

REQUEST FOR RIDER APPLICATION & QUESTIONNAIRE FORM

Details of Primary Life to be filled in Life Insured and Secondary Life to be filled in the Policyholders column where Primary Life & Secondary Life are 2 different individuals

| | | | | |
|---|------------------------|---------|--|-------------|
| Policy Number: | 02030260 | | | |
| Name of | | | | |
| | Mr/Ms/Title | Surname | First Name | Middle Name |
| Life Insured | Mr. Gawade Gurudas | | | |
| Policy Holder (if different from life insured) | | | | |
| Nationality | Life Insured Indian | | Policy holder (if diff. from Life insured) | |
| 2) Occupation Details - Life Insured / Proposer (please tick whichever is applicable):- | | | | |
| a) Life Insured: | Salaried/Employed | | | |
| b) Proposer: | | | | |
| c) If Housewife, please specify source of income | | | | |

| | |
|---|----------|
| a) Life Insured: | Graduate |
| b) Proposer: | |
| 4) Name & Address of the Present Employer/Business: | |
| Life Insured: | |
| Vivek Hande Goregaon East | |
| Policy holder (if diff. from Life insured): | |
| | |
| a) Designation: | |
| Driver | |
| b) Nature of work: | |
| Driving | |
| c) Annual Income: | |

1000000

5) Rider Details:

| Sr. No. | Rider Name | Rider Term | Rider PPT | Premium | Sum Assured |
|---------|------------------------------|------------|-----------|---------|--------------|
| 1 | Accidental Death Benefit | 9 | 9 | Rs 1917 | Rs 2500000.0 |
| 2 | Permanent Disability Benefit | 9 | 9 | Rs 1180 | Rs 2500000.0 |

6) To be answered compulsorily:

| | Life Insured: | | Policy holder (if diff. from Life insured): | |
|--|---------------|----|---|--|
| | | | | |
| a) Is the occupation of the life insured/proposer associated with any specific hazards (which would render him/her susceptible to any injury or illness)? | | No | | |
| b) Do you have any history of conviction under any criminal proceedings in India or abroad? | | No | | |
| c) Are you a Politically Exposed Person ? (These are the people who hold prominent public function viz. Heads/Ministers of Central or State Govt., Senior Politicians, Senior Govt. Judicial or Military Officials, Senior Executives of Govt. companies, Important Political Party Officials and immediate family members of above persons) | | No | | |

If the answer to any of the above questions is YES, kindly give details below:

if yes details

7) Personal Statement regarding health of Life Insured / Policyholder:

| | Life Insured: | | Policy holder (if diff. from Life insured): | |
|---|---------------|----|---|--|
| | | | | |
| a Height(cms) | 170.18 cms | | | |
| b Weight(kgs) | 65 Kgs | | | |
| c Any history of weight loss or weight gain in last 1 year ? <u>Any history of weight loss</u> <u>Details</u> | | No | | |

8) Since the date of signing the original application, have you:

| | Life Insured: | | Policy holder (if diff. from Life insured): | |
|--|---------------|----|---|--|
| | | | | |
| a) Consulted a Medical Practitioner for any ailment /injury requiring treatment for more than 7 days or remained absent from your place of work for more than 7 days, on health grounds or claimed against your health insurance | | No | | |

| | | | | |
|--|--|----|--|--|
| policies? | | | | |
| b) Undergone any cardiological / pathological or radiological tests? | | No | | |

| 9) Since the date of signing the original application, have you suffered from / are suffering from:: | Life Insured: | | Policy holder (if diff. from Life insured): | |
|---|---------------|----|---|--|
| | | | | |
| a) High or low blood pressure, rheumatic fever, chest pain, myocardial infarction or any other disease or disorder of the heart or arteries? | | No | | |
| b) Jaundice, anaemia, piles, ulcers, hernia, hydrocele, goiter, diabetes mellitus or any other disease of the stomach, liver, spleen, gall bladder or pancreas? | | No | | |
| c) Asthma, bronchitis, pleurisy, tuberculosis or any other disease or disorder of lungs? | | No | | |
| d) Paralysis, epilepsy, fits or any kind of nervous breakdown or any other disease related to the brain or the nervous system or arthritic, skeletal or joint disorders? | | No | | |
| e) Any disease or disorder of ear, nose, eyes or throat, including defective sight or hearing or discharge from ears? | | No | | |
| f) Cancer, leprosy, rheumatism, gout, enlarged glands or tumors? | | No | | |
| g) Any disease or disorder of kidney, prostate, urinary system or reproductive system? | | No | | |
| h) Does the life insured have any physical defect / deformity illness /impairment / disability not mentioned above? | | No | | |
| i) Is the life insured or partner HIV positive or suffering from AIDS, hepatitis, gonorrhoea, syphilis or any other venereal disease? Has the life insured or partner ever been tested for HIV/hepatitis? | | No | | |
| j) Has the life insured ever had any accident requiring hospitalization or undergone any treatment or operation for any ailment not mentioned above? | | No | | |
| k) Is the life insured pregnant now or has the life insured had any abortion or miscarriage or caesarean section after the date of the proposal? | | | | |
| (For female lives only) | | | | |

