



Canara HSBC Life Insurance Company Limited
PROPOSAL FORM
Proposal No: 5000499444

LIFE INSURANCE

Unique Reference Number: CPF/V6.30/042026

IN UNIT LINKED POLICIES, THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER.

For Office use only

Bank/Channel Name, Bank/Channel Code, Bank Account No., Customer Identification No., Branch Representative Name, Branch Representative Code, Customer Referred by Employee (Name), Referred by Employee (No.), Type of Insurance, Relationship with Bank, Staff, Corporate Customer, Point of Sale, PAN No.

Please affix recent Passport size Photograph of Proposer and Sign across the photograph
DO NOT STAPLE THE PHOTOGRAPH

Important Guidelines:

1. Insurance is a contract of utmost good faith, requiring the Proposer and the Life to be Insured and the insurer to disclose all material facts. If there is any doubt as to whether any fact is material, it should be disclosed. Failure to do so may invalidate the contract based on this form.

2. ALL INFORMATION IN THE PROPOSAL TO BE FILLED IN CAPITAL LETTERS USING BLACK BALL POINT PEN

Personal Details of Life to be Insured

1. Life to be Insured name Title, 2. Is Life to be Insured our existing policyholder/applicant, 3. Father's Name Title, 4. a) Date of Birth, b) Country of Birth, d) Age Proof, e) Marital Status, 5. Is Life to be Insured, 6. a) Country of current Residence, b) Citizenship, c) Nationality, 7. Communication Address, 8. Current Residential Address, 9. Permanent Residential Address, 10. a) Name of Organisation/Business/Educational Institution, b) Nature of industry of the Employer/Organization

Confidential



b.	Have you ever suffered or are you suffering from any of the following?	
	1. Any ailments relating to heart like high/low blood pressure, chest pain, palpitation, rheumatic fever heart attack, shortness of breath ,any other heart disorder or stroke etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	2. Any ailments related to the brain & nervous system like epilepsy, stroke, depression, mental disorders etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	3. Tumour, cancer, cyst, abnormal growth or any other malignancy	Yes <input type="checkbox"/> No <input type="checkbox"/>
	4. Disorders of eye, ear, nose or throat including defective sight, speech or hearing and discharge from ears	Yes <input type="checkbox"/> No <input type="checkbox"/>
	5. Asthma, bronchitis, tuberculosis, difficulty in breathing, persistent cough or any other lung disorder	Yes <input type="checkbox"/> No <input type="checkbox"/>
	6. Ailment related to liver, gall bladder, stomach and digestive system like ulcers, stones, colitis, stomach pain, jaundice, hepatitis B or C etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	7. Any gland related disorder like diabetes/high blood sugar, sugar in urine, thyroid etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	8. Any kidney system or urinary bladder disorder like stones, nephritis, prostate disorder, reproductive organs etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	9. Musculoskeletal & joint disorder like gout, rheumatic arthritis, back disorder, Skin disorder etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	10. Anaemia, disorders of blood (e.g. Haemophilia, Thalassemia) or any other illness not mentioned in (1 to 10)	Yes <input type="checkbox"/> No <input type="checkbox"/>
	11. Any physical disability/deformity, congenital disorder, paralysis or multiple sclerosis	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please provide details if answer of any of the above question is answered as “Yes”

Question Number	Details

The Company reserves the right to ask for medical tests or/ seek further information based on above answers.

Please submit Previous Medical Reports (if any) and relevant questionnaire (s)

