(PLI-01)

## DEPARTMENT OF POSTS PROPOSAL FORM FOR RURAL POSTAL LIFE INSURANCE (NON MEDICAL)

Affix Passport Size Photograph

FOR OFFICE USE ONLY				
Name of the Development Officer/FOs/Agent/ Postal employees (ASP/ IPO/ PM/ PA/ SA/ Postman/ Mail guard/ GR'D/ GDS-BPM/ GDS-DA/	Proposal No.			
GDS-MC)	Date of receipt			
	No. of PLI-2			
Agent Code	110. 01 1 L1-2			
	Amount deposited ₹   Post Office at which deposited			
	ACG- 67 Receipt No and Date			
	Policy No.			
	Date of obtaining proposal by BPM			
	Date of receipt of proposal at Divisional office			

## **IMPORTANT NOTE**

- 1. THIS FORM IS MEANT FOR INSURANCE OF ONE LIFE ONLY.
- 2. PROPOSER SHOULD MAKE HIM/ HERSELF FAMILIAR WITH TERMS AND CONDITIONS AND RULES OF THE SCHEME BEFORE FILLING IN THE FORM EITHER HIMSELF OR THROUGH HIS AGENT.
- 3. ALL ANSWERS SHOULD BE FILLED IN LEGIBLY. DOTS, DASHES OR BLANKS WILL NOT BE ACCEPTED.
- 4. PROPOSER SHALL BE RESPONSIBLE PERSONALLY FOR THE INFORMATION FILLED IN THIS FORM IRRESPECTIVE OF WHETHER THE FORM IS FILLED IN HIS OWN HAND OR THROUGH HIS AGENT. ATTENTION IS INVITED TO RULE 7 OF POIF RULES FOR INACCURATE, WRONG OR MISLEADING INFORMATION GIVEN BY THE PROPOSER WHICH MAY RESULT INTO CANCELLATION OF THE POLICY AND FORFEITURE OF ALL MONEYS PAID BY THE PROPOSER

All entries should be filled in capital letters:					
1. Name					
2. Date of Birth					
Age on next birth day					
Nature of proof of age					
Place of Birth					
3. Sum Assured ₹					
4. (a) Type of Policy					
(b) Term					
5. Age at Maturity					
6. Permanent Address					
Post office Post office					
Pin code					
Mobile Number					
7.Address Details for Correspondence					
Pin code					

beneficiary and particulars of trustee. (Nomination in such cases not allowed)				
9.If policy is being funded by HUF, give particulars of HUF.				
10.Nomination (refer sectio 1874)	n 39 of Insurance act 1938) (Not applicable in case of policy under MWPA			
a. State particulars of the no	ominees (not more than three Nominees)			
Sole/ First Nominee Deta	ails-			
Name				
Address				
Pin code				
Relationship				
Age				
% Share of claim amount				
<b>Second Nominee Details-</b>				
Name				
Address				
Pin code				
Relationship				

8.If policy is proposed to be taken under Married Women Property Act 1874, state object particulars of

Age	
% Share of claim amount	
Third Nominee Details-	
Name	
Address	
Pin code	
Relationship	
Age	
% Share of claim amount	
b. Appointee Details(if	nominee is minor)
Name	
Address	
Pin code	
Relationship	
Age	
11. Father's/Husband's Nam	e
12.Maturity Date	
13.Premium Amount	₹
14. (a) Mode of Payment	Cash Cheque

15.		Occupation						all
16	-	hold any other				- •	_	
17. De	claration of	f the proposer-						
	diseases.	Γhat I have not ha that no proposal of	d any s	serious illn	ess or major opera	ations for the	last t	
	true to the statement been requ forfeited a not admiss	e best of my know or have concealed ired from me, the and the contract re sible before compl orfeited if I surrend	ledge all any cinal the all the all the endered etion o	nd belief. ircumstanche premium absolutely f 36 month	In case, I have wi es with regard to n which have bee null and void. So s of the policy and	Ifully made and which inform n paid by me urrender of a d the amount	ny ur ation e sha polic	ntrue has ll be cy is
		hes (non medical) ta						RPLI

M Q HY Y

18. Declaration in case the proposer is illiterate

(b) Periodicity

Note:- In case the proposer is illiterate, thumb impression of the proposer should be attested by a literate person permanently resident of the locality (but unconnected with the Deptt) and this declaration should be made by him.

ssion of the proposer

(Signature or left thumb Impre

	Declarant's Name
	Address
I hereby declare that I have explained the in (Language) which proposer has affixed the thumb impression above thereof.	he/ she easily understands and that the
	Signature
19. Declaration of the Rural PLI Sales Person (Agent, GDS	DO/FO Departmental employee)
I	information including declaration of health of birth furnished by the proposer has been
	Signature of RPLI Agent
	Name of RPLI Agent Dated Station
	Agent Code

## <u>Confidential Report</u>

This will consist of information not revealed in the proposal form. SDI/ ASP report is not only required for granting a policy but will also be required when claim arises, to check the correctness of data in proposal form. This will be completed by SDI/ ASP after proposal form is completed by proposer. Content of the report should not be discussed with the proposer or divulged to him.

## (The form should be completed by SDI/ASP)

1.	Are you related to the proposer?	:	Yes NO
2.	Are you aware of any financial/physical/mental situation concerning proposer which makes him unsuitable for consideration of his Insurance proposal?	:	Yes NO
3.	In case of any doubt if please visit the concerned police station and verify the proponent was ever arrested/convicted in the criminal case. If yes, give details.	:	Yes NO
4.	Has he signed proposal/Declaration form?	:	Yes NO
5.	Any other matter you would like to bring to the notice of Proposal accepting authority.	:	Yes NO
6.	Do you recommend the acceptance of the proposal?	:	Yes NO
7.	If not recommended, give reasons.	:	Yes NO
8.	Please confirm that :-		
	(1) Confidential report has been written by you after completion of proposal form by proposer.	:	Confirmed   Not Confirmed
	(2) Confidential report has not been divulged to proposer/or discussed with him.	:	Confirmed   Not Confirmed

Signature SDI/ASP Full Name With Stamp