

Form No.

**LIFE INSURANCE CORPORATION OF INDIA
PROPOSAL FOR LIC'S JEEVAN SAATHI PLUS PLAN – (UIN:512L255V01)**

**“IN THIS POLICY, THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE
BY THE POLICYHOLDER”**

**LIC's Jeevan Saathi Plus is a ULIP plan which is different from the traditional
policy in the sense that it is subject to market risk.
LIC does not authorize its agents/intermediaries, staff and officials to express their
opinion on the future performance of the “ULIP” fund, excepting the prescribed
illustrative rate of 6% and 10% growth.**

BRANCH OFFICE:-----

DIVISION:-----

[----- FOR OFFICE USE ONLY -----]

PROPOSAL NO.	:	INWARD NO.	:
IDENTITY NO.	:	DT.OF RECEIPT	:
POLICY NO.ALLOTTED	:	AGENCY CODE	:
NO.OF UNITS ALLOTTED	:	DEV.OFFICER'S CODE	:
AMOUNT PAID	:	IS AGENCY INFORCE?	:
AMOUNT PAID ON	:	AGENCY INFORCE UPTO:	:
TRANSACTION NO./DATE :	:	IS LICENCE INFORCE?	:
CASHIER'S INITIAL	:	LICENCE INFORCE UPTO:	:

ALL ANSWERS TO BE FILLED IN BLOCK LETTERS. ANSWERS MUST BE GIVEN IN WORDS, STROKES OF PEN OR DOTS WILL NOT BE ACCEPTED AS REPLIES.

 AMOUNT PAID BY CASH /CHEQUE/DD:

DRAWN ON:

(NAME & ADDRESS OF THE BANK)

BANK DRAFT/CHEQUE NO.:

AMOUNT:Rs.

(IN WORDS)Rs.

(To be filled in by the Principal Life to be Assured)

1. a) (i) NAME IN FULL OF PRINCIPAL LIFE TO BE ASSURED :

(ii) FATHER'S FULL NAME:

b) (i) ADDRESS (FOR COMMUNICATION) :

TEL.NO.:

E-MAIL ADD.:

(ii) PERMANANT ADDRESS :

2. PLAN DETAILS

 MODE OF PREMIUM PAYMENT: YEARLY / HALF-YEARLY / QUARTERLY/
MONTHLY (ECS)

a) SUM ASSURED: Rs.

(IN WORDS) Rs.

b) FUND SELECTED: BOND / SECURED / BALANCED /GROWTH FUND :
(See information below)

INVESTMENT PATTERN OF THE FUNDS

Fund Type	Investment in Government / Government Guaranteed Securities / Corporate Debt	Short-term investments such as money market instruments	Investment in Listed Equity Shares	Details and objective of the fund for risk /return
Bond Fund	Not less than 60%	Not more than 40%	Nil	Low risk
Secured Fund	Not less than 45%	Not more than 40%	Not less than 15% & Not more than 55%	Steady Income –Lower to Medium risk
Balanced Fund	Not less than 30%	Not more than 40%	Not less than 30% & Not more than 70%	Balanced Income and growth – Medium risk
Growth Fund	Not less than 20%	Not more than 40%	Not less than 40% & Not more than 80%	Long term Capital growth – High risk

c) OTHER DETAILS:

PLAN NO.	TERM	DOB OF PRINCIPAL LIFE TO BE ASSURED	AGE	AGE PROOF

SEX	QUALIFICATION	OCCUPATION	EMPLOYER'S NAME

ANNUAL INCOME	SOURCES OF INCOME	WHETHER INCOME TAX ASSESSE

RURAL/URBAN	FIRST/SUBSEQUENT

NATIONALITY	DISTRICT	TALUKA	VILLAGE

**3. DETAILS OF EXISTING POLICIES INCLUDING UNIT-LINKED POLICIES
(INCLUDING POLICIES SURRENDERED/LAPSED DURING LAST 3 YEARS):**

