

## **Life Insured Declaration Form**

## Instructions:

- This form needs to be filled for Life Insured-Proposer cases where the age of the proposer is above 60 years and the premium payment term is more than 5 years.
- This form needs to be filled by the Life Insured (LI) if he/she is a major. In case of a minor Life Insured, the form needs to be filled by the parent / guardian of the minor.
- Proposer and Parent / Guardian cannot be the same person.

Life Insured's Name:	
Life Insured's DOB:	
To Whosoever It Ma	ay Concern
l,	_, [name of major LI / name of parent / guardian in case of minor
LI (please tick the right option)], here by agree that I am fully aware that	product is
being taken on my life / ward's life, i.e., I am / my ward is the life insured	d of the said policy with Years of policy term <b>and</b>
Years of premium payment term for INR	which is payable annually / semi-annually / quarterly / monthly
(please tick the right option)	
I am signing this declaration to confirm that the proposer is mentally and fin	ancially capable of taking the decision to invest in this policy, and,
I agree to continue the policy in the event the proposer is unable to do so o	r in the event of death of the proposer.
Date:	Place:
Signature of major Life Insured	Signature of parent / guardian in case of minor Life Insured
Signature of major Life Insured  Vernacular Decl	
- '	aration
Vernacular Decl  This section needs to be filled only in the case this form is filled by a perso	aration  n other than major life insured / parent / guardian (in case of nereby declare that the contents in this form have been fully explained to
Vernacular Decl  This section needs to be filled only in the case this form is filled by a perso minor life insured) or is signed in vernacular language:  Declaration by major life insured / parent / guardian (in case of minor life insured): 18	aration  n other than major life insured / parent / guardian (in case of  nereby declare that the contents in this form have been fully explained to  offormation provided by me.
Vernacular Decl This section needs to be filled only in the case this form is filled by a perso minor life insured) or is signed in vernacular language:  Declaration by major life insured / parent / guardian (in case of minor life insured): 18 me and 1 declare that whatever is stated hereinabove has been recorded as per the in Thumb impression / Signature of the major life insured / parent / guardian (in case of Declaration by person filling the form: I have explained the contents of this form to the	aration  n other than major life insured / parent / guardian (in case of mereby declare that the contents in this form have been fully explained to information provided by me.  iminor life insured):  the major life insured / parent / guardian in (in case of minor life insured)
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Bharti AXA Life Insurance Company Ltd. IRDAI Regd. No. 130 dated 14/07/2006 [Life Insurance Business] Unit No. 1902, 19th Floor, Parinee Crescenzo, 'G' Block, Bandra Kurla Complex, BKC Road, Behind MCA Ground, Bandra East, Mumbai - 400051, Maharashtra. CIN No.: U66010MH2005PLC157108 | Toll free No.: 1800-102-4444 | Website: www.bhartiaxa.com | Comp-July-

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