



**FORM NO. 360 (Rev 2023)
PROPOSAL FOR INSURANCE ON THE
LIFE OF MINOR LIVES**

COLOUR
PHOTO OF
THE
PROPOSER

COLOUR
PHOTO OF
THE LIFE TO
BE
ASSURED

Division:

Branch Office:

INSTRUCTIONS TO THE PROPOSER

1. This form is to be completed in **BLOCK LETTERS** by the proposer.
2. This form contains 4 sections namely **Section I:**Details of Proposer and Life to be assured **Section II :** Proposed Plan Details, **Section III:** Details of personal and family health and habits and **Section IV :** Declaration
3. Please read all the questions carefully and fill up the details truthfully.
4. Please ensure that you affix your signatures in all the places as required. In certain places more than one signature is required. This is in your own interest.
5. If the Proposer signs this proposal in vernacular or puts his/her thumb impression upon it, then the respective declaration must be completed.
6. Answers should be legible. Questions should be answered in 'Yes' or 'No'. (Strokes / dots / dashes / leaving the questions unanswered will not be accepted). Details need to be provided in case of affirmative answers.
7. The Proposer must countersign any cancellation or alterations made in this form. White ink must not be used

To be filled by Agent/ Intermediary:

1. D.O./CLIA /Chief Organizer/ Intermediary Agency Code No & Mobile number :
2. Agent's/Specified Person's/DSA's/Sup Agent's Name ,Code No & Mobile number:
3. Licence No/ Registration No:
4. Date of Expiry:

For Office Use Only :

Inward no : _____ Date _____
Proposal no : _____ Amt of Deposit (Rs): _____ B.O.C No: _____ Date : _____

Section- I : Details of Proposer and Life to be assured

I.	Personal Details	Proposer	Life to be assured
1	Customer ID		
2	C KYC number (Central KYC Registry number)		
3	Name	Prefix First Name Middle Name Last Name	Prefix First Name Middle Name Last Name
4	Father's Full name	First Name Middle Name Last Name	First Name Middle Name Last Name
5	Mother's Full Name	First Name Middle Name Last Name	First Name Middle Name Last Name
6	Gender	Male / Female / Transgender	Male / Female / Transgender
7	Marital Status		
8	Spouse's Full name		
9	Date of Birth(DD/MM/YYYY)	____ / ____ / ____	____ / ____ / ____
10	Age **	____ Years	____ Years
	** Depending upon the plan conditions, Age last birthday/Age nearer birthday shall be applied for the calculation of premium		
11	Place / City of Birth		
12	Nature of Age Proof Submitted		
13	Nationality		
14	Citizenship		
15	Relationship between Proposer & Life to be assured		

16	Permanent Address as per Proof of Identity (Proof of Identity must be any one of the following: 1) Aadhar 2) Driving License 3) Voter Id 4) Passport		
	House No./Building Name / Street		
	Town/ Village/Taluka		
	City / District & State		
	State &Country		
	PIN Code		
	Tel. No. with STD Code		
17	Correspondence / Current Address if different from above		
	House No./ Building Name / Street		
	Town/ Village/ Taluka		
	City / District		
	State &Country		
	PIN Code		
	Tel. No. with STD Code		
18	Residential status	Resident Indian / NRI / FNIO	Resident Indian / NRI / FNIO
	Whether holding valid Overseas Citizen of India card (OCI card)	Y/N	
19	Address outside India (Applicable only for NRI/FNIO)		
	House No./ Building Name / Street		
	Town/ Village		
	City / District		
	State &Country		
	PIN Code		

II KYC& PMLA			
1	Are you Income Tax Assessee	Y/N	Y/N
2	Permanent Account Number (PAN)		
3	Are You Registered under GST, if yes give GSTIN :		
4	ID details (* In case of Aadhaar only last four digits is to be given as Id number)		
	Proof of Identity	1) Aadhar 3) Voter Id	2) Driving License 4) Passport
	ID number *		1) Aadhar 3) Voter Id
	Expiry date of ID(DD/MM/YYYY)		2) Driving License 4) Passport
5	Proof of Correspondence Address Submitted		