POL. NO.	INSURANCE COMPANIES FROM WHERE THE PREVIOUS POLICY/ POLICIES HAVE BEEN PURCHASED WITH ADDRESS (IF PREVIOUS POLICIES ARE FROM LIC OF INDIA, GIVEN NAME OF BRANCH/ D.O.)	TABLE AND TERM	SUM ASSURED ON MAIN PLAN	TERM ASSURANCE RIDER SUM ASSURED	CRITICAL ILLNESS RIDER SUM ASSURED	MODE	AMOUNT OF ACCIDENT BENEFIT TAKEN	YEAR OF ISSUE	WHETHER ACCEPTED AS PROPOSED AT ORDINARY RATES. IF NOT THE TERM OF ACCEPTANCE	MEDICAL OR NON-MEDICAL	WHETHER ENFORCE FOR FULL SUM ASSURED	IF NOT, GIVE DUE DATE OF LAST PREMIUM PAID OR DATE OF SURRENDER

4.a) HAS ANY POLICY ON PRINCIPAL LIFE TO BE ASSURED'S LIFE LAPSED OR SURRENDERED DURING THE LAST 3 YEARS?

b) HAS A LIFE INSURANCE PROPOSAL ON THE LIFE OF PRINCIPAL LIFE TO BE ASSURED EVER BEEN

i) WITHDRAWN/ DEFERRED/ DROPPED/ DECLINED :YES/NO

ii) ACCEPTED WITH EXTRA PREMIUM OR LEIN :YES/NO

iii) ACCEPTED ON TERMS OTHERWISE THAN THOSE PROPOSED: YES/ NO

5. FAMILY HISTORY:

MEMBER	LIVING		DEAD		
	PRESENT AGE	STATE OF HEALTH	YEAR OF DEATH	AGE AT DEATH	CAUSE OF DEATH
FATHER					
MOTHER					
BROTHERS					
SISTERS					
WIFE/HUSBAND					
CHILDREN					

6. PERSONAL STATEMENT REGARDING HEALTH OF PRINCIPAL LIFE TO BE ASSURED:

Personal history	Answer 'Yes' or 'No'	If 'Yes' give full details
(a) During the last 5 years did you consult a Medical Practitioner for any ailment requiring treatment for more than a week ?		
(b) Have you ever been admitted to any hospital or nursing home for general check up, observation, treatment or operation ?		
(c) Have you remained absent from place of work on grounds of health during the last 5 years ?		
(d) Are you suffering from or have you ever suffered from ailments pertaining to Liver, Stomach, Heart, Lungs, Kidney, Brain or Nervous system ?		

(e) Are you suffering from or have you ever suffered from Diabetes, Tuberculosis, High Blood Pressure, Cancer, Epilepsy, Hernia, Leprosy or any other disease ?		
(f) Do you have bodily defect or deformity ?		
(g) Did you ever have any accident or injury?		
(h) Do you use or have ever used (1) Alcoholic drinks: (2) Narcotics: (3) Any other drugs: (4) Tobacco in any form:		
(i) What has been your usual state of health?		
(j) Have you ever received or at present awaiting/undergoing medical advice/treatment or tests in connection with Hepatitis B or AIDS related condition ?		
(k) Are you wearing glasses? If so, power of glasses:		
(l) (a) Missing teeth if any, if so number missing (b) Are you wearing well fitting denture? If so, for how many teeth?		

7. PHYSICAL MEASUREMENTS OF PRINCIPAL LIFE TO BE ASSURED (IN CASE OF NON-MEDICAL):

Ht.(in cms.) _____ Wt.(in kg.) _____

8. TO BE ANSWERED IF PRINCIPAL LIFE TO BE ASSURED IS A FEMALE:

(A) Are you pregnant now ?	Date of last delivery	Have you had any abortion or miscarriage or Caesarean section? If so, give details.	Date of last Menstruation	
(B) Husband's Full Name		His Occupation	His Annual Income	
(C) Details of Husband's Insurance:				
POLICY NO.	INSURANCE COMPANIES FROM WHERE THE PREVIOUS POLICY/ POLICIES HAVE BEEN PURCHASED WITH ADDRESS (IF PREVIOUS POLICIES ARE FROM LIC OF INDIA, GIVEN NAME OF BRANCH/ D.O.)	SUM ASSURED	TABLE AND TERM	PRESENT STATUS OF THE POLICY

9. WHETHER THE TERMS AND CONDITIONS OF THE PROPOSED PLAN HAVE BEEN EXPLAINED TO YOU BY THE AGENT:

YES /NO

10. HAVE YOU UNDERSTOOD FULLY THE TERMS AND CONDITIONS OF THE PLAN YOU PROPOSE TO TAKE?

YES/NO

DECLARATION BY THE PRINCIPAL LIFE TO BE ASSURED

I -----, the principal life 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 absolutely null and void and all moneys which shall have been paid in respect thereof shall stand forfeited to the Corporation.

