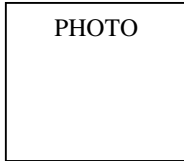


**LIFE INSURANCE CORPORATION OF INDIA**  
(Established by the Life Insurance Corporation Act, 1956)

**Varishtha Pension Bima Yojana – Plan No. 828 (UIN: 512G291V01)**



For Office use only  
Branch Office ..... Divl. Office.....  
Proposal No.....  
BOC No.....Date:.....

To be filled in by Agent

Agent's/FSE's/DSE's/Sup.Agent's Name..... D.O./ C.L.I.A. Code No. ....  
Agent's/FSE's/DSE's/Sup.Agent's Code No.....  
Licence No. .... Date of Expiry .....

(All answers to be filled in legibly. Answers must be given in words. Strokes of pen or dots or dashes will not be accepted as replies. (✓) Tick wherever applicable).

1. (a) Name in full of the proposed Pensioner, i.e. the person on whose life, pension payments depend:

(b) Name in full of the father of the proposed Pensioner: \_\_\_\_\_

(c) Sex: Male/Female (d) Nationality: -----

(e) Present Address: Address to which communications are to be sent

-----  
-----

(f) Permanent Address (if different from the above (e))

-----  
-----

Telephone : (i) Office:----- (ii) Residence:-----

Mobile no.: ----- E-mail ID:-----

(g) (i) Date of Birth: ----- (ii) Age at last birthday: -----

(iii) Place of Birth: ----- (iv) What proof of age is being furnished with the proposal: -----

**2. Description of the Pension:**

(a) Please state either the

(i) Purchase Price (in multiple of Rs.5/-) Rs. -----

OR

(ii) Amount of pension instalment Rs. -----

Amount of Deposit:..... Cheque / DDNo..... Date:.....

Drawn on:.....

(b) Mode of pension instalments to be paid: Yearly/ Half-Yearly/ Quarterly/ Monthly

**3. (A) Personal details:**

(a) Are you an Income Tax Assesse: Yes/ No

If yes, provide PAN: -----

(b) Whether you have taken any other policy under this plan? Yes/ No

If yes, kindly furnish (i) Policy No.: -----

(ii) Amount of pension: -----

(iii) Mode of pension payment:-----

(c) Details of other policies (including proposals under consideration) under this plan taken by 'Family' (self, spouse and dependents):

Sr. No.	Proposal No./ Policy No.	Name	Relationship	Purchase Price	Amount of Pension	Mode of Pension Payment
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

**Note: Total amount of pension under all the policies issued to a 'Family' under this plan shall not exceed Rs. 60,000/- per annum.**

(d) Do you have an electronic Insurance Account (eIA): Yes/ No  
 If Yes, give details: Name of Repository: ----- eIA Number: -----

**(B) Particulars of Bank A/c.:**

(a) Bank Name: \_\_\_\_\_ Branch Name: \_\_\_\_\_  
 Address : \_\_\_\_\_  
 \_\_\_\_\_

(b) Account Type- (Saving Bank Account/ Current Account): \_\_\_\_\_

(c) Account No. (as appearing on the Cheque Book): \_\_\_\_\_

(d) i. If pension payment is to be made through Electronic Clearance system, please furnish the 9-digit code no. of the bank and branch appearing in the MICR cheques issued by the bank -----  
 ii. If pension payment is to be made through NEFT, please furnish IFSC code no. of the bank and Branch Name appearing in the cheques issued by the bank -----

(Enclose a xerox copy of the cheque leaf displaying the name of account holder or first page of the bank passbook giving information of name of the account holder, bank account no. and IFSC code no. etc.)

4. (a) Nominee of the proposed Pensioner to whom Purchase Price is to be refunded under the policy in case of death of the proposed Pensioner.

