


**MASTER PROPOSAL FORM
SBI LIFE – KALYAN ULIP PLUS**

Unit Linked Non – Par Fund Based Group Life Insurance Product
(UIN: 111L079V02)



We advise you to understand and complete the Proposal Form yourself, it's worth spending few extra minutes!!

SBI LIFE INSURANCE COMPANY LIMITED Registered & Corporate Office: Natraj, M. V. Road, & Western Express Highway Junction, Andheri (East), Mumbai - 400 069. IRDAI Registration No. 111

Toll Free: 1800 22 9090 (Between 9:00 AM & 9:00 PM) | Email: info@sblife.co.in | Website: www.sblife.co.in | CIN: L99999MH2000PLC129113

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

| | |
|--|--|
| I. For Office Use Only: | |
| Branch Location: <input type="text"/> | Date of Proposal: <input type="text"/> (DD/MM/YYYY) |
| Source of Lead: <input type="checkbox"/> Direct <input type="checkbox"/> Broker <input type="checkbox"/> Corporate Agent <input type="checkbox"/> Agency | |
| Name of the Source: <input type="text"/> | Code: <input type="text"/> |
| Client ID: <input type="text"/> | Proposal No: <input type="text"/> |
| Industry Type: <input type="text"/> | Category: <input type="checkbox"/> Central PSU <input type="checkbox"/> State PSU <input type="checkbox"/> Non PSU |
| Key Account Manager Name: <input type="text"/> | Region: <input type="text"/> |
| Key Account Manager Employee ID: <input type="text"/> | |
| CIF/RM Name: <input type="text"/> | CIF Code/RM PF Index No: <input type="text"/> |

Instructions For Filling In The Form:

- All questions in the form have to be answered.
- Please tick (✓) wherever applicable.
- The authorised signatories must authenticate any cancellation or alteration or overwriting etc. by signing alongside.
- Insurance is a contract of utmost good faith, which requires the group administrator to disclose all material facts in respect of lives to be insured. Even in case of doubt as to whether a fact is material or not, the fact should be disclosed

| | |
|----------------|-------------------------|
| Type of Group: | Employer-Employee Group |
|----------------|-------------------------|

1. PROPOSER DETAILS:

| | |
|--|----------------------|
| Full Name of the Organisation: | <input type="text"/> |
| Communication and Website Address of the Organisation: | <input type="text"/> |
| Registered Office Address: | <input type="text"/> |
| Industry & Nature of Business: | <input type="text"/> |

| Details of Authorised Signatories | Authorised Signatory 1 | Authorised Signatory 2 | Authorised Signatory 3 |
|---|------------------------|------------------------|------------------------|
| Name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Designation | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Telephone No. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Fax No. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Email Address | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Minimum number of authorised signatures required to give instructions : | <input type="text"/> | | |

2. MEMBER DETAILS:

Please Specify the Total Number of Members in the Group: % of Total Member Strength:

Normal Retirement Age of the Members:

Preference for Intimating Member's Additions / Withdrawals: Beginning of the Calendar Month Monthly Policy Anniversary Others _____

3. TRUST DETAILS:

Important Note:

- If Trust pre-exists, please fill section 3 a
- If a new trust is to be created, please fill section 3 b.
- If Self Managed, enclose a list of securities you wish to transfer to SBI Life Insurance Co. Ltd.

