

LIFE INSURANCE CORPORATION OF INDIA

(Established by the Life Insurance Corporation Act, 1956)

FORM FOR SUITABILITY ANALYSIS

						DIVISION			
1. Full Na	ame of the	proposei	r					3 14	
				Age :					
						-			
Marital				., Single					
	ation : (Tick			., omge	, vvide	, , , , , , , , , , , , , , , , , , ,	,Divorcec	J	***********
Buseni	,	Govt. S	-	Pvt. Se	ervice	Agricult	ure	House	ewife
Studen	t	Profess	sional	NRI		HUF		Other	
If Othe	r, Please Sp	pecify							
	s propoer's y								
(A) (i)						per a	nnum		
(ii)	Business	or profess	sion Rs				per aı	nnum	
(iii)	Other sou	rces (to	be specified) Rs				per ar	nnum
(iv)	HUFifa	any Rs			••••	per ar	num		
(v)									
(B) Wh	nether Incom	e proof sul	omitted	YES /	NO. If Ye	s:			
(i)	Nature of o	document	relating to in	come verification	on : (Tick ap	opropriate box)		
	IT Return		Salary Certi	ficate	CA Certi	ficate	P & I	_ Accoun	t 🗔
		Eertificate		ovt. Authority			Othe		
(ii)	Is he / she	an Incom	e Tax Asses	ssee	 (YES / N	IO.) If Yes			
(iii)						cket	0/0		
I. Details	of previous			7					
		Year of	Self/	Company/	Sum	Term	Critical	ΛR	Annualised
Policy No.	Table/Term	Issue	dependent	BO/Division	Assured	Rider SA	Illness Rider	AB Rider	Premium
				, , , , , , , , , , , , , , , , , , ,					
			-						
			-						
	1		TOTAL						
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J.	rail	HILV	histo	ηγ.

		Living	D	ead
Relationship	. Age (Yrs.)	State of Health	Age at death (Yrs.)	Cause of death
Father				
Mother		Life Oğlarınının		
Brother				
Sister				
Wife/Husband	e .			
Son				
Daughter		3 F 3		

Wil	te/H	usband						
So	n							
Da	ugh	iter	108 ==					
	lam	Spouse details :						
O)ccl	ıpation			Annual In	come		
T	ota	d Analysis : I Annual income						
		tanding Liabilities : i) Secured Loa						
В	Base	ed on his age and income, the max	ximum In	surance	that can be grar	nted as per existing	rule is :	
A	\ge \	Group		Mul	tiple of Avg Annu	al Income		
. L	Jpto	35 years		25 t	imes			
3	36 to	45 years		20 t	imes			
4	16 to	55 years			imes			
5	56 y	ears and above		10 times				
	a) 	Object of Insurance : (Tick appr Pure Risk Cover			Risk Cove	erage with savings		
	ÍГ			7		erage with savings		
		Money back with Risk Cover				Return with Risk Cov	/er	
		Market linked Return with Risk co	over		Pension /			
		Health Cover			Suitable fo	or children		
		Others						
t	b)	Risk Profile :						
		Conservative to Moderate			Aggres	ssive		
(c)	How would you like to pay you	ır premi	1				
		Lumpsum (Single Premium)		Regu	lar Installments (i	Non-single premium)	
(d)	Time frame for this investment	t ?				Commence of the Commence of th	
		After 3 — 5 Yrs.						
		After 6 — 10 Yrs.						
		After 11 — 15 Yrs.	-					
		After 16 — 20 Yrs.						
		After 21 Yrs or More						
		After Death only						

(If other than above, please specify)

