

Form No.

10. DECLARATION CUM AUTHORISATION :

- I would like to become a member of SBI Life –RiNn Raksha Group Insurance Plan for Borrowers of Master Policyholders .I hereby declare and certify that all the terms and conditions of the life insurance cover has been thoroughly explained to me and I have fully understood the same.
- I have understood the terms and conditions of the plan and agree to abide the same and join the plan for SBI Life Insurance cover for the duration of the loan as per the prevailing EMI Schedule.
- I undertake to furnish any other personal details that the Prosper/Master Policyholder/SBI Life may require with regard to my life Insurance cover under the Group Life Insurance Plan and authorize the Proposer /Master policyholder to communicate any change in regards to my life insurance cover.
- I understand that the grant of the loan will be assessed independently of Life Insurance cover.
- I hereby understand and agree that no life insurance Cover will commence until the risk is accepted and requisite premium has been remitted to SBI Life Master Policyholder and SBI Life conveys its written acceptance of this application for Life Insurance Cover. I further understand & agree that Life Insurance Cover provided to me shall be governed by the Master Policy contract issued in favor of the master policy holders. Notwithstanding the provision of any law, usage, custom or convention for the time being in force prohibiting any doctor, hospital and or employer from divulging any knowledge or information, shall at anytime be at liberty to divulge any such Knowledge or information to the company.

I hereby agree that this form is including the details of loan and cover and option chosen by me as above are correct and complete shall form the basis of my admission into the Group Insurance Plan. I also understand that once the cover is accepted any alteration in these information shall not be feasible and permissible.

☐ I hereby authorize SBI Life to pay directly to the Master Policy holder such portion of the claim proceeds payable equal to the outstanding Loan Balance amount own by me to the Master Policy holder on the date of occurrence of the insured event. The Balance claim amount, if any shall be payable to my nominee/beneficiary (as applicable).

Note:(1) The claim should be found admissible by SBI Life.(2) I case there is no outstanding loan balanced own to the Master Policyholders, this authorization shall be deemed to be lapsed, Ineffective, unenforceable and invalid from the date of settlement of my outstanding dues to Master Policyholders.

(Please sign in black Ink only)  
Signature / Left Hand Thumb Impression

Signature /Left hand Thumb Impression of Member  
or Proposer (in case Member is a Minor)

Date: DDMMYYYY

11. ADDITIONAL DECLARATION WHEN THE MEMERSHIP FROM IS FILED BY PERSON OTHER THAN THE MEMBER/MEMBER SIGNS  
IN A VERNACULAR LANGUAGE /MEMBER IS ILLITERATE:

I hereby declare that I have read out and explained the contents of Membership Form and all other documents incidental to availing the Group Insurance Plan from SBI Life to the Member and that he/she had understood the samel hereby declare that I have fully explained to the member that the statement contained in this form shall be the basis for the Life Insurance Cover and that if any untrue statement is contain herein, no benefit shall be payable by the SBI Life. I hereby declare that explained the Contents of this form to the member in language ,that I have truly and correctly recorded the details and statements given by the member and that the Member has affixed his/her signature /Thumb impression on the membership Form in my presence after fully understanding the content thereof.

(Please sign in black Ink only)  
Signature / Left Hand Thumb Impression

Signature /Left hand Thumb Impression of Member  
or Proposer (in case Member is a Minor)

Signature of Person making Declaration

Date: DDMMYYYY

Name: \_\_\_\_\_

Address: \_\_\_\_\_

CHECKLIST :

Dear Customer,  
Please go through the following check list to ensure that the proposal form is appropriately and completely filled in. This will help in speedy processing of your proposal for insurance policy. Also ensure that any corrections/erasures/overwriting are countersigned.  
Please tick a box ☐ against the proof attached/details provided

- Loan details like loan amount, term, moratorium details are correctly filled as per the loan sanction letter ☐
- The age proof (other than Bank certificate) has been self attested. ☐
- A detail of the Joint Borrower is provided, if more than one person has applied for insurance under same loan account number. ☐
- If premium is paid by “Self” copy of cancelled Cheque/Authorization letter from the bank (in case Cheque does not contain account holder name). ☐
- If premium is paid by “Additional Loan from Bank” ‘provide the loan plus account number ☐
- Complete details of the Nominee & Appointee are provided. ☐
- The Common Health Questionnaire has been completely answered, dates and signed. ☐
- If premium is paid by bank loan plus account is provided. ☐
- Loan Enquiry sheet has been attached with the membership form ☐
- Necessary Questionnaires/Addendums are enclosed in case of NRI proposals. ☐

Also note that you may be required to undergo medical examination, if required, as per the underwriting guidelines of the company. The details of medical tests to be conducted, if required, shall be communicated to you by SBI Life Branch.  
The insurance cover shall commence only after the risk assessment and acceptance by the company and realization of the instrument(s)



Loan Account Number:

Form No.

