

SECTION IV: DECLARATION*

- I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorized to propose on behalf of these other persons.
- I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.
- I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.
 - I/ We hereby declare that the premium for the said policy is paid out of the legally declared and assessed sources of my/ our income OR
 - I/ We hereby declare that the premium is paid from the Bank Account of Mr. /Ms _____, the payment is allowed under the Income Tax Act 1961, and there is insurable interest with the payee.

Optional Declaration

- I/We also authorise the insurer to pay claim in case of the insured person's death or if he/she is incapacitated, to the nominee mentioned in the proposal form.
- I agree that this proposal and the declaration shall be the basis of the contract between me and FUTURE GENERALI INDIA INSURANCE CO LTD and I/We agree to accept a policy, subject to the conditions prescribed by FUTURE GENERALI INDIA INSURANCE CO LTD
- I/We hereby give my/our consent to the Company to use my/our personal information for quality and data analysis purpose which may be carried out by an empaneled third party vendors Yes / No
- I hereby authorize the company to authenticate and/or verify my Aadhaar number for e-KYC purpose
- I/we am/are (please tick all that are applicable)
 - High Net Worth Individual/s Non Residential Indian/s Politically Exposed Person/s Jeweller/s
 - Non Governmental Organization Film Actor/s Producer/s

IMPORTANT NOTE: The company reserves the right to reject the said proposal or to terminate the insurance contract unilaterally and/or freeze the funds if the Customer, or persons associated with him/her, found to be named in any recognized black list.

*Note: I hereby acknowledge that I have read and understood the contents of the prospectus and have been explained the features, contents and terms of the * Prospectus/ Product by the Intermediary/Agent to my/our satisfaction (*To download a copy of the Prospectus and for further details about the product, please visit our website <https://general.futuregenerali.in/>)*

Date: _____ **Place:** _____ **Proposer's Name** _____ **Proposer's Signature/ Thumb Impression:** _____

Vernacular Declaration

I hereby confirm that the product features and terms of the above product have been explained to the prospect in detail (including product suitability) and to the prospects' complete satisfaction. (In case prospect signs in a different language/or is not literate)

Intermediary / Agent Name: _____

Intermediary / Agent Signature: _____

**applicable only when proposer has signed in thumb impression and is witnessed by someone other than agent/ employee of the company.*

I hereby declare that, I have clearly explained the content of this form to the proposer thereafter the proposer has fixed the thumb impression above after fully understanding the content thereof.

Intermediary / Agent Name: _____

Intermediary / Agent Signature: _____

Witness Name: _____

Witness Signature: _____

Date: _____

Place _____

SECTION V: PAYMENT DETAILS:

Premium paid by Cash/Cheque No _____ **Date** _____ **Bank** _____

Amount (Rs.) _____

GSTIN: _____ (If more than one GSTIN, kindly attach an annexure with details)

Please fill up the request for authorization form attached with this proposal form to receive Claim/ Refund payments if any, directly into your bank account through NEFT if the Premium is more than Rs 25000/-

FOR OFFICE USE ONLY

Intermediary's Name: _____	Intermediary's Code: _____
Sales Manager's Name: _____	Sales Manager's Code: _____

SECTION 41. OF INSURANCE ACT, 1938-PROHIBITION OF REBATES:

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



FUTURE GENERALI INDIA INSURANCE COMPANY LIMITED

Corporate & Registered Office:- 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai - 400083. Care Lines: - 1800-220-233 / 1860-500-3333 / 022-67837800 Email:- fgcare@futuregenerali.in Website:- www.futuregenerali.in IRDA Regn. No. 132, CIN - U66030MH2006PLC165287.

FGH/UW/RET/55/13