8. Categorization of Plans in Relation to Object of Insurance:

Pure Risk Cover	Risk Coverage with savings	Money back with Risk Cover	Secured Return with Risk Cover
-	Conservative to Moderate	Conservative to Moderate	Conservative to Moderate
Tech Term	New Endowment Plan	New Bima Bachat	New Bima Bachat
Jeevan Amar	New Jeevan Anand	New Money Back - 20 Yrs	Jeevan Shiromani
New Jeevan Mangal	New Bima Bachat	New Money Back- 25 Yrs	Bima Shree
Bhagya Lakshmi	Single Premium	New Children's Money	
*	Endowment Plan	Back Plan	e e
	New Money Back - 20 Yrs	Jeevan Tarun	
	New Money Back - 25 Yrs	Jeevan Umang	
	Jeevan Lakshya	Bima Shree	
	Jeevan Labh		
	Aadhaar Stambh		
· · · · · · · · · · · · · · · · · · ·	Aadhaar Shila		
	Jeevan Umang		
	Jeevan Shiromani		
	Bima Shree		
	Micro Bachat		

Market linked Return with Risk cover	Pension / Annuity	Health Cover	Suitable for Children
Aggressive	Conservative to Moderate	Conservative to Moderate	Conservative to Moderate
New Endowment Plus	Jeevan Shanti	Jeevan Arogya	New Children's Money Back Plar
	Jeevan Nidhi	Cancer Cover	Jeevan Tarun
			New Endowment Plan
			New Bima Bachat
			Single Premium Endowment Plan
			New Money Back-20 Yrs.
			New Money Back-25 Yrs.
			Jeevan Labh
			Aadhaar Stambh
			Aadhaar Shila
			Jeevan Umang
			Bima Shree
		2.3	

9. Product Chosen:

Table No.	Plan Name	Term	Sum Assured	Mode	Premium
					COMMENTAL DESCRIPTION OF THE STATE OF THE ST

9. a. If ULIP is proposed, allocation charges:

1st Year	2nd Year	3rd Year onwards	
			٠

9. b. Other charges which will be levied by cancelling UNITs:

Life Cover Charges %	Policy Administration charges	Fund Management Charges -
*,		

1.74	per Annum	Target Annuity per Annum					
	(2311 8	Immediate A	nnuity	Amount			
	· · · · · · · · · · · · · · · · · · ·		= H H H = = =	2			
		Deferred Ann	nuity:	Deferment Period	Amount		
			- 1 %		_		
ls total insuran	ce added to the present (proposal reasonable	e in relation to inco	me?			
I,		(name), have explained t	he basis for selection	n of plan, premi		
and charges u	nder the policy fully to the	e prospect / policy h	older.				
Place :							
Date :							
Bate.				0:	/ 1 1 P		
				Signature of Agent	/ Intermediary		
l,			(name), havin	g received the inforr	mation with res		
to the above, h	nave under stood the sele	ection of product bef	ore entering into th	is contract. My prefer	red plan details		
as following:							
Table No.	Plan Name	Term	Sum Assured	Mode	Premium		
	i, reliant	= T = .					
					I		
Place :							
Date:							
				Signature of prosp	ect		
				3			
			total contract to the	cation and to your up			
	above pertain to your p				•		
features of the	above pertain to your p product for which you are						
features of the							
features of the confidential.		applying. This infor	mation will not be u	sed for any other purp	pose and will rer		
features of the confidential.	product for which you are	applying. This infor	mation will not be u	sed for any other purp	pose and will rer		
features of the confidential.	product for which you are	applying. This infor	mation will not be u	sed for any other purp	pose and will rer		
features of the confidential.	product for which you are wish to fill up the Quest n your proposal for Insu	applying. This information tionnaire, please represented in the second s	mation will not be u	sed for any other purp	pose and will rer		
features of the confidential.	product for which you are wish to fill up the Quest n your proposal for Insu	applying. This infor	mation will not be u	sed for any other purp	pose and will rer		
features of the confidential. If you do not this form with	wish to fill up the Quest your proposal for Insu WAIVER OF I	tionnaire, please regrance.	mation will not be u ead the following	sed for any other purp statement, signatur	pose and will rer		
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features of the confidential. If you do not this form with	wish to fill up the Quest your proposal for Insu WAIVER OF I	tionnaire, please regrance.	mation will not be u ead the following	sed for any other purp statement, signatur	pose and will ren		