III Educational Details of Life to be assured		
1	Is the child studying?	Y/N
2	If Yes , state the class and /or type of course*	
*Submit Latest school report card		

IV Occupation of the Proposer	
1	Educational qualification
2	Present Occupation
3	Source of Income
4	Name of the present employer
5	Exact Nature of duties
6	Length of service
7	Annual Income (Rs)

V	Others
1	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? If yes , give details and submit respective questionnaire .
2	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 ? If yes, give details.
3	Are you a Politically Exposed Person OR are you a family member or close relative of Politically Exposed Person? (As per RBI guidelines PEPs are the individuals who are or have been entrusted with prominent public functions by a foreign country.)

VI	Existing Insurance of Minor life (Please give details of previous insurance taken from LIC as well as from other insurers including policies surrendered / lapsed during last 3 years) Note: 1. If space is not sufficient for all existing policies, please use separate sheet in the same format. It must be duly signed by the life to be assured 2. Corporation normally does not entertain any fresh proposal for insurance where a policy has lapsed or has been converted into paid up policy within the last 3 years.			
1	Policy Number			
2	Name of the Insurer/ Division/ Branch			
3	Plan and Term			
4	Sum assured (Rs)			
5	Date of Commencement (DD/MM/YYYY)			
6	Date of Revival (DD/MM/YYYY)			
7	Whether accepted at ordinary rate, if not give details			
8	Medical/ Non medical			
9	Whether Inforce(Yes/No)			
10	If not , Date of FUP/ Date of surrender (DD/MM/YYYY)			
11	Has a proposal (or an application for revival of a policy) on the Life to be assured made to any office of the Corporation or to any other Insurer ever been	Yes/No	Details	
a	Withdrawn, Deferred, Dropped or Declined? if yes give details.			
b	Accepted with extra Premium or Lien? if yes give details.			
c	Accepted on terms other than those proposed? if yes give details.			
d	Have you during the past one year returned any policy of the Corporation as the same was not acceptable to you? if yes give details.			
VII	a. Give below the particulars of all the assurance in full force on the lives of parents, brothers and sisters of Life to be assured			
	Relation ship	Policy Number	Total Sum Assured	
	Father			
	Mother			
	Brothers			
	Sisters			
	b. Whether all the children are insured equally? If No, please mention reason for the same			
	Note: (Please give details of all questions in the space provided for the same.). If space is insufficient, attach a separate sheet duly signed by Proposer			
VIII	Tax Residency of Life to be assured Is your country of Tax Residency outside India ? Y/ N If yes, fill the Self Certification Form I hereby declare that the detail furnished above is true and correct to the best of my knowledge and belief and I undertake to inform you of any change therein immediately. In case the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.			

Mobile No of the Proposer: _____

E mail id of the Proposer : _____ Signature/ thumb impression of the Proposer

Section II: Proposed Plan Details

I	Objective of Insurance :	Saving / Risk Cover/ Saving and Risk Cover					
II	Plan , Rider and Sum assured selected (Riders are subject to availability under the selected plan)						
a	Plan **	Term	Premium paying Term	Sum Proposed (Basic Sum Assured) (Rs)	Mode of Premium Payment (Yly/Hly/Qly/ NACH/SSS/ Single)	Do you wish to obtain LIC's Premium Waiver Benefit Rider? ***	If policy is to be dated back indicate date (DD/MM/YYYY)
b	For SSS Policies : i. Paying Authority code and Dept No ii. Badge or SR No						
** In case of LIC's JeevanTarun, Please fill the respective addendum which is part of the proposal form. ***If LIC's Premium Waiver Benefit Rider is opted , please fill Proposal form 300 separately. **** Addendum for plan specific details to be completed for LIC's Aadhar Stambh, LIC's Aadhar Shila, LIC's Jeevan Azad, LIC's Dhan Sanchay and any other plan that require such details							

III	Settlement Option (As per Plan conditions)
	Do you wish to avail "Option to take Maturity Benefit in Instalments" :Yes /No Do you wish to avail "Option to take Death Benefit In Instalments" : Yes/ No If 'Yes', Kindly fill the respective addendum which forms a part of the proposal form. Note: You will have the option of altering the mode of receipt of payment of claim from lumpsum to installment and vice versa during the policy duration till the point of claim.