SBI LIFE INSURANCE COMPANY LTD.

Registered & Corporate Office: ‘Natraj’, M.V. Road & Western Express Highway Junction, Andheri (East), Mumbai - 400 069. IRDAI Registration No. 111

Toll Free: 1800 267 9090 (Between 9:00 AM & 9:00 PM) | Email: info@sbilife.co.in | Website: www.sbilife.co.in | CIN: L99999MH2000PLC129113

SBI Life - RiNn Raksha Membership Form

Instructions for filling the form for applying insurance on life of borrower (member to be insured).

- In case of co- borrowers, each co- borrower is required to fill a separate form and all forms should be attached together.
- This form is to be filled by the member himself/herself or their representative in BLOCK LETTERS in BLACK INK.
- Please tick a box ☒ where appropriate. If any part of the form is left blank, this form will not be considered for grant of insurance. Strokes of the pen, dots and dashes will not be accepted as responses. Please leave a space blank between each part of the name.
- Please answer all questions. If any question is not applicable, please mention the same.
- Any cancellation or alteration must be authenticated by the member.
- INSURANCE IS A CONTRACT OF UTMOST GOOD FAITH WHICH REQUIRES YOU TO DISCLOSE ALL REQUIRED INFORMATION TRUTHFULLY. PLEASE ENSURE THAT THE INFORMATION FURNISHED IN THE MEMBERSHIP FORM IS TRUE TO THE BEST OF YOUR KNOWLEDGE. IN CASE SOMEONE ELSE (YOUR AGENT, BANK BRANCH ETC.) HAS COMPLETED THE MEMBERSHIP FORM ON YOUR BEHALF, PLEASE APPRECIATE THAT THE OWNERSHIP OF THE INFORMATION PROVIDED IS STILL ENTIRELY YOURS, HENCE ENSURE THE CORRECTNESS OF THE INFORMATION BEFORE YOU SIGN THE MEMBERSHIP FORM.  
IF ANY INFORMATION (E.G. AGE, HEALTH/MEDICAL) IS SUBSEQUENTLY FOUND UNTRUE OR FOUND UNTRUE AT THE TIME OF THE CLAIM, WE MAY DECLINE THE CLAIM.
- SBI Life branches and its sales team are not authorised to collect cash from its customers.

1. MASTER POLICY HOLDER DETAILS :

MPH Name  Master Policy No.:

Bank Code:  Branch Code:  RACPC Code:

Branch Name: \_\_\_\_\_

Code 1 :  Code 2 :  -  Code 3 :  -

Code 4 :  -  Code 5 :  -  Code 6 :  -

2. MEMBER DETAILS :

☐ Mr. ☐ Ms. ☐ Mrs.

Name :

Date of Birth :

Father's Name/  
Proposer Name :

Date of Birth of  
Father/Proposer :

Relationship of the Proposer with the Member: \_\_\_\_\_

Address : C/o, W/o, D/o, S/o, Other (if any): \_\_\_\_\_

House No. & Bldg /  
Society Name :

Road / Sector &  
Landmark :  Town / Village :

Taluka / Sub  
Division / Tehsil :  Post Office :  District :

State :  Country :  Pin Code :

Tel. No. (Home) :  Tel. No. (Office) :

Mobile No. :  Email ID :

Age Proof : ☐ Birth Certificate ☐ School/ College Certificate ☐ Driving Licence ☐ PAN Card ☐ Passport  
(Please attach copy of Age Proof) ☐ Others (Please specify) \_\_\_\_\_

PAN\* :  ☐ I do not have a PAN Card and have submitted Form 60

\* Please provide PAN number or submit Form 60 if the annualized premium under this proposal exceeds ₹ 50,000/-

Occupation : ☐ Salaried<sup>s</sup> ☐ Business<sup>ss</sup> ☐ Profession<sup>ss</sup> ☐ Housewife ☐ Others (Pls. Specify) \_\_\_\_\_

<sup>s</sup> Name of the Employer and Designation: \_\_\_\_\_

<sup>ss</sup> Business Organisation's or Company's  
Name and Nature of Business or Profession: \_\_\_\_\_

Are you State Bank Group Staff member? ☐ Yes ☐ No If YES, state PF Number:

Are you a Non Resident Indian (NRI)? ☐ Yes ☐ No If YES, state country of residence:

FOR SBI LIFE OFFICIAL PURPOSE ONLY

STAMP

STAMP

STAMP

STAMP

[illegible]

**Section 41 of the Insurance Act, 1938; as amended from time to time:** (1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take 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 prospectuses or tables of the insurer.

