



Plan Details



Plan Name

Jeevan Labh

Plan No

936

Proposal Date *

10-09-2024

UIN

512N304V02

Agency Code

0242837B

Supervisor Code

35124

Branch Code

37B

Access Id

2450913149

Email Id

arjunmalviyamalviya65433@gmail.com

Mobile No.

8965836039

I hereby confirm that the mobile number provided by me, is registered in my own name. By ticking this box, I hereby authorize Life Insurance Corporation of India to verify the above information and call me back even if I am registered in the Do not call List of TRAI

* **Date of Proposal - Pertains to date when customer verified the proposal. Proposal number is allotted only after receipt of the full proposal-deposit amount by LIC**



Details of plan proposed

Term & PPT

21 - 15

Sum Assured

₹ 5,00,000

Installment Premium

₹ 13,551

GST

₹ 610

Total Amount

₹ 14,161

Mode of Payment

Half-Yearly

Date of Commencement **

10-09-2024

AB/ADDB Req

ADDB REQUIRED

AB/ADDB Sum Assured

₹ 5,00,000

Applicable to Police Personnel if LIC's Accident Benefit Rider / LIC's Accidental Death And Disability Benefit Rider is opted for :

(i). Whether you are engaged in police duty in any police organization other than paramilitary force?

Yes No

If "Yes", (ii). Whether you wish to avail the AB/AD& DB rider while on police duty?

Yes No

** **Date of Commencement - This date is tentative Date of Commencement , subject to change based on date of payment and underwriting.**



Personal details of the life to be insured

Name

ARJUN

Father's Name

MR GULABRAO

Mother's Name

MRS IMLA

Gender

Male Female Third Gender

Marital Status

Single

Date of birth

03-03-1998

Age (in years)

27 Years

Place of birth

KHEDICOURT

Residential Status

Resident Indian

Citizenship

Indian



Communication details of the life to be insured

Present Address for communication

Address Line 1

KHEDICOURT

Address Line 2

KHEDICOURT

Address Line 3

KHEDICOURT

City

MULTAI

District

Betul

State

MP

Country

IN

Pin Code

460557

Permanent Residential Address

Address Line 1

KHEDICOURT

Address Line 2

KHEDICOURT

Address Line 3

KHEDICOURT

City

MULTAI

District

Betul

State

MP

Country

IN

Pin Code

460557



KYC Particulars

Are you an It Assessee Yes No

PAN

EXIPA6225E

Proof of Identity

ckyc

Address Proof

ckyc

Central Kyc
RegistryNo

60022229870493

Nature of age proof
submitted

ckyc

Are you (Proposer) registered under the GST act ? Yes No



Occupation Details

Present Occupation

Service (Listed
Companies/Institutions)

Exact Nature of
duties

Service

Name of the present
employer

SFA
TECHNOLOGY

Length of service

1 Years
8 Months

Annual income

₹ 6,00,000

source of income

Employed
(Salary)

Education
Qualification

Post Graduate
or Graduate

Purpose of
insurance

Risk Coverage
with savings



Tax Residency Details

Is your country of Tax Residency outside India ? Yes No



Other Personal Details

Is your occupation associated with any specific hazard or do you take part in hazardous activities or have hobbies that could be dangerous in any way? Yes No

Are you Politically Exposed Person (PEP) OR are you a family member or close relative of PEP ? (As per RBI guidelines PEPs are the individuals who are or have entrusted with prominent public functions in a foreign country.) Yes No

Have you ever been or are currently being investigated, charge sheeted, prosecuted or convicted or having pending charges in respect of any criminal/civil offences in any court of law in India or abroad ? Yes No



Lifestyle Details

Do you smoke / consume or have you ever smoked / consumed the following	Yes/No	If YES, Quantity consumed and Duration	If STOPPED, Since how many months
Alcoholic drinks	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Narcotics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Any other drugs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Do you smoke/consume or have you smoked/consumed tobacco in any form (cigars, cigarettes, beedis, pan masala etc) in the past 60 months. (in sticks /packets/ sachets/gms per day)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		



Details of previous policies held / proposals applied of the life to be insured

a) Is your life now being proposed for another assurance or an application for revival of a policy on your life or any other proposal under consideration in any office of Life Insurance Corporation of India or to any other insurer? Yes No

b) Whether proposed simultaneously on the life of spouse and children ? Yes No

c) Has a proposal (or an application for revival of a policy) on your life made to any office of Life Insurance Corporation of India or to any other insurer ever been:

c.1) Withdrawn, Deferred, Dropped or Declined? Yes No

c.2) Accepted with extra Premium or Lien? Yes No

c.3) Accepted on terms otherwise than those proposed? Yes No

c.4) Have you during past one year returned any policy of Life Insurance Corporation of India as the same was not acceptable to you? Yes No

I hereby declare that I do not have any existing policies in-force or lapsed policies with LIC.