IV	Simultaneous Proposals	
a	Is any other proposal on the Life to be assured now being made to, or is any other proposal or an application for revival of a policy on his life under consideration in this or any other office of the Corporation or to any office of any other Insurer? If so, give details.	Y/N
b	Whether proposed simultaneously on the life of siblings / parents ? If yes, give details	Y/N

V	Bank Details
	Bank Account details: a) Type of Account-Savings / Current: b) Your Account No : _____ c) MICR Code: _____ d)IFSCCode: _____ e) Name and Address of your bank: _____ (Attach a cancelled cheque leaf (along with copy of bank passbook if name is not printed on the cheque leaf)
VI	Are you registered with LIC Portal: Yes /No If yes, give Customer ID _____ If not, Please visit our site www.licindia.in and register yourself with LIC Portal after completion of this proposal to avail the benefit of e services.

Signature/ thumb impression of the Proposer

Section- III :Health / habits of the Life to be assured

I	Personal Health		
a	Please state exact height and weight (without shoes)	Height (in cms)	Weight (in Kg)
b	During the last five years did Life to be assured consult a Medical Practitioner for any ailment requiring treatment for more than a week ? If yes, give details	Y/N	
c	Has Life to be assured ever been admitted to any hospital or nursing home for general check up, observation, treatment or operation? If yes, give details	Y/N	
d	Has Life to be assured remained absent from school/ college/ educational institute on grounds of health during the last 5 years? If yes, give details	Y/N	
e	Is the Life to be assured suffering from or ever suffered or undergone investigation in the past or ever been		

	advised to undergo investigation or treatment for the following ailments:			
	Diseases	Y/N	Diseases	Y/N
	1. Lungs/ Respiratory Disease / Persistent cough, asthma, bronchitis, pneumonia, spitting of blood etc		2. Hypertension, Hypotension, rheumatic fever, pain in chest, breathlessness, palpitation, any disease of the heart or arteries?	
	3. Peptic ulcer/colitis, jaundice, anaemia, piles, dysentery, or any other disease of the stomach, liver, spleen, gall bladder or pancreas/ digestive disorder		4. Any disease of kidney /prostate or urinary system?	
	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		6. Hernia/hydrocele, varicocele, fistula, varicose veins, filariasis, gonorrhoea, syphilis or any other venereal disease?	
	7. Cancer/leukemia/lymphoma/ tumour / cyst/ Any other growth / lumps/ blood disorder /enlarged glands		8. Any disease of ear, nose, throat or eyes, including defective sight or hearing and discharge from the ears	
	9. Endocrine disorders such as Diabetes, Goitre, Thyroid etc or have you ever passed sugar, albumin, pus or blood in urine		10. Bone / Joint/ Spine Disease/ Arthritis	
	11. Mental Disorder (Depression/ Anxiety, etc.).		12. Chronic infections- Tuberculosis/ pleurisy / Skin Disease/ skin eruption/ Leprosy.	
	13. Hepatitis or AIDS&HIV related condition		14. Any Operation, accident or injury/ any bodily defect or deformity.	
	15. Any other disease?			
f	If answer to any of the questions mentioned in 'e' above is yes, please give details as below (If hospitalized , enclose the discharge summary and all investigation papers along with the proposal form).			
	Nature of disease / illness	Date of Diagnosis (DD/MM/YYYY)	Fully recovered (Y/N)	Still on treatment (Y/N), If Yes give details of treatment
				Name and address of Doctor/ Hospital