Notwithstanding the provision of any law, usage, custom or convention for the time being in force prohibiting any doctor, hospital and / or employer from divulging any knowledge or information about me concerning my health or employment on the grounds of secrecy, 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 I further agree that if after the date of submission of the proposal but before the issue of the 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 (ii) if a proposal for assurance or an application for revival of policy on my life made to any office of the Corporation or with any other life insurer 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 assurance invalid and all moneys which shall have been paid in respect thereof shall stand forfeited to the Corporation.

I hereby give my consent for undergoing medical examinations / tests including test for HIV as required by the Corporation.

I further declare that I have discussed my financial standing with the agent/intermediary. I have been informed about the risk profile of the ULIP plan(s) and fund(s). In consultation with the agent/intermediary, I have taken a personal and independent decision in an informed manner to go for the Plan and Fund which I have chosen.

I understand that if I have deposited "application money" as a token consideration under this proposal for insurance, the closing NAV of the date of completion only will be applied for allotment of units.

Dated at _____ on the _____ day of _____ 200

Signature of Witness
Name _____
Occupation _____
Address _____

Signature or Thumb impression of the
Principal life to be assured

In case form is filled up / signed in a language different from that of the Proposal Form:

Declaration by the person filling in the form:

"I hereby declare that I have fully explained the above questions to the Principal Life to be Assured in _____ language and I have truthfully recorded the answers given by the Principal Life to be Assured."

Name of the Declarant: _____

Signature: _____

Address of the Declarant: _____

Declaration by the Principal Life to be Assured:

"I certify that the contents of the form and documents have been fully explained to me by Mr / Ms: _____ and I have understood the significance of the proposed contract.

Signature or thumb impression of the Principal Life to be Assured: _____

In case the Principal Life to be Assured is illiterate, the thumb impressions of the Principal Life to be Assured 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 and contents of the proposal form to the Principal Life to be Assured in _____ language, and that the Principal Life to be Assured has affixed his / her thumb impression above after fully understanding the contents thereof."

Name of the Declarant: _____

Signature: _____

Address of the Declarant: _____

For Medical Cases only

"I certify that the Principal Life to be Assured has signed/Put his/her thumb impression in my presence after admitting that all the answers to Questions Nos.6 and onwards of this form has been correctly recorded."

Signature or Thumb impression
of the Principal Life to be Assured

N.B. Signature or thumb impression should be
Affixed in the presence of Medical Examiner.

(Signature of the Medical Examiner)

4. a) HAS ANY POLICY ON SPOUSE LIFE TO BE ASSURED'S LIFE LAPSED OR SURRENDERED DURING THE LAST 3 YEARS?

b) HAS A LIFE INSURANCE PROPOSAL ON THE LIFE OF SPOUSE LIFE TO BE ASSURED EVER BEEN

- i) WITHDRAWN/ DEFERRED/ DROPPED/ DECLINED :YES/NO
- ii) ACCEPTED WITH EXTRA PREMIUM OR LEIN :YES/NO
- iii) ACCEPTED ON TERMS OTHERWISE THAN THOSE PROPOSED: YES/ NO

5. FAMILY HISTORY:

MEMBER	LIVING		DEAD		
	PRESENT AGE	STATE OF HEALTH	YEAR OF DEATH	AGE AT DEATH	CAUSE OF DEATH
FATHER					
MOTHER					
BROTHERS					
SISTERS					
WIFE/HUSBAND					
CHILDREN					

6. PERSONAL STATEMENT REGARDING HEALTH OF SPOUSE LIFE TO BE ASSURED:

Personal history	Answer 'Yes' or 'No'	If 'Yes' give full details
(a) During the last 5 years did you consult a Medical Practitioner for any ailment requiring treatment for more than a week ?		
(b) Have you ever been admitted to any hospital or nursing home for general check up, observation, treatment or operation ?		
(c) Have you remained absent from place of work on grounds of health during the last 5 years ?		
(d) Are you suffering from or have you ever suffered from ailments pertaining to Liver, Stomach, Heart, Lungs, Kidney, Brain or Nervous system ?		
(e) Are you suffering from or have you ever suffered from Diabetes, Tuberculosis, High Blood Pressure, Cancer, Epilepsy, Hernia, Leprosy or any other disease ?		
(f) Do you have bodily defect or deformity ?		
(g) Did you ever have any accident or injury?		
(h) Do you use or have ever used (5) Alcoholic drinks: (6) Narcotics: (7) Any other drugs: (8) Tobacco in any form:		
(i) What has been your usual state of health?		
(j) Have you ever received or at present awaiting/undergoing medical advice/treatment or tests in connection with Hepatitis B or AIDS related condition ?		