3. (a) FOR EXISTING TRUST:

Full Name of the Trust :

Communication Address of the Trust :

Name :

Designation :

Tel. No. (Home)*: P H O N E N O Fax No. P H O N E N O

Email Id: _____

Date of Formation of the Trust : / /
(DD/MM/YYYY)

Total Existing Fund Size (in ₹) : ₹ _____ as on _____ Date: / /
(DD/MM/YYYY)

3. (b) NEW TRUST TO BE SET UP:

Full Name of the Trust :

| Sr. No. | Name of the Proposed Trustee | Designation |
|---------|------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Any existing contribution to be transferred to the new trust? Yes No

If 'yes', please specify, ₹ _____

4. SCHEME DETAILS:

Type of Scheme*: Gratuity Leave Encashment Superannuation

Nature of Scheme: Defined benefit scheme Defined contribution scheme Combination of Defined contribution with defined benefit features

Additional Member Level Account to be created (GMA 2): Yes No

*Please attach the copy of Scheme Rules and mention the details in Annexure I

5. LIFE INSURANCE COVER:

Life Insurance Cover of ₹ 1,000 per member (mandatory requirement for Gratuity and Leave Encashment)

The cost of Life Cover is ₹ 1 p.a. per member. Service tax and education cess will be charged in addition to the premium as per Tax rules.

6. FUSION ADVANTAGE OPTION: Yes No (If yes, please provide details below)

Name of the Company/Corporate Group: _____

Existing Master Policy Number(s): 1 _____

2 _____

Type of Scheme: _____

7. CONTRIBUTION DETAILS:

Please specify the % of contribution payable by Master Policy Holder and Members: _____ % by Master Policy Holder
 _____ % by members

Frequency of contribution: Yearly Half-yearly Quarterly Monthly Others, please specify, _____

Is the contribution for actuarial liability proposed to be paid to SBI Life Insurance Co. Ltd.? Yes No

If yes, how will the contribution be paid?

- No. of instalments _____
- Lump sum

Please specify the allocation rate for contribution (in multiples of 5%)

(If total of Allocation percentage is not equal 100% then the form will be sent back to define new allocation)

(For Defined Contribution & other Scheme, if Allocation percentage for GMA 1 & GMA 2 is different for each member, fill in the separate contribution form)

Group Money Market Plus Fund is available for Superannuation schemes. Also, monies under Superannuation schemes can be invested in Group Money Market Fund only.

| Fund Name | Type of Account # | | |
|--|-------------------|-------|-------|
| | MPA | GMA-1 | GMA-2 |
| Group Growth Plus Fund II | | | |
| Group Balanced Plus Fund II | | | |
| Group Debt Plus Fund II | | | |
| Group Short Term Plus Fund II | | | |
| Group Money Market Plus Fund (available for Superannuation plans only) | | | |
| Group STO Plus Fund* II | | | |
| Total | 100% | 100% | 100% |

Master Policyholder Account (MPA) will be opened for DB and other Schemes only.

Group Member Account -1 (GMA-1) will be maintained by the Master Policyholder's contribution.

Group Member Account -2 (GMA-2) will be maintained by the members' contributions.

* We agree that money in this fund will be transferred to Group Growth Plus Fund in 12 instalments within 3 months, from the date of receiving the fund.

Aggregate Payment Amount

Past Service Liability: ₹ _____ Annual Contribution: ₹ _____

Total Contribution: ₹ _____

Please submit the Funding Valuation Report

Transaction Details:

Cheque No/DD No/UTR No: _____

Amount (in ₹): _____

Date: (DD/MM/YYYY) _____ / _____ / _____

Bank Name: _____

Branch: _____

Account No: _____

RTGS Code: _____

IFSC Code: _____

8. DECLARATION OF THE PROPOSED MASTER POLICYHOLDER:

I / We, the undersigned, declare for and on behalf of _____ (Full name of the proposer) that:

1. In agreement to the Valuation Report, if any, Ref. No. _____ dated _____, I / we am / are herewith submitting this proposal to SBI Life Insurance Company Limited. (here in after referred to as 'the Company' or 'SBI Life') for issuance of a Master Policy in our favour. I / We confirm that SBI Life – Kalyan ULIP Plus Product, the benefits there under, the terms and conditions thereof etc. have been explained to me / us and I / we have fully understood and agreed to abide by them.
2. I / We have obtained all the approvals and completed all the necessary procedures stipulated as per the relevant internal guidelines / rules / bye-laws / statutory provisions etc., applicable to us, and that accordingly, I / we am / are duly authorized severally or jointly to sign the proposal form, furnish any particulars and carry out all matters in connection with or incidental to the aforesaid group product with the Company. I / We further affirm that the Company shall not be liable in any manner whatsoever, of the consequences of relying upon this confirmation and issuing a Master Policy in our favour.
3. I / We further declare that statements / submissions made by me / us in this proposal form (including any addendum(s) thereto, census data and benefits details), all declarations, affidavits and other statements and / or any information sought by the Company from us and relied upon by the Company shall form a basis of the issuance of the Master Policy in our favour.
4. I / We understand and agree that the Company may defer the issuance of the Master Policy to be issued in our favour till the Company duly receives, to its complete satisfaction, all the necessary clarifications / documentation or other requirements sought by Company.
5. I / We undertake that prior to forwarding Member data to the Company for admitting any person as a member under the proposed master policy contract, I / we shall ensure that he / she meets the applicable eligibility criteria as stated herein. I / We also agree to make available to Company such records, documents, information etc. related to the same as may be required.
6. I / We agree and undertake to furnish all the required details about members to be covered and benefits to be paid to those members in the Company's format as per Annexure II and any other information in any form (preferably soft copy). I / We further agree and undertake to furnish all the requisite documents in respect of claims within the stipulated time period and in the manner laid down in the Master Policy document.
7. I / We agree and undertake to furnish funding valuation report as per AS15 (Revised) guidelines as and when required.
8. I / We agree and undertake to furnish the individual members data & change in benefit structure of the scheme rules, if any, in the Company's format and any other information in any form (preferably in soft copy) at each renewal date.
9. I / We understand and agree that if any untrue statement is contained in the proposal form (including any addendum/s thereto) / or any of the documents, statements information etc. provided to the Company in connection therewith or if there has been a non disclosure of material fact, or in case of fraud, the said contract shall be treated as per the provisions of Section 45 of the Insurance Act 1938 as amended from time to time. After as per the provisions of Section 45 of the Insurance Act 1938 as amended from time to time. We will not pay any life cover benefits and we shall return the policy account value and mortality charges already deducted.
10. I / We agree/understand that the policy contract will be drafted based on this proposal form and applicable terms and conditions.

Sign Here

Signature of Trustee/Authorised Signatory.

Name of Trustee/Authorised Signatory

Sign Here

Signature of Trustee/Authorised Signatory.

Name of Trustee/Authorised Signatory

Sign Here

Signature of Trustee/Authorised Signatory.

Name of Trustee/Authorised Signatory

Date: / / DD/MM/YYYY

Place: _____

STAMP

Name of Witness(s): 1 _____

2 _____

Date: / / DD/MM/YYYY

Place: _____

Sign Here

Signature of Witness(s): 1

Sign Here

Signature of Witness(s): 2

ANNEXURE I

Gratuity Benefit Scheme*:

1. Gratuity Act Bank Rule CCS Rule Any Other Scheme Rule, please specify _____
2. With Ceiling of ₹ _____ No Ceiling
3. Other Details if Any : _____

Leave Encashment Scheme*:

- i. Types of Leaves eligible for encashment : PL CL SL HPSL Others, provide specify _____
- ii. Maximum No. of days available for Encashment : _____ days (If Category wise to be provided, please specify in detail)

- iii. No. of days to be considered in a month for benefit calculation : 30 days per month Any other (Pls. Specify): _____ per month
- iv. Other Details : _____

Superannuation Scheme*:

- i. Bank Rule CCS Rule Any other, please specify, _____
- ii. Defined Contribution Specify, % of _____ Salary per month/ annum
- iii. Other Details : _____

*Please attach copy of scheme rules

Annexure II

| Employee ID | Name | Date of Birth | Date of Joining | Salary | Retirement Age |
|-------------|------|---------------|-----------------|--------|----------------|
| | | | | | |