

**LIFE INSURANCE CORPORATION OF INDIA**  
**(Established by the LIC Act 1956)**

Branch Office ..... Proposal No ..... Agent's Name .....  
 Licence No ..... Dt. of Expiry ..... Agent's & DO Code .....

**NOTE:**

This form has to be filled in by the proposer in his/her own handwriting. If he/she cannot write in the language of this form or he/she is illiterate, the proposal form can be filled in by the Agent/Third party as per normal rules.

- 1
  - a) Name in full (IN BLOCK LETTERS): .....  
 Mr. /Mrs./Miss .....
  - b) Short Name .....
  - c) Address for Correspondence .....  
 .....  
 .....
  - d) Nationality .....
  - e) Are you resident in India .....
  - f) Father's Name in full .....
  
- 2
  - a) Table/Term ..... b) Sum Assured .....
  - c) Amount of deposit ..... d) Date of Birth.....
  - e) Age Proof .....
  
- 3
  - a) Nominee under Section 39 of the Insurance Act, 1938, to whom policy moneys will be payable in the event of death.  
 Nominee's full name: .....  
 (IN BLOCK LETTERS)  
 Age ..... Relation to yourself .....
  - Full Address .....  
 .....  
 .....
  - b) Appointees Name with signature to whom the policy money is payable in the event of the claim arising during the minority of the nominee.  
 Full Name of the Appointee: .....  
 (IN BLOCK LETTERS)  
 Full Address .....  
 .....  
 Signature of the Appointee .....  
 Relationship to the Nominee .....  
 Age of Appointee .....

- 4 (a) Present Occupation .....
- (b) Nature of duties .....
- (c) Annual Income .....
- (d) Total Sum Assured under  
Previous policies under .....  
Table 132
- 5 (a) Has a proposal on your life or an  
application for revival of a policy  
on your life made to this or any  
other Office of the Corporation ever  
been .....
- (i) Declined : Yes/No.....
- (ii) Accepted with extra; if yes,  
State the highest extra  
Imposed (excluding age extra) : .....
- (b) Is any proposal/application for  
revival pending with any office of  
the Corporatin, if so, give the details : .....
- 6 Your exact Height without shoes (in cms) : .....
- Your exact Weight (in Kgs.) : .....
- Answer 'Yes' or 'No'  
(If 'NO' give details)
- 7 Are you at present in good health? : .....
- 8 Have you ever been admitted to a  
Hospital/Nursing Home for taking  
Treatment for a week or more during  
The last 3 years? (If 'Yes" give details) : .....
- 9 Have you any physical deformity?  
If Yes, give details and total  
Sum Assured in force under all previous  
policies taken during last five  
calendar years including current year. : .....
- 10 To be answered by female proposer only
- a) Total sum assured in force under all  
Previous Policies taken during last  
5 calendar years including current  
year : .....
- b) If you are married
- (i) Are you pregnant now? : .....
- (ii) have you had any pregnancy  
related problems at any time : .....

**DECLARATION BY THE PROPOSER**

I ..... do hereby  
Declare that the foregoing statements and answers have been given by me after fully  
understanding questions and the same are true, and complete in every particular. I agree that if  
any untrue averment by contained therein the said contract shall be absolutely null and void and  
all moneys which have been paid in respect thereof shall stand forfeited in part or full to the  
Corporation.

Dated at ..... on the ..... day ..... 199.....

Name of witness .....

Signature of witness .....

Occupation .....

Address .....

.....  
.....

Signature or thumb impression  
of the person whose life is  
proposed to be assured

If the answers to the questions in this form are given in vernacular and the proposer signs in  
vernacular then the proposer signs in vernacular then the proposer should declare in his/her own  
handwriting above his/her own signature that all questions were explained to him/her and that  
his/her replies were given after fully and properly understanding the same.

OR

In case the proposer is illiterate, the thumb impression of the proposer 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/her.

I hereby declare that I have fully explained the  
Above questions to the proposer in .....  
(language) and I have truthfully recorded the  
answers and explained to the proposer and that  
the proposer has affixed his/her thumb  
impression to the proposal form after duly  
understanding the contents thereof.

Address of the declarant .....

.....  
.....

.....  
(Signature of the Declarant)

NOTE: In case of dispute in respect of interpretation  
of terms the English version shall stand valid.