I hereby declare that I do not have any existing policies in force or lapsed policies with other Insurers.



Medical details of the life to be insured

Are you suffering from or have you ever suffered or undergone investigation in the past or have you been advised to undergo investigation or treatment for the following ailments

1. Lungs/Respiratory disease/Persistent cough, asthma, bronchitis, pneumonia, spitting of blood etc. Yes No
 2. Hypertension, Hypotension, rheumatic fever, pain in chest, breathlessness, palpitation, any disease of the heart or arteries Yes No
 3. Peptic ulcer/colitis, jaundice, anaemia, piles, dysentery, or any other disease of the stomach, liver, spleen, gall bladder or pancreas/digestive disorder Yes No
 4. Any disease of kidney/prostate or urinary system Yes No
 5. Paralysis/epilepsy/insanity/tremors, numbness, double vision, dizzy or fainting spells/head injury / insomnia /nervous breakdown/any other disease of the brain or the nervous system Yes No
 6. Hernia/hydrocele, varicocele, fistula, varicose veins, filariasis, gonorrhoea, syphilis or any other venereal disease Yes No
 7. Cancer/leukemia/lymphoma/tumour/cyst/ any other growth/lumps/blood disorder/enlarged glands. Yes No
 8. Any disease of ear, nose, throat or eyes, including defective sight or hearing and discharge from the ears Yes No
 9. Endocrine disorders such as Diabetes, Goitre, Thyroid etc or have you ever passed sugar, albumin, pus or blood in urine Yes No
 10. Bone / Joint / Spine disease / Arthritis Yes No
 11. Mental Disorder (Depression/Anxiety etc) Yes No
 12. Chronic infections - Tuberculosis/pleurisy/skin disease/skin eruption/leprosy Yes No
 13. Hepatitis or AIDS & HIV related condition Yes No
 14. Any operation, accident or injury/any bodily defect or deformity
- None**
15. Any other disease ? Yes No



Medical History of the life to be insured

Height (in cms)

162

Weight (in Kgs)

58

What has been your usual state of health?

Good Not
Good

During the last five years did you consult a Medical Practitioner for any ailment requiring treatment for more than a week ?

Yes No

Have you ever been admitted to any hospital or nursing home for general check up, observation, treatment or operation?

Yes No

Have you remained absent from place of work on grounds of health during the last 5 years ?

Yes No



Family Medical history

Have your parents / spouse / partner / children and/or any of your relations ever suffered from or died of heart disease, stroke, high blood pressure, diabetes mellitus, cancer, kidney disease or any hereditary disorders, Insanity, or any contagious diseases such as tuberculosis ,hepatitis, AIDS / HIV etc.? Yes No



Family History

Relationship	Living/Dead	Present age	State of Health	Age of Death	Cause of Death
Father	Dead	NA	NA	42	Illness
Mother	Living	52	Good	NA	NA
Brother	Living	22	Good	NA	NA
Sister	Living	33	Good	NA	NA
Sister	Living	29	Good	NA	NA



Bank details of Proposer

Your bank account type

Savings Current

Account Number

60174136479

IFSC Code

MAHB0000699

Bank Name

BANK OF MAHARASHTRA

Bank Address

SAIKHEDA



Settlement Option

Do you Wish to avail Option for Maturity Benefit in installments

Yes No

Do you Wish to avail Option for Death Benefit in installments

Yes No



Nomination Details

Particulars of Nomination

SI No.	name of the Nominee	Age	Relationship to the life assured	Share(%)
1	DHANRAJ MALVI	22	Brother	100



Summary of Section 45 of Insurance Laws (Amendment) Act 2015

(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 the materials on which such decision is based.