(k) Are you wearing glasses? If so, power of glasses:		
(m)(a) Missing teeth if any, if so number missing (b) Are you wearing well fitting denture? If so, for how many teeth?		

7. PHYSICAL MEASUREMENTS OF SPOUSE LIFE TO BE ASSURED (IN CASE OF NON-MEDICAL):

Ht.(in cms.) _____ Wt.(in kg.) _____

8. TO BE ANSWERED IF SPOUSE LIFE TO BE ASSURED IS A FEMALE:

(A) Are you pregnant now ?	Date of last delivery	Have you had any abortion or miscarriage or Caesarean section? If so, give details.	Date of last Menstruation	
(B) Husband's Full Name		His Occupation	His Annual Income	
(C) Details of Husband's Insurance:				
POLICY NO.	INSURANCE COMPANIES FROM WHERE THE PREVIOUS POLICY/ POLICIES HAVE BEEN PURCHASED WITH ADDRESS (IF PREVIOUS POLICIES ARE FROM LIC OF INDIA, GIVEN NAME OF BRANCH/ D.O.)	SUM ASSURED	TABLE AND TERM	PRESENT STATUS OF THE POLICY

9. WHETHER THE TERMS AND CONDITIONS OF THE PROPOSED PLAN HAVE BEEN EXPLAINED TO YOU BY THE AGENT:

YES /NO

10. HAVE YOU UNDERSTOOD FULLY THE TERMS AND CONDITIONS OF THE PLAN YOU PROPOSE TO TAKE?

YES/NO

DECLARATION BY THE SPOUSE LIFE ASSURED

I -----, the spouse life 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 Principal Life Assured 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 shall stand forfeited to the Corporation.

Notwithstanding the provision of any law, usage, custom or convention for the time being in force prohibiting any doctor, hospital and / or employer from divulging any knowledge or information about me concerning my health or employment on the grounds of secrecy, 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 I further agree that if after the date of submission of the proposal but before the issue of the 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 (ii) if a proposal for assurance or an application for revival of policy on my life made to any office of the Corporation or with any other life insurer 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 assurance invalid and all moneys which shall have been paid in respect thereof shall stand forfeited to the Corporation.

I hereby give my consent for undergoing medical examinations / tests including test for HIV as required by the Corporation.

I further declare that I have discussed my financial standing with the agent/intermediary. I have been informed about the risk profile of the ULIP plan(s) and fund(s). In consultation with the agent/intermediary, I have taken a personal and independent decision in an informed manner to go for the Plan.

I understand that the Principal Life Assured has deposited "application money" as a token consideration under this proposal for insurance, the closing NAV of the date of completion only will be applied for allotment of units.

Dated at _____ on the _____ day of _____ 200

Signature of Witness
Name _____
Occupation _____
Address _____

Signature or Thumb impression of the
Spouse life to be assured

In case form is filled up / signed in a language different from that of the Proposal Form:

Declaration by the person filling in the form:

"I hereby declare that I have fully explained the above questions to the Spouse Life to be Assured in _____ language and I have truthfully recorded the answers given by the Spouse Life to be Assured."

Name of the Declarant: _____

Signature: _____

Address of the Declarant: _____

Declaration by the Spouse Life to be Assured:

"I certify that the contents of the form and documents have been fully explained to me by Mr / Ms: _____ and I have understood the significance of the proposed contract.

Signature or thumb impression of the Spouse Life to be Assured: _____

In case the Spouse Life to be Assured is illiterate, the thumb impressions of the Spouse Life to be Assured 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 and contents of the proposal form to the Spouse Life to be Assured in _____ language, and that the Spouse Life to be Assured has affixed his / her thumb impression above after fully understanding the contents thereof."

Name of the Declarant: _____

Signature: _____

Address of the Declarant: _____

For Medical Cases only

"I certify that the Spouse Life to be Assured has signed/Put his/her thumb impression in my presence after admitting that all the answers to Questions Nos.6 and onwards of this form has been correctly recorded."