To be filled only if Linked Critical Illness Benefit Rider is Opted

1. Have you ever been diagnosed, investigated or treated for any of the following disease/ disorder:

a.	Coronary artery disease, Chest Pain, Angioplasty, Bypass surgery, Valvular Heart Disease, Heart Attack, Stroke, Transient Ischemic Attack (TIA), Rheumatic Disorder or any other cerebrovascular disease or abnormal electrocardiogram (ECG), Treadmill Test or Echocardiogram?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b.	Diseases of the nervous system or mental disorders (e.g. Creutzfeldt-Jakob disease, Encephalitis, Alzheimer's Disease, Multiple Sclerosis, Parkinson's Disease, Apallic Syndrome, Muscular Dystrophy, poliomyelitis motor neuron disease, Stroke, Epilepsy, bacterial meningitis, chronic depression or other mental or psychiatric disorder or suicidal thoughts)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c.	Diseases of the respiratory system (e.g. tuberculosis, Pulmonary Hypertension, End stage lung failure, Emphysema)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
d.	Cancer or other malignant disease of any organ or blood/ lymphatic system, benign or malignant tumor, Bone Marrow Transplant, abnormal biopsy findings or any other unexplained growth?	Yes <input type="checkbox"/> No <input type="checkbox"/>
e.	Diseases of Renal system e.g. Chronic Kidney disease, Medullary Cystic Disease, Chronic Adrenocortical Insufficiency (Addison's disease), Systemic Lupus Erythematosus?	Yes <input type="checkbox"/> No <input type="checkbox"/>
f.	AIDS, HIV or AIDS-related illness, Viral Hepatitis (B or C) or any other sexually transmitted disease?	Yes <input type="checkbox"/> No <input type="checkbox"/>
g.	Crohn's, Ulcerative colitis, rectal bleeding, Chronic Recurring Pancreatitis, abnormal colonoscopy results, or any other disorder of the stomach, pancreas, colon, rectum, reproductive organs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
h.	Loss of function of speech, vision and hearing as a result of disease, accident or congenital anomaly?	Yes <input type="checkbox"/> No <input type="checkbox"/>

2. In the past 5 years:

a.	Have you had an application for Critical Illness insurance declined, postponed or offered with a rating or exclusion?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b.	Have you ever been treated or counseled or joined rehabilitation program for alcohol addiction or narcotic drugs use/abuse?	Yes <input type="checkbox"/> No <input type="checkbox"/>



To be filled if the Life to be Insured is a Female (For Females only)

- 1. Maiden Name of the Life to be Insured
2. Is the Life to be Insured pregnant at present?
3. Did the Life to be Insured ever suffer from or at present suffering from any gynecological related problems?
4. a. Husband's Name
b. Annual Income

Previous Insurance details of Life to be Insured

- 1. Life Insurance/Health Insurance already In Force/Lapsed/Revival/Applied for (including policies surrendered during the last 3 years) (Please attach additional sheet if necessary with details as mentioned below)

Table with 6 columns: Issuing Life Insurance Company, Years of Issue, Sum Assured (Rs.), Annual Premium (Rs.), Riders if any, Acceptance Terms (Std./With Med Extra/With Non Med Extra)

- 2. Has a proposal on Life to be Insured's life ever been withdrawn/postponed/declined/dropped or accepted with modified terms /extra premium or has Life to be Insured ever made any claim under a policy of Life/Health Insurance?

Family Health Details of Life to be Insured

Please furnish details of family members of the Life to be Insured. Also in case of any family members suffering or having suffered or died of heart disease, stroke, high blood pressure, diabetes, any form of eye disease, kidney disease, paralysis or any hereditary/familial disorders, any communicable disease, or any disease not mentioned above, mention the same in the following table.

Table with 5 columns: Family Member, Current Age, Mention the name of disease/illness (if any), Cause of Death, Age at Death

Nominee Details

Note: Nominee/Beneficiary details to be provided, only where Life to be Insured is proposing on self (In case of Multiple Nominees/ Beneficiaries, please fill up Multiple Nomination Form)

- 1. Nominee / Beneficiary Name Title
2. a) Date of Birth b) Gender
3. Nominee Relationship with
4. Permanent Address of Nominee/Beneficiary



For Traditional Plans:

- I would like to opt for Settlement Option*1: Yes No
I would like to opt for Plan Option*2: Future Suraksha Income Suraksha{Income Period 10 years 15 years}
I would like to opt for Income Frequency 2,5,9: Monthly Quarterly Half-yearly Yearly
I would like to opt for Income Payouts*10: In advance In Arrears
I would like to opt for Plan Option*3: iAchieve{Optional cover Payor Premium Protection Cover} iAssure {Optional cover Payor Premium Protection Cover} Flexi iAchieve Flexi iAssure Easy iAchieve
I would like to opt for Plan Option*4: Guaranteed Savings Option Guaranteed Cash Back Option
I would like to opt for Plan Option*5: Short Term Income {Optional benefit Step up Income} Long Term Income {Income Pay-out Period 10 years 15 years 20 years 25 years 30 years } {Optional benefit Step up Income} Early Income
I would like to opt for Sum Assured Multiple*12 - 7 times 11 times
I would like to opt for Plan Option*6: Endowment Option {{Optional benefit Payor Premium Protection Cover Accidental Death Benefit}} Regular Income Option {{ Optional benefit Payor Premium Protection Cover Accidental Death Benefit}} Early Income Option {{ Optional benefit Accidental Death Benefit} { Income Period 19 29 39}} Long Term Income with Return of Premium Option {{ Optional benefit Accidental Death Benefit} {Income Period 15 20 30 40}}
I would like to opt for Income Frequency*6: Monthly Yearly# if opted, please fill second life questionnaire
I would like to opt for Plan Option*7: Income4Future Savings4Future
I would like to opt for Plan Option*9: Forever Income Century Milestone Assured Term Income
I would like to opt for*10: Savings Wallet Premium Offset
I would like to opt for Plan Option*11: Early Income Step up Income