Explanation I

For the purpose of this sub section, the expression "fraud" means any of the following acts committed by the insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy :

- (a) The suggestion, as a fact of that which is not true and which the insured does not believe to be true.
- (b) The active concealment of a fact by the insured having knowledge or belief of the fact.
- (c) Any other act fitted to deceive.
- (d) Any such act or omission as the law specially declares to be fraudulent.

Explanation II

Mere silence as to facts likely to affect the assessment of the risk by the insurer is not fraud, unless the circumstances of the case are such that regard being had to them, it is the duty of the insured or his agent, keeping silence to speak, or unless his silence is, in itself, equivalent to speak

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 or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intension to suppress the fact or that such misstatement 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.

Explanation:

A person who solicits and negotiates a contract of insurance shall be deemed for the purpose of the formation of the contract, to be agent of the insurer.

(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 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.

Explanation:

For the purposes of this sub-section, the mis-statement of or suppression of fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer, the onus is on the insurer to show that had the insurer been aware of the said fact no life insurance policy would have been issued to the insured.

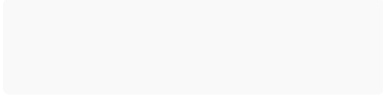
(5) Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated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



Summary of Section 41 of Insurance Laws (Amendment) Act 2015

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 other 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.

Signature of the life to be Assured

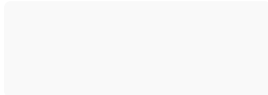




Declaration of the life to be insured

I **ARJUN** the person whose life is herein being proposed to be assured, do hereby declare that the foregoing statements and answers have been given by me after fully understanding the questions and the same are true and complete in every particular and that I have not withheld any information and I do hereby 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 dealt with as per provisions of Section 45 of the Insurance Act, 1938 as amended from time to time. Notwithstanding the provision of any law, usage, custom or convention for the time being in force prohibiting any doctor, hospital, diagnostic center and/or employer, reinsurer/ credit bureau from divulging any knowledge or information about me concerning my health or employment, occupation, insurance, financial etc. on the grounds of privacy, I, my heirs, executors, administrators and assignees or any other person or persons, having interest of any kind whatsoever in the policy contract issued to me, hereby agree that such authority, having such knowledge or information, shall at any time be at liberty to divulge any such knowledge or information to the Corporation, and the Corporation to divulge the same to any Authorised Organisation / Institution / Agency / and Governmental / Regulatory Authority for the sole purpose of underwriting / investigation / risk mitigation / fraud control and/or claim settlement. And I further agree that if after the date of submission of the proposal but before the issue of First Premium Receipt (i) any change in my occupation or any adverse circumstances connected with my financial position or the general health of myself or that of any members of my family occurs or (ii) if a proposal for assurance or an application for revival of a policy on my life made to any office of the Corporation is withdrawn or dropped, deferred or accepted at an increased premium or subject to a lien or on terms other than as proposed, I shall forthwith intimate the same to the Corporation in writing to reconsider the terms of acceptance of assurance. Any omission on my part to do so shall render this contract to be dealt with as per provisions of Section 45 of the Insurance Act, 1938 as amended from time to time. I undertake to inform the Corporation immediately of any changes in KYC documents such as residence. I also give my consent to share my data with Central KYC Registry and to receive phone calls, SMS/ E mail from Central KYC registry in this regard. I understand that the Corporation reserves the right to accept /Postpone/ drop/ decline or offer alternate terms on this proposal for life insurance. I hereby give my consent to receive phone calls, SMS/E mail on the above mentioned registered number/ E mail address from / on behalf of the Corporation with respect to my life insurance policy/regarding servicing of insurance policies/enhancing insurance awareness/ notifying about the status of Claim etc I also understand that the premium and benefits under the policy are subject to taxes / duties/ charges in accordance with the laws as applicable from time to time.

Signature of the Life to be insured



Name

ARJUN

Address

KHEDICOURT KHEDICOURT Betul MP

Pin Code

460557



Suitability Analysis

Proposer Full Name

ARJUN

Date of Birth

03-03-1998

Age

27 Years

Marital Status

Single

Occupation

Service (Listed Companies/Institutions)