II	What has been usual state of health of Life to be assured ? (Excellent/Good/Under Treatment/Poor)	
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III	Family details				
1	Has any of Life to be assured's relations, living or dead, suffered from or died of heart disease, stroke, high blood pressure, diabetes mellitus, cancer, kidney disease, or any hereditary disorder , insanity, epilepsy, or any contagious diseases such as tuberculosis, Hepatitis, AIDS / HIV etc? If yes, please specify a. Name of the disease b. Relationship with the Life to be assured c. Date / Year of death, if not alive (DD/MM/YYYY)				
2	Family History				
		Living			
		Dead			
		Age (in Yrs.)	State of health	Age at death (in Yrs.)	Year/cause of death
	Father				
	Mother				
	Brothers Living Dead				
	Sisters Living Dead				
	Spouse				
	Children Living Dead				

Signature/ Thumb impression of the Proposer

Section-IV : Declaration

DECLARATION BY THE PROPOSER

I.....(Name of the proposer) do hereby declare that the foregoing statement 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 the Life to be assured concerning the health, insurance , financial etc. on the grounds of privacy, I , on behalf of myself, the Life to be assured, our heirs, executors, administrators and assignees or any other person or persons, having interest of any kind whatsoever in this policy contract issued on the Life to be assured, 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 Authorized Organization / 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 any change in the general health of the Life to be assured or that of any members of his family occurs, 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/ notifying about the status of Claim .
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.

Dated aton theday of20__

Signature or Thumb impression of witness
Name _____
Occupation & address _____

Signature / Thumb impression of the Proposer

1. Declaration by the person filling in the form (In case form is filled up/signed in a language different from that of the Proposal Form or in case the Proposer is person with disability (PWD) where he/she is not able to fill the proposal form himself/ herself.)

“I hereby declare that I have fully explained the above questions to the Proposer and I have truthfully recorded the answers given by the Proposer and Proposer has affixed the thumb impression/ signature as below after fully understanding the contents thereof.”

Signature of the Declarant
Name & Address of the Declarant: _____

“I certify that the contents of the form have been fully explained to me by (Name, Designation, occupation) Mr. / Ms. _____

Signature/ Thumb impression of the Proposer

2. In case the Proposer is illiterate, his/her thumb impression 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 Proposer in _____ language, and that the proposer has affixed the thumb impression above after fully understanding the contents thereof."

Signature: _____

Name & Address of the Declarant: _____

SECTION 45 OF THE INSURANCE ACT, 1938

(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 ; and
- (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.

(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 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 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.

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 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.

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.

In accordance with the applicable provision of Section 41 of The Insurance Act, 1938

"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".

FOR MINOR LIVES ONLY

F.NO.3293A

With reference to the Proposal for Rs.....on the life of my son/daughter/ Grand Son/ Daughter , I hereby agree and undertake that if under the policy that may be issued, any payment is received by me by way of, loan (if admissible) surrender, Cash Option, or for any other reasons whatsoever before the policy has vested in Life Assured, I shall utilize the moneys thereby received for the benefit of the minor or his estate.

Signature or Thumb impression of Witness

Signature/ thumb impression of the Proposer

ADDENDUM TO PROPOSAL

"I understand and agree that the policy shall automatically vest on the Life to be assured on the policy anniversary coinciding with or immediately following the completion of 18 years of age and shall on vesting be deemed to be a contract between the Corporation and Life to be assured."

Dated at _____ on the _____ day of _____ 20 _____

Signature or Thumb impression of Witness

Signature or Thumb impression of the Proposer

Name _____

Occupation _____

Address _____

ADDENDUM TO PROPOSAL

(To be obtained by the Proposer)

LIC's JeevanTarun

Proposal No:

I _____ understand that the following four Options are available for Survival and Maturity benefit under this plan. Considering the future requirements of my child I have opted for Option ____ (1/2/3/4) under this proposal.