For Unit Linked Plans*:

Table with 2 columns: Plan Name, I would like to opt for. Rows include SecureInvest, Promise4Growth Plus, Wealth Edge, Alpha Wealth, Promise4Growth, and Promise4Wealth.

Table with 15 columns representing various fund categories like Emerging Leaders Equity Fund, India Multi-Cap Equity Fund, Midcap Momentum Growth Index Fund, etc.

The SFIN (Segregated Fund Index Number) for: Emerging Leaders Equity fund is ULIF02020/12/17EMLEDEQFND136, India Multi-Cap Equity Fund is ULIF01816/08/16IMCAPEQFND136, Midcap Momentum Growth Index Fund is ULIF02218/03/24MIDMIEQFND136, Equity II Fund is ULIF00607/01/10EQUITYIIFND136, Growth Plus Fund is ULIF00913/09/10GROWTPLFND136, Balanced Plus Fund is ULIF01013/09/10BLNCDPLFND136, Large Cap Advantage Fund is ULIF02109/06/20LARCPADFND136, Debt Fund is ULIF00409/07/08INDEBTFUND136, Liquid Fund is ULIF00514/07/08LIQUIDFUND136, India Manufacturing Fund is ULIF02305/11/24INMFGEQFND136, Multicap Momentum Quality Index Fund is ULIF02410/03/25MLMMQEQFND136, Nifty Alpha 50 Index Fund is ULIF02502/04/25NFALFEQFND136, NextGen Consumption Fund is ULIF02910/11/25NGCONEQFND136, BSE 500 Enhanced Value 50 Index Fund is ULIF03026/03/26ENVALEQFND136 & Nifty 500 Multifactor 50 Index Fund is ULIF02715/09/25MLFACEQFND136

- Premium Funding Benefit Option Chosen* Death Only Death Or TPD
You can select your option(s) from the following*
 Auto Funds Rebalancing Milestone Withdrawal Option (MWO)@ Safety Switch Option
 Systematic Withdrawal Option (SWO)@, Choose Frequency of SWO Monthly Quarterly Half-yearly Yearly
Fund Value to be withdrawn in a Policy Year _____ (1% to 12%)
 Systematic Transfer Option, Choose Target STO Fund India Multi-cap Equity Fund Equity II Fund Emerging Leaders Equity Fund Large Cap Advantage Fund



Foreign Account Tax Compliance Act ("FATCA")/Common Reporting Standards ("CRS") Declaration (Applicable if the proposer is a US person or is a tax resident outside of India):

- i. I/we certify that (a) I am taxable as a US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District of Columbia or any states of the U.S., or (b) an estate the income of which is subject to U.S federal income tax regardless of the source thereof. (This clause is applicable only if the proposer is identified as a US person); or (c) taxable as a tax resident under the laws of country outside India. (This clause is applicable only if the proposer is a tax resident outside of India)
ii. I/We understand that the Company is relying on the information submitted by me for the purpose of determining my status in compliance with FATCA/CRS. The Company is not able to offer any tax advice on CRS or FATCA or its impact on me. I/We shall seek advice from professional tax advisor for any tax questions. I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect. I/We agree that as may be required by domestic regulators /tax authorities, the Company may also be required to report, reportable details to CBDT or close or suspend my policy. I/We certify that I/We provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct, and complete including the taxpayer identification number.