Address

KHEDICOURT KHEDICOURT MULTAI 460557

2. What is proposer's yearly income from: (if life assured is different from the proposer)

Employment

₹ 6,00,000

Businesses / Profession

₹ 0

Other Sources

₹ 0

H.U.F. if any

₹ 0

Income of life to be assured

₹ 6,00,000

3. Whether income proof submitted? (if Yes, give details below)

Nature of document for income verification

Is he/she Income tax Assessee

Yes

Is yes, please provide PAN

EXIPA6225E

Income Tax Bracket

10%

4. Previous Policy Details (as per proposal form)

5. Family History (as per proposal form)

Spouse Details

Name

NA

Occupation

NA

Annual Income

NA

6. Need Analysis

Total Annual Income

₹ 6,00,000

Outstanding Liabilities

Secured Loans

₹ 0

Non-Secured Loans

₹ 0

based on his age and income, the maximum insurance that can be granted is:

Age Group

Multiple of Avg. Annual Income

Maximum allowable Insurance

7.

Object of Insurance

Risk Coverage with savings

How would you like to pay your premiums

Half-Yearly

Risk Profile

Conservative to Moderate

Time frame for this investment

8. Categorization of plans in relation to object of Insurance

Category Conservative to Moderate	Risk Profile Conservative to Moderate	Plan Name Jeevan Labh
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9. Product Chosen

Plan No 936	Plan Name Jeevan Labh	Term 21	Sum Assured ₹ 5,00,000
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Mode Half-Yearly	Premium ₹ 13,551
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a) if ULIP is proposed:

1st Year	2nd Year	3rd Year onwards	Life cover charges
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Policy Administration Charges	Fund Management Charges
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b) if Annuity / Pension is proposed:

Target Annuity per annum	Type of Annuity	Annuity Amount per annum	Defement Period
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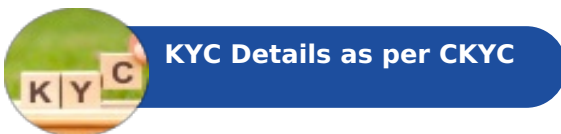
Is the total insurance added to the present proposal is reasonable in relation to income

The questions above pertain to your personal condition at the time of appliction to your understanding of the features of the product for which you are applying. This information will not be used for any other purpose and will remain confidential.

I **ARJUN** , having received the informationwith respect to the above, have understood the selection of product befor into this contract. My plan details are as following:

Plan No 936	Plan Name Jeevan Labh	Term 21	Sum Assured ₹ 5,00,000
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Mode Half-Yearly	Premium ₹ 14,161
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Personal Details

Pan No EXIPA6225E

Name MR ARJUN

Date of Birth 03-03-1998

Gender**Male****Contact Details****C/o.****House/ Bldg. / Apt.****Steert/ Road/ Lane****KHEDICOURT****Landmark****KHEDICOURT****Area/ Locality/ Sector****Pincode****460557****Village/ Town/ City****P.O.****MULTAI****District****Betul****State****MP**



Benefit Illustration

LIC's Jeevan Labh (Plan No. 936)

A Non-Linked, Participating, Individual, Life Assurance Savings Plan
(Unique Identification Number - 512N304V02)

Distribution channel	Offline	Agency name	MUNNA LAL SIHANE	Agency code	0242837B
Name of prospect/policyholder	ARJUN	Age of prospect/policyholder	27 years	Date of illustration	10-09-2024
Name of life assured	ARJUN	Age of life assured	27 years	Benefit UID/Proposal no.	
Policy term	21 years	Premium payment term	15 years	Mode of payment of premium	Half yearly
Basic sum assured Rs.	5,00,000	Sum assured on death (at inception of the policy) Rs.	5,00,000	Instalment premium (for base plan)	13,238.00
Bonus type	Simple reversionary and final additional bonus				

How to read and understand this benefit illustration?

This benefit illustration is intended to show year-wise premiums payable and benefits under the policy, at two assumed rates of interest i.e., 8% p.a. and 4% p.a.

Some benefits are guaranteed and some benefits are variable with returns based on the future performance of your insurer carrying on life insurance business. If your policy offers guaranteed benefits then these will be clearly marked 'guaranteed' in the illustration table on this page. If your policy offers variable benefits then the illustrations on this page will show two different rates of assumed future investment returns, of 8% p.a. and 4% p.a. These assumed rates of return are not guaranteed and they are not the upper or lower limits of what you might get back, as the value of your policy is dependent on a number of factors including future investment performance.