If the answer to any of the above questions contained in 8 and 9 above is YES, kindly give details below:

| sl no | Nature of ailment / disease etc | Date of Diagnosis | Fully recovered / still under treatment | Name, Address and Phone No. of the treating doctor |
|-------|---------------------------------|-------------------|---|--|
|-------|---------------------------------|-------------------|---|--|

| | | | | |
|--|--|--|--|--|
| | | | | |
| | | | | |
| | | | | |

| 10) Existing/Proposed Insurance Details: | Life Insured: | | Policy holder (if diff. from Life insured): | |
|--|--|----|---|--|
| | a) Has any proposal on your life/ application for reinstatement been postponed, declined or accepted with extra premium or at modified terms by this company or any other insurance company? | | No | |
| b) Are there any existing policies, applications for revival of lapsed Policy or fresh proposals on your life, under consideration of this Company or any other Insurer? | | No | | |

| Policy/Proposal no. | Sum Assured | | | | Acceptance Terms (Standard/Rated up/ Deferred/Declined/ Under Consideration) | Inforce/Proposal/ Lapse (Mention year of lapse/ Revival applied for) |
|---------------------|-------------|-----|-----|-----|--|--|
| | On Death | ADB | PDB | CIB | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Usage of the following | Life Insured (Answer as 'Yes') | Proposer (Answer as 'Yes') | Average usage per day (past/ present) | | Reasons for giving up (if applicable) | |
|------------------------|--------------------------------|----------------------------|---------------------------------------|----------|---------------------------------------|----------|
| | | | Life Insured | Proposer | Life Insured | Proposer |
| Alcohol | No | | | | | |
| Tobacco | No | | | | | |
| Any Narcotics | No | | | | | |

DECLARATION BY POLICYHOLDER

I/We declare that I/We have answered the questions in this Policy Rider Application and Questionnaire Form after fully understanding the nature of the questions and the importance of disclosing all information while answering such questions. I/We further declare that the answers given by me / us to all the questions in this form are true and complete in every respect and that I/We have not withheld any material information or suppressed any fact. I/We undertake to notify

Kotak Life Insurance of any change in the state of health of the life insured or as to his/her occupation or any decisions about his/her existing policies or proposals subsequent to the signing of this form and before the acceptance of the risk by Kotak Life Insurance. I/We further declare that this Policy Rider Application and Questionnaire Form shall also be the basis of the contract of insurance and if any untrue statement is contained in this form, the Company shall have the right to vary the benefits which may be payable and further if there has been a non-disclosure of a material fact the policy may be treated as void and all premiums paid under the policy may be forfeited to the Company as per the provisions of Section 45 of the Insurance Act 1938, as amended from time-to-time. I/We hereby authorize the employer, doctor or hospital of the life insured to divulge to the Company any information required by them in connection with the policy contract. I/We understand that the contract shall be governed by the provisions of the Insurance Act, 1938, as amended from time to time and that the policy shall not be revived until the Company's written acceptance of this application is received

I also hereby irrevocably authorize any organization, institution or individual that has any records or knowledge of my health or medical history, employment, business, income or other details as may be required or considered relevant to divulge to the Company and the Company to divulge the same to any organization, institution or individual in connection with this proposal form and subsequently.