Further, I understand that once an Option is chosen the same shall not be altered and shall become a part of the Policy Contract.

Options available under the plan:

- Option 1:** No survival benefit payable during the policy term and entire 100% of Sum Assured along with vested Simple Reversionary Bonuses and Final Additional Bonus, if any, shall be payable on maturity.
- Option 2:** Annual payment of 5% of Sum Assured every year starting from policy anniversary coinciding with or following the completion of 20 years of age and thereafter on each of the next 4 policy anniversaries shall be payable. The balance of 75% of Sum Assured along with vested Simple Reversionary Bonuses and Final Additional Bonus, if any, shall be payable on maturity.
- Option 3:** Annual payment of 10% of Sum Assured every year starting from policy anniversary coinciding with or following the completion of 20 years of age and thereafter on each of the next 4 policy anniversaries shall be payable. The balance of 50% of Sum Assured along with vested Simple Reversionary Bonuses and Final Additional Bonus, if any, shall be payable on maturity.
- Option 4:** Annual payment of 15% of Sum Assured every year starting from policy anniversary coinciding with or following the completion of 20 years of age and thereafter on each of the next 4 policy anniversaries shall be payable. The balance of 25% of Sum Assured along with vested Simple Reversionary Bonuses and Final Additional Bonus, if any, shall be payable on maturity.

Date:

Signature or Thumb Impression of Proposer

Addendum to Proposal Form for Settlement Option (for Maturity Benefit)

(To be furnished by the Proposer/ Life to be assured)

Proposal No.

Do you wish to avail Settlement Option (for Maturity Benefit) under the proposal? YES /NO

If yes, please Tick/Strikeout (if not applicable) the following:

1. Period for settlement option (in years): 5 / 10 / 15 (As applicable under the plan)
2. Whether Settlement Option (for Maturity Benefit) is required for: Full / Part of the benefit proceeds
If in part, specify the amount/ percentage of the benefit proceeds:
Absolute Amount (Rs.): -----
Percentage of benefit proceeds: -----
3. Mode of Instalment payment: Yearly / Half-Yearly / Quarterly / Monthly

If the Net Claim Amount is less than the required amount to provide the minimum instalment amount (as mentioned below) as per the option exercised by the Proposer/Life to be assured, the claim proceed shall be paid in lump sum only.

Mode of Instalment payment	Minimum Instalment amount (Rs)
Monthly	Rs. 5,000/-
Quarterly	Rs. 15,000/-
Half-Yearly	Rs. 25,000/-
Yearly	Rs. 50,000/-

Date & Place :

Signature/ thumb impression of the Proposer

Name of Proposer

Addendum to Proposal Form for Option to take Death Benefit in Instalments

(To be furnished by the Proposer/ Life to be assured)

Proposal No.

Do you wish to avail Option to take Death Benefit in Instalments under the proposal ? YES/ NO

If yes, please Tick/Strikeout (if not applicable) the following:

1. Period for Option to take Death Benefit in Instalments (in years): 5 / 10 / 15(As applicable under the plan)
2. Whether Option to take Death Benefit in Instalments is required for: Full / Part of the benefit proceeds
If in part, specify the amount/ percentage of the benefit proceeds:
Absolute Amount (Rs.): -----
Percentage of benefit proceeds: -----
3. Mode of Instalment payment: Yearly / Half-Yearly / Quarterly / Monthly

If the Net Claim Amount is less than the required amount to provide the minimum instalment amount (as mentioned below) as per the option exercised by the Proposer/Life to be Assured, the claim proceed shall be paid in lump sum only.

Mode of Instalment payment	Minimum instalment amount (Rs)
Monthly	Rs. 5,000/-
Quarterly	Rs. 15,000/-
Half-Yearly	Rs. 25,000/-
Yearly	Rs. 50,000/-

Date &Place :

Signature/ thumb impression of the Proposer

Name of Proposer