

Grameen Super Suraksha (UIN: 111N039V04)

Group, Non-linked, Non-participating, Pure Risk Premium Micro Life Insurance Product Membership Form

Instructions for completing the Form

- This form is to be filled by the life to be insured himself/herself in **BLOCK LETTERS** in black or blue ink. Strokes of the pen, dots and dashes will not be accepted as responses.
- Please fill all sections of this form. If any part of the form is left blank, this form will not be considered for grant of insurance cover.
- Any cancellation or alteration must be counter signed by the life to be insured.
- Insurance is a contract of utmost good faith which requires the Master policy holder and the Group Member (life to be insured) to disclose all material facts. In case of any doubt as to whether a fact is material or not the fact should be disclosed in Section 6.
- As the statements in this form constitute warranties, complete and accurate information must be given.
- Nomination is compulsory. Please provide necessary details in Section 5.
- The Life to be insured must read this document carefully and sign only after having fully understood its contents and their significance. In case any life to be insured cannot read English, he/she must seek assistance to get the same translated. In case this form contains the signature of the Life to be Insured in Vernacular language or Thumb Impression of the Life to be Insured, the "Additional Declaration" (refer to Section 8) of this form must be duly completed, in order for this form to be valid. If this is not done, no cover can be provided by the Company, even if any money (ies) has been paid towards procuring such insurance.

1. GROUP DETAILS (To be filled by the Group Administrator/ Master Policy Holder)

| | | | | | | | | | | | | | | | | | | | | | |
|----------------------------|--|--|--|--|--|--|--|--|--|--|----------------|--|--|--|--|--|--|--|--|--|--|
| Master Policy Holder Name: | | | | | | | | | | | | | | | | | | | | | |
| Master Policy Number: | | | | | | | | | | | SHG/ NGO Name: | | | | | | | | | | |

2. GROUP MEMBER (LIFE TO BE INSURED) DETAILS

| | | | | | | | | | | | | | | | | | | | | | |
|------------------|--|--|-------|---------|-------------------------------|---------------------------------|---------------------------------------|-------------|--|--|--------------|--|--|--|--|--|--|--|--|--|--|
| First Name: | | | | | | | | | | | | | | | | | | | | | |
| Last Name: | | | | | | | | | | | | | | | | | | | | | |
| Age: | | | years | Gender: | <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Third Gender | Occupation: | | | | | | | | | | | | | |
| Mailing Address: | | | | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | | | | Contact No.: | | | | | | | | | | |
| State: | | | | | | | | | | | Pin Code: | | | | | | | | | | |

3. BANK ACCOUNT DETAILS OF THE GROUP MEMBER

| | | | | | | | | | | | | | | | | | | | | | |
|---------------------------|--|--|--|--|--|--|--|--|--|--|------------|--|--|--|--|--------------|----------------------------------|----------------------------------|--|--|--|
| Account No ⁵ : | | | | | | | | | | | | | | | | A/c Type: | <input type="checkbox"/> Savings | <input type="checkbox"/> Current | | | |
| Bank Name: | | | | | | | | | | | | | | | | Branch Code: | | | | | |
| Branch Name: | | | | | | | | | | | | | | | | | | | | | |
| Name of A/c Holder: | | | | | | | | | | | | | | | | | | | | | |
| MICR Code: | | | | | | | | | | | IFSC Code: | | | | | | | | | | |

⁵Valid Resident Indian Account

Please submit any one of the below listed document for direct credit of any refunds/ payouts, if any, to this account:

- ☐ Copy of Bank Statement
 ☐ Copy of Pass Book
 ☐ Pre-printed Cancelled Cheque
 ☐ Annexure 1

Declaration for Direct Credit of Refunds/ Payouts

I declare that the Bank Account^{ss} details given in this form are true and correct. I shall not hold SBI Life responsible for non-credit/ non-payment of payout or refund, if any due to any reason including but not limited to incorrect/ incomplete information.

^{ss}where the member is not the Bank Account Holder, the authorized signatory needs to sign the form in the space below.

Signature/ Thumb Impression of Member

Signature/ Left Hand Thumb
Impression of Member

Name and Signature of the Authorised
Signatory of the Bank Account to be debited

Name and Signature of the Authorised
Signatory of the Bank Account to be debited

4. PLAN DETAILS

| Premium Payment Mode | Policy Term |
|--|---|
| <input type="checkbox"/> Regular (Annual) <input type="checkbox"/> Single | <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> 4 years <input type="checkbox"/> 5 years <<3 to 60 months>> Months (in multiples of 1 month) |
| For Grameen Super Suraksha | |

| Sum Assured* (₹) | Basic Premium (₹) | Applicable Taxes (₹) | Gross Premium (inclusive of Applicable Tax) (₹) |
|-----------------------|------------------------|---------------------------|--|
| | | | |

For Grameen Super Suraksha – Sum Assured is available from ₹ 5,000 to Rs. 2,00,000/-

*Aggregate Sum Assured for all SBI Life Group Micro Insurance products will be capped to ₹ 2,00,000 per Group Member.

| 5. NOMINEE ^{##} (Beneficiary in case of death of the Insured) | | ^{##} Should be a major |
|--|--|---------------------------------|
| Full Name | Relationship with the Life to be Assured | Age as on Last Birthday (years) |
| | | |
| | | |

6. MEMBER'S CONSENT AND GOOD HEALTH DECLARATION

I would like to become a member of **SBI Life – Grameen Super Suraksha**, as opted herein, offered by SBI Life Insurance Company Ltd. (SBI Life) and I have fully understood and agree to all the terms and conditions of the scheme.

