrs
			New Money Back - 25 yrs
			Jeevan Labh
			Aadhaar Stambh
			Aadhaar Shila
			Jeevan Umang
			Bima Shree

9. PRODUCT CHOSEN:

Table No	Plan Name	Term
Sum Assured	Mode	Premium

9. a. If ULIP is proposed, allocation charges;

1 st year	2 nd Year	3 rd Year onwards

9. b. Other charges which will be levied by cancelling UNITS;

Life Cover Charges ‰	Policy Administration charges	Fund Management Charges

9.c. If Annuity/Pension is opted;

Target Annuity per Annum	Target Annuity per Annum		
	Immediate Annuity	Amount	
	Deferred Annuity:	Deferment Period	Amount

10. Is total insurance added to the present proposal reasonable in relation to income?

The questions above pertain to your personal condition at the time of application and to your understanding of the features of the product for which you are applying. This information will not be used for any other purpose and will remain confidential.

I,.....(name), have explained the basis for selection of plan, premiums and charges under the policy fully to the prospect/ policyholder.

Place:
Date :

Signature of Agent / Intermediary

I,.....(name), having received the information with respect to the above, have understood the selection of product before entering into this contract. My preferred plan details are as following;

Table No	Plan Name	Term
Sum Assured	Mode	Premium

Place:
Date :

Signature of prospect

If you do not wish to fill up the Questionnaire, please read the following statement, sign, date and return this form with your proposal for Insurance.

Waiver of Insurance Suitability Questionnaire

I will not answer the questions above, and I take full responsibility for determining the proposed Insurance Plan for myself.

Date: _____

Place : _____

Signature of the Prospect