Signature or Thumb impression
of the Spouse Life to be Assured

N.B. Signature or thumb impression should be
Affixed in the presence of Medical Examiner.

(Signature of the Medical Examiner)

AUTHORITY LETTER

We _____, authorise my Agent / Dev. Officer, Shri / Smt / Kum
_____ to collect my policy bond bearing no. _____
under LIC's Jeevan Saathi Plus.

Principal Life to be Assured's signature

Spouse Life to be Assured's signature

SUMMARY OF SECTION 45 OF INSURANCE ACT, 1938

No policy of life insurance shall, after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured, or any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policyholder and that the policyholder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose.

Note: "Material" shall mean and include all important, essential and relevant information in the context of underwriting the risk to be covered by the Corporation.

Insurance Act 1938 under Section 41

- 1) 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 prospectus or tables of the insurer.

Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the Insurance agent satisfies the prescribed conditions establishing that he is a bonafide Insurance Agent employed by the insurer.

- 2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.

N.B. Rebate of premiums shall be allowed only in accordance with the details given in the prospectus or table of premium rates or, as the case may be, the relevant document, and that an offer or acceptance of any other rebates shall be an offence under Section 41 of the Insurance Act, 1938.

JOINT DECLARATION

We, _____ the Principal Life Assured and _____ the Spouse Life Assured who desire to effect Policy under the LIC's Jeevan Saathi Plus Plan of the Corporation for the Sum Assured of Rs _____ and Rs. _____ respectively, hereby jointly and severally confirm the statements made in our respective proposals for Assurance dated _____ and _____ and the replies to questions in our respective personal statements given before the Medical Examiner(s) on the _____ and _____ respectively, and we hereby jointly and severally declare that all such statements and replies are true and accept joint responsibility in respect thereon. We further hereby jointly and severally state that the said several statements, answers and declarations in the said documents shall be the basis of the contract of Assurance between Principal Life Assured and the Life Insurance Corporation of India and that if any untrue averment be contained therein the said contract shall absolutely be null and void and all moneys which shall have been paid in respect thereof shall stand forfeited to the Corporation.

Dated at _____ on the _____ day of _____ 200__.

Name of Witness _____

Signature of
Witness _____

Occupation _____

(1) _____
Signature of Principal Life to be Assured

Address _____

(2) _____
Signature of Spouse Life to be Assured

“If the answers to questions in this form are given in vernacular or if the answers to the questions are given in English but either one or more of the proposers sign in vernacular then the proposer(s) would declare in his/her/their own handwriting above his/her/their respective signature(s) that all questions were explained to him/her/them and that his/her/their replies were given after fully and properly understanding the same.”

DECLARATION BY PRINCIPAL LIFE ASSURED

I, _____, the Principal Life Assured hereby give my consent that _____ the Spouse Life Assured shall become the policyholder and all the rights and privileges under the policy shall pass on to the Spouse Life Assured in the event of my death.

Dated at _____ on the _____ day of _____ 200__.

Name of Witness _____
Signature of
Witness _____

Occupation _____

Address _____

Signature of Principal Life to be Assured

“If the answers to questions in this form are given in vernacular then the proposer would declare in his/her own handwriting that contents of the declaration were explained to him/her and that his/her declaration has been given after fully and properly understanding the same.”

DECLARATION BY SPOUSE LIFE ASSURED

I, _____, the Spouse Life Assured, do hereby agree to all the terms and conditions and am aware that all the rights and privileges under the policy shall pass on to me only in the event of the death of Principal Life Assured..

Dated at _____ on the _____ day of _____ 200__.

Name of Witness _____
Signature of
Witness _____

Occupation _____

Address _____

Signature of Spouse Life to be Assured

“If the answers to questions in this form are given in vernacular then the proposer would declare in his/her own handwriting that contents of the declaration were explained to him/her and that his/her declaration has been given after fully and properly understanding the same.”

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

**FORM OF NOMINATION UNDER LIC'S JEEVAN SAATHI PLUS
(FOR MAJOR NOMINEE)**

We,andthe lives assured under the within policy, hereby nominate under Section 39 of the Insurance Act, 1938 our (relationship).....named.....aged.....years and whose address is:

.....
.....
.....
.....

as the person to whom the moneys secured by the within policy shall be paid in the event of death of both of us either simultaneously or one after the other at any time before the date of maturity under the within policy.