In case of Thumb Impression, Left Thumb Impression (LTI) for Males, and Right Thumb Impression (RTI) for Females

[Signature/Thumb Impression box for Life to be Insured]

[Signature/Thumb Impression box for Proposer]

Signature/Thumb Impression of Life to be Insured
(Proposer signature required if Life to be Insured is a minor)
Date □□/□□/□□□□

Signature/Thumb Impression of Proposer
(DD/MM/YYYY) Place _____

Declaration by Insurance Intermediary's Representative/Direct Sales Person/ Agent, etc

I _____ have suggested the present product (s) to the Proposer basis the assessment of suitability thereof to the needs of the proposer and have fully explained all the features thereof to the Proposer and he/she has understood same.

[Signature of Insurance Intermediary's Representative/Direct Sales Person/Agent, etc]

Declaration and authorization of Proposer on Bima Applications Supported by Blocked Amount (Bima – ASBA)

As per the IRDAI's directions, I hereby provide my express consent and authorise Canara HSBC Life Insurance to block an amount as quoted in this proposal form (including applicable taxes), for the purpose of premium payment towards insurance. I agree and understand that this mandate shall be valid for a period of (i) 14 days from the date of premium block mandate or (ii) date of acceptance of this proposal, whichever is earlier and that the blocked amount will be utilised towards premium payment upon proposal acceptance. I further authorise Canara HSBC Life Insurance to share information with the relevant entities for the purpose of locking/releasing the premium amount.

Impression, Left Thumb Impression (LTI) for Males, and Right Thumb Impression (RTI) for Females

[Signature/Thumb Impression box for Proposer]

Date □□/□□/□□□□

Signature/Thumb Impression of Proposer
(DD/MM/YYYY) Place _____

The above mandate is as per guidelines specified by NPCI from time to time and is applicable to individual proposers only.

Vernacular language/Proposal not filled by Prospect/Illiterate Declaration:

I _____ Son/Daughter of _____, adult and residing at _____ do hereby declare on solemn affirmation as under: I have read out and fully explained the contents of the proposal form in _____ language to Mr./Mrs./Ms. _____ and he/she has understood the significance of the proposed contract. I have truthfully and correctly recorded the replies given by the Proposer/Life to be Insured and that the Proposer/Life to be Insured has affixed the signature/thumb impression above, after fully understanding the contents thereof. Solemnly affirmed at _____ on _____

[Signature/Thumb Impression box for Proposer]

[Signature of Insurance Intermediary's Representative/Direct Sales Person/Agent/Declarant]

I _____ (Proposer) hereby declare that I have understood the questions and answers of the proposal form as explained by Insurance Intermediary's Representative/Direct Sales Person/Agent/Declarant Confidential

[Signature/Thumb Impression box for Proposer]

Signature/Thumb Impression of Proposer



**Your Communication Address Is Very Important For Better Service.
Please Check It Thoroughly Before Signing**

Section 41 of Insurance Act, 1938 (as amended from time to time)

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.

Section 45 of Insurance Act, 1938 (as amended from time to time)

- (1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.
- (2) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based.
- (3) Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of a or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer:
Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.
- (4) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued:
Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based:
Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.
- (5) Nothing in this sections 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 insured was incorrectly stated in the proposal.

Proposal Acknowledgment

Proposal Number: 1100000001

I, Mr/Ms _____ have received the proposal for life insurance along with (Rs.) _____ from Mr/Ms _____ towards proposal deposit by the way of Cash/Cheque/DD No. _____ drawn on _____ dated _____ with Canara HSBC Life Insurance Company Limited, branch.

2. This slip is not your premium receipt. The premium receipt will be issued only on receipt of premium by the Insurer and upon application of the premium to your policy subject to acceptance of risk. Receipt of completed proposal and initial premium does not create any obligation upon the insurer to underwrite the risk. Risk under the policy will not commence till the Insurer accepts the proposal, underwrite the risk and communicates to you the acceptance of the risk on this proposal by issuing the policy.

Details of Insurance Intermediary's representative/Direct Sale Person/Agent

Name _____
Code _____
Date □□/□□/□□□□ (DD/MM/YYYY)

Signature

Canara HSBC Life Insurance Company Limited

IRDAI Regn. No. 136

Head Office Address: 139 P, Sector 44, Gurugram – 122003, Haryana, India

Registered Office Address: 8th Floor, Unit No. 808 - 814, Ambadeep Building, Plot No.14,

Kasturba Gandhi Marg, New Delhi - 110001

Corporate Identity No: L66010DL2007PLC248825

Call us at 1800-103-0003/1800-891-0003

E-mail us at customerservice@canarahsbclife.in

Confidential

Visit our website at www.canarahsbclife.com