Life Insured

Date: _____ | Place: _____

Signature / Left Thumb impression

Proposer

Date: _____ | Place: _____

Signature / Left Thumb impression

* If a person other than the Policy Holder fills the form, then the person filling this form on his/her behalf must sign the following declaration:

form on his / her behalf must sign the following declaration:

DECLARATION BY THE PERSON FILLING IN THE FORM
(For forms filled in by a scribe or for forms signed in vernacular languages)

I _____, having known the Policy Holder for a period of _____ declare that I have explained the nature of the questions contained on this application to the Policy Holder. I have also explained that the answers to the questions form the basis of the contract of insurance between the Company and the Policy Holder and that if any untrue statement is contained therein the Company shall have the right to vary the benefits which may be payable and further if there has been a non-disclosure of a material fact the policy may be treated as void and all premiums paid under the policy may be forfeited to the Company as per the provisions of Section 45 of the Insurance Act 1938, as amended from time-to-time

Address of scribe

Full Address of scribe

Date:

Place:

Signature of the Scribe

Annexure
Guidelines to fill the Rider Application & Questionnaire Form

A] Mandatory Fields:

1] Contact number:

1] Contact number:

- Mobile / residence

2] Occupation, Avocation & Residence

- Designation
- Nature of work
- Annual income
- If associated with occupational hazards - relevant Kotak Life Insurance Occupation Questionnaire to be provided if engaged in or intending to take part in hazardous hobbies/activities - Please specify

3] Education:

- Provision of a Income Tax Return \geq 2 lacs or professional qualification certificate may help in the granting of higher non medical limits

4] Personal Details

- If the life insured is minor - Height/weight to be correctly filled
- Proposers height/weight - if WOP Rider applied for or if the plan is Long Life Secure Plus or Headstart Future Protect Joint Life or Wealth Insurance Plus

5] Medical questions

- To be answered in Yes or No Format and wherever Yes - relevant details to be provided
- Proposer column to be filled - If WOP Rider applied for or if the plan Long Life Secure Plus or Headstart Future Protect Joint Life or Wealth Insurance Plan

6] Existing/Applied policies with Kotak Life Insurance or other Insurers: Give details as follows

- Policy no
- Plan details - Sum Assured of base plan and rider if any
- Acceptance Terms - [standard or rated up or declined or deferred or not completed]
- Status - [In force / Lapsed/applied for revival etc.]

7] Habits: (Tobacco/ Alcohol/ Narcotics): If usage of any of the same is "Yes" then please specify:

- Form of consumption - [cigarettes, beedi, pan, Guthka, Beer, Hard liquor]
- Usage per day - [sticks,grams,packets,ml,units,pints]
- Duration

8] If policy holder has signed in vernacular/thumb impression then provide - **SCRIBE DETAILS**

- Name of scribe
- Complete Address
- Sign
- Date and place of signing

B] Additional Information

1] Alterations:

Alteration in any of the following would require submission of a documentary proof along with request for a change

- Name
- Date of birth
- Residential Address
- Signature [dual sign format with previous and current signatures]
- Education
- Nominee

2] Income Proof Documentation:

a] If the total cover on the life insured including the existing and applied policies with Kotak Life Insurance is more than 15 lacs then latest income proof would be required

b] If total premium paid either as

- Proposer
- Life insured
- Third Party Premium Payer

for all proposals/ policies with Kotak Life Insurance put together is one lakh or more, latest income proof is required c] If total premium paid either as

c] If total premium paid either as

- Proposer
- Life insured
- Third Party Premium Payer

for all proposals/policies with Kotak Life Insurance put together is 50 thousand or more, copy of pan card of premium payer is required

3] NRI Clients : Please provide:

- NRI questionnaire
- Copy of all the printed pages of the passport if not submitted earlier
- Current residential address in India

4] Cancellation/overwriting on the MRF - Should be countersigned near the place of overwriting

The above annexure is intended to help in the filling of the Major Revival Form and to ensure its completeness in all respects. It does not form a part of the revival application and should not be scanned along with the application.

Kotak Mahindra Life Insurance Company Ltd.

IRDA Regn no.107, CIN: U66030MH2000PLC128503, Regd Office: 2nd Floor, Plot # C-12, G-Block, BKC, Bandra (E), Mumbai - 400 051. For any correspondence kindly contact us at : Kotak Infiniti, 7th Floor, Building No. 21, Infiniti Park, Off Western Express Highway,

Goregaon Mulund Link Road, General A.K. Vaidya Marg, Malad (E), Mumbai - 400 097. (+9122) 6605 7777{D} 66200550

ACKNOWLEDGMENT

We acknowledge the receipt of request of Rider application form of Policy no: 02030260

Branch Name:

Documents

received with this
request:

Date:

Time:

Name of branch
co-ordinator:Signature of
branch co-
ordinator:**Kotak Mahindra Life Insurance Company Ltd.**

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