Premium summary			
Particular	Base plan	Riders ¹	Total instalment premium
Instalment premium without GST	13,238.00		13,363.00
Instalment premium with GST @ 4.50% (1st year)	13,834.00		13,964.00
Instalment premium with GST @ 2.25% (2nd year onwards)	13,535.86		13,663.67
<i>GST rate shall be as applicable from time to time</i>			

(Amount in rupees)

Policy year	Annualized premium ² (cumulative)	Guaranteed benefits			Non-guaranteed benefits @ 4% p.a.		Non-guaranteed benefits @ 8% p.a.		Total benefits (including guaranteed and non-guaranteed benefits)					
		Surrender benefit	Death benefit	Maturity benefit	Reversionary bonus	Surrender benefit	Reversionary bonus	Surrender benefit	Maturity benefit		Death benefit ³		Surrender benefit ⁴	
									Maturity benefit, incl. of final additional bonus (FAB), if any, @ 4% (5+6+FAB)	Maturity benefit, incl. of final additional bonus (FAB), if any, @ 8% (5+8+FAB)	Death benefit, incl. of final additional bonus (FAB), if any, @ 4% (4+6+FAB)	Death benefit, incl. of final additional bonus (FAB), if any, @ 8% (4+8+FAB)	Surrender benefit @ 4% (3+7)	Surrender benefit @ 8% (3+9)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
1	26202	0	500000	0	2000	0	15000	0	0	0	502000	515000	0	0
2	52404	15721	500000	0	4000	0	30000	0	0	0	504000	530000	15721	15721
3	78606	27512	500000	0	6000	956	45000	7169	0	0	506000	545000	28468	34681
4	104808	52404	500000	0	8000	1298	60000	9732	0	0	508000	560000	53702	62136
5	131010	65505	500000	0	10000	1658	75000	12435	0	0	510000	575000	67163	77940
6	157212	78606	500000	0	12000	2044	90000	15327	0	0	512000	590000	80650	93933
7	183414	91707	500000	0	14000	2461	105000	18459	0	0	514000	605000	94168	110166
8	209616	109629	500000	0	16000	2813	120000	21096	0	0	516000	620000	112442	130725
9	235818	128757	500000	0	18000	3179	135000	23841	0	0	518000	635000	131936	152598
10	262020	149089	500000	0	20000	3570	150000	26775	0	0	520000	650000	152659	175864
11	288222	170627	500000	0	22000	3995	165000	29964	0	0	522000	665000	174622	200591
12	314424	193371	500000	0	24000	4464	180000	33480	0	0	524000	680000	197835	226851
13	340626	217319	500000	0	26000	4987	195000	37401	0	0	526000	695000	222306	254720
14	366828	242840	500000	0	28000	5580	210000	41853	0	0	528000	710000	248420	284693
15	393030	269226	500000	0	30000	6255	225000	46913	0	0	530000	727500	275481	316139
16	393030	278265	500000	0	32000	7037	240000	52776	0	0	532000	742500	285302	331041
17	393030	287305	500000	0	34000	7949	255000	59619	0	0	534000	760000	295254	346924
18	393030	296345	500000	0	36000	9018	270000	67635	0	0	536000	777500	305363	363980
19	393030	305384	500000	0	38000	10283	285000	77121	0	0	538000	795000	315667	382505
20	393030	353727	500000	0	40000	12000	300000	90000	0	0	540000	812500	365727	443727
21	393030	353727	500000	500000	42000	14700	315000	110250	542000	830000	542000	830000	368427	463977

Notes:

The main objective of the illustration is that the client is able to appreciate the features of the products and the flow of the benefit in different circumstances with some level of quantification.

This illustration is applicable to a standard (from medical, life style and occupation point of view) life.

1. It includes rider(s) premiums in respect of all the rider(s) opted by the proposer/policyholder at inception of the policy.
2. Annualized premium excludes underwriting extra premium, frequency loadings on premiums, the premiums paid towards the riders, if any, and goods & service tax. Refer sales literature for explanation of terms used in this illustration.
3. In any case, the total death benefit at any time shall not be less than 105% of the total premiums paid (excluding GST, extra premium and rider premiums, if any).
4. Special surrender value may however be payable, if it is more favourable to the policyholder.

I, _____ (name), have explained the premiums and benefits under the product fully to the prospect/policyholder.

Place :

Date : Signature of agent/intermediary/official

I, _____ (name), having received the information with respect to the above, have understood the above statement before entering into the contract.

Place :

Date : Signature of prospect/policyholder