(2) Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

**Extract of Section 45 of the Insurance Act, 1938, as amended from time to time:** 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. A policy of life insurance may be called in question at any time within three years from the date of the policy, on the ground of fraud or on the ground that any statement 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. 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 is based.

No insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement or suppression are within the knowledge of the insurer. In case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.

In case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the grounds of fraud, the premiums collected on the policy till the date of repudiation shall be paid. 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.

For complete details of the section and the definition of 'date of policy', please refer Section 45 of the Insurance Act, 1938.

I hereby agree that this form including this declaration shall form the basis for the issuance of the proposed insurance plan; all information has been provided with full understanding and knowledge and the information is complete and true to the best of my knowledge.

<div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> Signature /Left hand Thumb Impression of the witness Name : _____ Address : _____	Date: <table border="1" style="display: inline-table; text-align: center; width: 20px; height: 20px;"><tr><td>D</td></tr></table> <table border="1" style="display: inline-table; text-align: center; width: 20px; height: 20px;"><tr><td>D</td></tr></table> <table border="1" style="display: inline-table; text-align: center; width: 20px; height: 20px;"><tr><td>M</td></tr></table> <table border="1" style="display: inline-table; text-align: center; width: 20px; height: 20px;"><tr><td>M</td></tr></table> <table border="1" style="display: inline-table; text-align: center; width: 20px; height: 20px;"><tr><td>Y</td></tr></table> <table border="1" style="display: inline-table; text-align: center; width: 20px; height: 20px;"><tr><td>Y</td></tr></table> <table border="1" style="display: inline-table; text-align: center; width: 20px; height: 20px;"><tr><td>Y</td></tr></table> <table border="1" style="display: inline-table; text-align: center; width: 20px; height: 20px;"><tr><td>Y</td></tr></table> Place: _____	D	D	M	M	Y	Y	Y	Y	<div style="text-align: center; margin-bottom: 10px;">             (Please sign in black ink only)              Signature/ Left Hand Thumb Impression           </div> Signature /Left hand Thumb Impression of Member or Proposer (in case Member is a Minor)
D										
D										
M										
M										
Y										
Y										
Y										
Y										