Dated aton theday of20

Signature of witness

1.....
Signature of Principal Life to be Assured

.....

2.....
Signature of Spouse Life to be Assured

Full Name:.....

Designation:.....

Address:.....

INSTRUCTIONS

(1) A nomination can be made only by the holders of a Policy on their own lives, i.e., only by the Lives Assured.

(2) After filling up the blanks as may be necessary in the Form of Nomination, printed on the reverse, the Lives Assured should copy it out on the back of the Policy.

(3) The Lives Assured must affix their signatures to the endorsement in the presence of a witness. If one or both the Lives Assured be not conversant with English, he/she/they should sign the endorsement before an English knowing witness and if he/she/they be illiterate, he/she/they must affix his/her/their thumb impression(s) to the endorsement before a Magistrate, Gazetted Officer a Class I Officer of the Corporation or a Development Officer of the Corporation with at least five years' service or a Confirmed Development Officer recruited from the Agents who were D.M.'s B.M.'s Club Members before joining or a Development Officer recruited from the Agents who were Z.M.'s or Chairman's Club Members before joining he/she is fully satisfied about the identities of the person executing the endorsement. In such cases the witness should certify as follows:

"Certified that the contents of the above nomination have been explained by me to the life/lives assured..... in vernacular and that he/she/they affixed their signature(s) thumb/impression(s) thereto in my presence, after his/her/their thoroughly understanding the same."

Signature of Witness
(Seal)

(4) Immediately after a nomination has been effected by an endorsement, the Policy must be sent to the Servicing Office of the Corporation for registration of the nomination. A Nomination will NOT be effectual unless it is communicated to and registered by the Corporation.

LIFE INSURANCE CORPORATION OF INDIA
(Established by the Life Insurance Act 1956)

FORM OF NOMINATION UNDER LIC'S JEEVAN SAATHI PLUS
(For Minor Nominee)

We,andthe lives assured under the within policy, hereby nominate under Section 39 of the Insurance Act, 1938 our (relationship).....named.....aged.....years and whose address is:

as the person to whom the moneys secured by the within policy shall be paid in the event of death of both of us either simultaneously or one after the other at any time before the date of maturity under the within policy and we hereby appoint..... aged years and whose address is

..... as the person to receive the moneys secured by this Policy during the minority of the nominee.

Dated at this day of200.....

.....
Signature of the Principal Life to be Assured

.....
Signature of the Spouse Life to be Assured

Witness:
Signature
Full Name
Occupation
Address

I, the above named (Appointee) do hereby endorse my consent to my appointment aforesaid.

Dated at this day of200.....

.....
Signature of the Appointee

Witness:
Signature
Full Name
Occupation
Address

(Please see instructions on next page)

INSTRUCTIONS

1. An Appointment of Appointee can be made only by the holder of a Policy on his own life, i.e., only by the Lives Assured.
2. After filling up the blanks as may be necessary in the form of the Appointment of Appointee, printed on the reverse, the Lives Assured should copy it out on the back of the Policy.
3. If one or both the Lives Assured are not conversant with English, the Lives Assured must affix their signature to the endorsement of Appointment of Appointee before an English knowing witness and if he/she/they be illiterate, he/she/they must affix his/her/their thumb impression(s) to the endorsement before a Magistrate, Justice of the Peace or Gazetted Officer, an Officer of LIC or Development Officer of at least 3 years standing or confirmed Development Officers recruited from the Agents who were the DM or BM Club Members before joining or Development Officers recruited from the agents who were ZM or CM club members provided he/she is fully satisfied about the identity of the person executing the endorsement. In such cases the witness should certify as follows:

“Certified that the contents of the above Nomination and Appointment of Appointee have been explained by me to the Life/Lives Assured _____ in vernacular and that he/she/they affixed his signature / thumb impression there to in my presence, after thoroughly understanding the same”.

Signature of Witness
(Seal)

4. The Appointee must also affix his signature below the endorsement of Appointment of Appointee in token of his consent thereto before a witness who should attest the same.
5. An Appointment of Appointee will not be effected unless it is communicated to and registered by the Corporation. The policy bearing the endorsement of Appointment of Appointee duly executed must be sent to the Branch Office of the Corporation for registration.