(i) Name: -----  
 (ii) Relationship to the Proposed Pensioner: -----  
 (iii) Age: -----  
 (iv) Address: -----  
 -----

(b) If Nominee is minor:

(i) Name of appointee: -----  
 (ii) Relationship to the nominee: -----  
 (iii) Age: -----  
 (iv) Address: -----  
 -----  
 (v) Signature of appointee as token of consent: -----

5. Whether you want to receive the policy bond through the Agent/ Development Officer? Yes/ No

I, \_\_\_\_\_, hereby authorize my Agent/ Development Officer, Shri/Smt./Kum. \_\_\_\_\_ to collect the policy bond on my behalf.

-----  
Signature of the proposed Pensioner

**DECLARATION**

I, ..... do hereby declare that the foregoing statements and answers are true in every particular. I do agree and declare that the foregoing statements and this declaration shall be the basis of the contract of pension between me and the Life Insurance Corporation of India and that if any untrue averment contained therein is established by the Corporation in accordance with Section 45 of Insurance Act, 1938, this contract shall be absolutely null and void and all claims to any benefit by virtue hereof shall cease immediately by paying the surrender value.

I, hereby, further declare that the particulars of bank account given above are correct and complete. If the transaction is delayed or not effected at all for the reasons of incomplete or incorrect information, I would not hold the user institution responsible.

I am aware that Varishtha Pension Bima Yojana, in which I am investing my funds is a pension scheme subsidized by the Government of India.

Dated at ..... on the ..... day of ..... 20

Signature of Witness .....

Name of Witness .....

Occupation .....

Address .....

-----  
Signature of the Proposed Pensioner

- 1. If the answers to the questions in this form and the signature are in a language other than the one in which the proposal form is printed, then the person who has filled in the form should declare in his/ her own handwriting above his own signature that all questions were explained to the proposed Pensioner and that his/ her answers were given after fully and properly understanding the same.

The declaration should be made by the person filling in the form.

Name of the Declarant  
.....

Address of the Declarant  
.....  
.....  
.....

I hereby declare that I have fully explained the above questions to the proposed Pensioner in \_\_\_\_\_ language and I have truthfully recorded the answers given by the Proposed Pensioner.

-----  
Signature of the Declarant

2. In case the proposed Pensioner is illiterate:-

The thumb impression of the proposed Pensioner should be attested by a person of standing whose identity can easily be established, but unconnected with the Corporation and this declaration should be made by him.

Name of the Declarant

.....

Address of the Declarant

.....

.....

.....

I hereby declare that I have explained the contents of the proposal form to the proposed Pensioner in ..... language and that I have read out to the Proposed Pensioner the answers to the questions dictated by the Proposed Pensioner and that the proposed Pensioner has affixed his/her thumb impression to the proposal form after fully understanding the contents thereof.

.....

Signature

**Section 45 of Insurance Act, 1938:**

No policy of life insurance shall after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policyholder and that the policyholder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose.

Provided that nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life assured was incorrectly stated in the proposal.

**Section 41 of Insurance Act 1938**

- (1) 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:

Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a *bonafide* insurance agent employed by the insurer.

- (2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.

.....

**Signature of the proposed Pensioner**

**Agent's Report**

- (a) How long do you know the proposed Pensioner? \_\_\_\_\_
- (b) What is the approximate age of the proposed Pensioner in your opinion? \_\_\_\_\_
- (c) Do you recommend the acceptance of the Proposal? \_\_\_\_\_
- (d) Have you explained fully the terms and conditions of the plan to the proposed Pensioner? \_\_\_\_\_
- (f) Whether the proposed Pensioner or his/ her spouse/ dependents have taken out this policy previously? or is any simultaneous proposal under consideration? Yes / No  
If yes, furnish (i) Policy/ Proposal No. and Name \_\_\_\_\_  
(ii) Amount of Pension \_\_\_\_\_  
(iii) Mode of Pension \_\_\_\_\_

(If the above space is inadequate, please submit details in a separate sheet duly signed.)

I am satisfied with the identity of the party and on the basis of my independent enquiries, I hereby declare that the foregoing statements are true and correct to the best of my knowledge and belief.

Further, I declare that the above proposal is secured by me and that I have fully explained the contents of the proposal form to the proposed Pensioner Mr/ Mrs/ Ms. \_\_\_\_\_.

Dated at..... on the..... day of..... 20

.....  
**Signature of the Agent**