6. LOAN DETAILS :									
Loan Amount / Outstanding Loan Amount ₹*: <input type="text"/>					Date of First Disbursement: <input type="text"/>				
EMI Payable ₹: <input type="text"/>					Loan Category/ Type : _____				
Loan Term <input type="text"/> Months		Loan Interest Rate: <input type="text"/> . <input type="text"/> %			Study/ Course duration _____ (in months) (applicable for education loan)				
Moratorium Period: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please select <input type="checkbox"/> With Interest payment <input type="checkbox"/> Without Interest payment					Moratorium Period <input type="text"/> Months				
Have you availed Loan insurance cover from SBI Life in the last two years <input type="checkbox"/> Yes <input type="checkbox"/> No									
If Yes, please give the Loan Account Number : <input type="text"/>					In case there are more loan accounts, then please provide information in a separate sheet in the given format.				
<small>*In loans where the entire loan amount is not disbursed, the loan sanctioned amount will be covered.</small>									
7. INSURANCE PLAN DETAILS :									
Loan Amount to be covered for the applicant / Initial Sum Assured ₹: <input type="text"/>					Cover Term <input type="text"/> Months				
<small>Note: Initial Sum Assured cannot exceed 120% of the outstanding loan amount or a limit prescribed by the scheme rules. Where the co-borrower is covered for their respective share, the Total Initial Sum Assured for all Co-borrowers cannot exceed the above limit.</small>									
Interest Cover Rate**: <input type="text"/> . <input type="text"/> %					Premium Payment Mode*: _____		Premium Payment Term (PPT) (only for LP)*: <input type="text"/> Years		
Premium Payment Option: <input type="checkbox"/> Additional Loan from Bank/Lending Institution (Please fill section 9C(1)) <input type="checkbox"/> Self Paid (Please fill section 9C(2))									
Additional Option Details*: Option chosen, if any <input type="text"/>									
<small>(i) Premium Payment Modes available under this plan are-Single , Yearly, Half-Yearly, Quarterly and Monthly (ii) Premium Payment Term available under this plan are -5years and 10 years. (iii) Option available under this plan are-Gold Option and Platinum Options. All products feature under this plan have been chosen by the Master Policyholder in his capacity as group administrator. Only features chosen by the Master Policy holder are available to you, based on eligibility. You can choose from the options/features made available to you by Master Policyholder. Please refer Sales Brochure for complete details of product features. ** The Rate on which the Sum Assured schedule is based. This is as per the understanding between MPH &amp; member.</small>									
8. CO-BORROWERS :									
Co-borrowers to be covered? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Each Co-Borrower to be covered for* <input type="checkbox"/> Respective Share of the outstanding loan amount <small>In case of death of any one of the borrowers, the Sum Assured as per schedule is paid and the cover for the surviving borrower(s) will continue for the remaining Policy Term.</small>									
<input type="checkbox"/> Entire outstanding loan amount <small>In case of death of any one of the borrowers, the Sum Assured as per the schedule is paid and the surviving borrower(s) will be eligible for the applicable surrender value.</small>									
Name of Co-borrower 1 : <input type="text"/>									
Loan Amount Covered/ Initial Sum Assured ₹ <input type="text"/>		Membership Form No.: _____			Relationship with Primary Applicant : _____				
Name of Co-borrower 2 : <input type="text"/>									
Loan Amount Covered/ Initial Sum Assured ₹ <input type="text"/>		Membership Form No.: _____			Relationship with Primary Applicant : _____				
<small>*All product features under this plan have been chosen by the Master Policy Holder in his capacity as the Group Administrator. Only features chosen by the Master Policy Holder are available to you based on eligibility. You can choose from the options/features made available to you by the Master Policy Holder. Please refer the Sales Brochure for complete details of product features.</small>									
9. PREMIUM PAYMENT DETAILS AND DIRECT DEBIT MANDATE :									
9 A. PREMIUM PAYMENT DETAILS									
Premium Payable ₹: <input type="text"/>		Applicable + Tax ₹: <input type="text"/>		= Draft Amount ₹: <input type="text"/>					
Draft Number: <input type="text"/>		or EFT Transaction ID: <input type="text"/>		Draft/EFT Date: <input type="text"/>					
I hereby certify that the loan amount and details mentioned in sections 6 & 7 are correct and loan amount has been sanctioned according to the extant Credit Appraisal Norms and Procedures being followed by us.									
Further, I certify that Life to be Assured is: <input type="checkbox"/> Sole Borrower <input type="checkbox"/> Primary Applicant <input type="checkbox"/> Co-applicant									
9 B. BANK ACCOUNT DETAILS OF PROPOSER/LIFE TO BE ASSURED (MANDATORY)									
A/c No*: <input type="text"/>					A/c Type : <input type="checkbox"/> NRE <input type="checkbox"/> Savings <input type="checkbox"/> Current				
Bank Name: <input type="text"/>					Bank Branch Name: <input type="text"/>				
For State Bank Group Branches, please provide:			Bank Code: <input type="text"/>		Bank Branch Code: <input type="text"/>				
Name of the A/c Holder: <input type="text"/>									
MICR Code*: <input type="text"/>			IFSC Code*: <input type="text"/>						
<small>I declare that the information given above is true and correct. I shall not hold SBI Life responsible for non-credit of payout or refund, if any, due to any reason including but not limited to incorrect/incomplete information. I hereby authorise SBI Life to directly credit payout/refund, if any, to the above mentioned account.</small>									
<small>***Valid Resident Indian Account. *Please submit cancelled cheque with pre-printed account holder name along with the membership form.</small>									
9 C. DIRECT DEBIT MANDATE									
1) Where Premium Is Paid Through Additional Loan From Bank / Lending Institution									
I authorise my account to be debited for renewal premium (for State Bank Group) favouring SBI Life on due date.									
Bank Code: <input type="text"/>		Branch Code: <input type="text"/>		Loan Plus Account No: <input type="text"/> (for State Bank Group only)					
2) For Self Paid Option (Where Member Makes Premium Payment Out Of His Own Savings Bank Account)									
I authorise my account number, as mentioned above in section 9B to be debited for renewal premium favouring SBI Life on due date.									
<input type="checkbox"/> Yes, I have attached ECS Mandate copy along with the form.									
Date: <input type="text"/>		(Please sign in black ink only) Signature/ Left Hand Thumb Impression			Signature of Authorised Representative of Bank / Financial Institution with Name and Designation				
Place: _____		Signature /Left hand Thumb Impression of Member or Proposer (in case Member is a Minor)							