



Life Insurance Corporation of India

(Established by the Life Insurance Corporation Act; 1956.)

PROPOSAL FOR ASSURANCE ON LIFE OF ANOTHER PERSON

This form should be used for proposals under Children's Deferred Assurance Plans where the deferment period is 10 years or more

Proposal No: _____

Agent's Name: _____

Agent's Code No: _____

Branch Office: **SUVA/LAUTOKA, FIJI**

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

1. Name in full of the proposer (IN BLOCK LETTERS) _____

Short Name of the proposer _____ Age of the proposer _____ Years. Nationality of the proposer _____

Address which will be incorporated in the policy and at which notices will be sent

Permanent Address _____

E-mail _____

Occupation _____ Relationship to the life to be assured _____

2. Name in full of the life to be assured (IN BLOCK LETTERS) _____

Short Name of the life to be assured _____ Sex _____ Nationality _____

Full name of the father of the life to be assured _____

3. Table and Term of Assurance	Age Nearer Birthday of the life to be assured	Sum to be assured \$	Mode of Payment
			YLY /HLY /QLY /MLY /FN/ WK / BM

4. Date of Birth of the life to be assured	Nominee's name								
	Nominee's Address								

Proof of age to be attached (Birth Certificate / School Certificate)	Relationship to you	Age		

5. (a) To whom have you paid a deposit? (a) _____

(b) What is the amount of the deposit? (b) \$ _____

6. What is the object of this assurance? _____

7. Is any other proposal on the life of the life to be assured now being made to or is any other Proposal on his life under consideration of this or any other office of the Insurance Company? If so which is the office and what is the amount?	
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8. Has the life to be assured ever been insured in this any other insurer? If so, give details as under:

Name of the Office or any other Insurer	Policy Number	Sum Assured	Plan of Assurance	Year of Issue of Policy	Whether accepted as proposed at ordinary rates	Whether in force paidup or lapsed.

9. Has a proposal on the life of the life to be assured or an application for revival of a policy on his life made to this or any other office of LICI or any other Insurer ever been.

(a) withdrawn or dropped? _____ (c) accepted with an extra premium or lien? _____

(b) Deferred or declined? _____ (d) accepted on terms otherwise than those proposed? _____

If so, give details _____

Family History of the life to be assured.	LIVING			DEAD		
	Age	State of Health (if not good, give full details)	Year of Death	Age at Death	Duration of last illness	Cause of Death
Father						
Mother						
Brothers: Total Living:	No.					
Total Dead:						
Sisters: Total Living:	No.					
Total Dead:						

11. (a) Has any of the relations of the life to be assured living or dead, suffered from insanity, epilepsy, gout, asthma, tuberculosis, cancer, leprosy, diabetes, haemophilia, or any other hereditary disease? If so, give details	(a) _____
(b) Has the life to be assured come in contact, during the last three years, with any person suffering from tuberculosis, leprosy or any other infectious disease? If so give details	(b) _____
12. (a) Has the life to be assured had small - pox? If so when (b) Has the life to be assured been successful vaccinated against small-pox? If so, when was he last vaccinated?	(a) _____ (b) _____
13. (a) Is the life to be assured of good constitution and free from any disease or deformity?	(a) _____
(b) Has the life to be assured suffered from any illness or disease? If so, give details	(b) _____
(c) Is the life to be assured now in good health?	(c) _____
14. Has the life to be assured ever had any operation, accident or injury? If so, give details	
15. (a) Has the life to be assured ever had an electrocardiogram, X-Ray or fluoroscopic examination made or his blood examined? If so, give details	(a) _____
(b) Has the life to be assured ever been in any hospital, asylum or sanatorium for check-up, observation, treatment or an operation? If so, give details.	(b) _____
16. Do you wish to secure the Premium Waiver Benefit in case of your death before the commencement of risk? If so, please complete a separate proposal form, and submit proof of your age with the proposal. Also appear for Medical Examination	
17. If you have opted for Premium Waiver Benefit will you opt for term rider?	

DECLARATION

I, _____ (name of the proposer), do hereby declare that the foregoing statements and answers are true in every particular and agree and declare that these statements and this declaration shall be the basis of the contract of assurance between me and the Life Insurance Corporation of India and that if any untrue averment be contained therein the said contract shall be absolutely null and void and all moneys which shall have been paid in respect thereof forfeited to the Corporation.

Dated at _____ on the _____ day of _____ 20

Signature of Witness _____

Occupation _____

Address _____

Signature or thumb impression of the Proposer

If the proposer has filled in this form in any language other than English, he should further declare in his own language above his own signature that all the questions were explained to him and his replies were given after fully and properly understanding the same.

In case the proposer is illiterate:

1. This declaration should be made by the person filling in the form:

Address of the Declarant:

I hereby declare that I have fully explained the above questions to the proposer and I have truthfully recorded the answers given by the proposer.

(Signature)

2. 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:

Address of the Declarant:

I hereby declare that I have explained the contents of the form to the proposer in _____ and (Language)

that I have read out to the proposer the answers to the questions dictated by the proposer and that the proposer has fixed his thumb impression to the proposal form after fully understanding the contents thereof.