I agree that insurance cover which may be granted to me in pursuance of this application shall remain in force for a term of <<XX months / X years>> provided all premiums, together with applicable taxes, are paid within grace period, if applicable.

I undertake to furnish any other details that may be required with regard to my proposed insurance cover. I hereby permit the Master Policyholder to convey the above particulars regarding my admission into SBI Life –Grameen Super Suraksha, as chosen.

Standing Instruction Declaration

- (i) I, the undersigned, hereby authorize the Master Policy Holder to deduct premiums.
- (ii) I, the undersigned, hereby give my unconditional consent to debit premiums for SBI Life policies through designated Bank Account** mentioned in this membership form.
- (iii) I hereby authorize SBI Life Insurance Co. Ltd. to debit my Bank Account directly for collection of premium towards my above mentioned SBI Life Policy.
- (iv) I also declare that the particulars given above are correct and complete.
- (v) I understand and accept that the transaction will be effected as per the direct debit cycle of SBI Life. If the transaction is delayed or not effected at all for incomplete or incorrect information or for any other reason I shall not hold SBI Life Insurance Co. Ltd responsible. Further I agree to discharge the responsibility expected of me as a group member of this master policy with SBI Life and designated bank account mentioned in this Membership Form.
- (vi) It is the responsibility of the applicant to ensure that there are sufficient clear funds in the designated bank account for effecting the transaction. In case of the rejection of the transaction by applicant's bank or the closing/shifting of the accounts, or failure to debit account for whatever reasons premium amount shall be paid through normal payment modes together with interests and other late payment levies as applicable
- (vii) I also understand and agree that the company shall additionally levy or recover all the applicable taxes like GST, Cess, etc from the premium which are necessitated by various enactments of Central and/or State Legislatures from time to time. If I wish to revoke the above authorisation, I undertake to serve SBI Life Insurance Co. Ltd. an advance notice of 15 days in writing.

**** where the member is not the Bank Account Holder, the authorized signatory needs to sign the form in the space provided below.**

Good Health Declaration

I declare that I am in sound health and that I am not suffering from any physical deformity, mental disorder, critical illness* or any condition requiring medical treatment for a critical illness as on date. I have not been hospitalised for a period of more than 15 consecutive days in the last 12 months (this period does not include hospitalisation, if any, for reasons of injuries or accidents).

*Critical illness is defined as follows: 1 – have suffered or be suffering from cancer; 2 – be taking treatment for heart disease; 3 – have been advised medically to undergo chest and/ or heart surgery within the following 6 months; 4 – have irreversible kidney and/ or liver failure; 5 – have suffered, or be suffering from paralysis; 6 – have undergone or have been advised to undergo a major organ transplantation such as heart, lung, liver or kidney.

I hereby declare that the above statements are true and complete in every respect and that I have not withheld or omitted to give any information that may influence the Group Micro Insurance Scheme and if any untrue averment be contained therein, the membership shall be absolutely null and void and all monies which shall have been paid in respect thereof shall be forfeited to the Company and surrender value, if any, will be payable subject to Section 45 of the Insurance Act, 1938 as amended from time to time.

I also permit SBI Life to approach me directly for any clarification and/ or other purposes relating to this proposal or resulting policy. I hereby agree and understand that no insurance cover will commence until the risk is accepted and requisite premium has been remitted to SBI Life.

| | | |
|---|--|---|
| Date: <div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> | <div>Signature/ Thumb Impression of Member</div> | <div>Name and Signature of the Authorised Signatory of the Bank Account to be debited</div> |
| | <div>Signature/ Thumb Impression of Member</div> | <div>Name and Signature of the Authorised Signatory of the Bank Account to be debited</div> |

7. ANY OTHER MATERIAL FACTS PERTAINING TO HEALTH OR OTHERWISE

| | |
|---|--|
| | <div>Signature/ Thumb Impression of Member</div> |
| | |
| Date: <div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> | <div>Signature/ Thumb Impression of Member</div> |

8. ADDITIONAL DECLARATION WHEN THE MEMBERSHIP FORM IS FILLED BY A PERSON OTHER THAN THE GROUP MEMBER/ GROUP MEMBER SIGNS IN A VERNACULAR LANGUAGE/ GROUP 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 Micro Insurance Scheme from SBI Life Insurance Company Ltd. to the Group Member and that he/ she declared that he/ she had understood the same completely.

I hereby declare that I have fully explained to the Group Member the answers to the questions that form the basis for the Group Insurance cover and I also explained to the Group Member that if there is any mis-statement or suppression of material information or if any untrue statements are contained therein 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 and the Group Member has completely understood the importance of giving complete and accurate information to every question in the membership form and the importance of each declaration in the membership form.

I hereby declare that I have explained the contents of this form to the Group Member in _____ Language,

I also declare that I have truly and correctly recorded the answers given by the Group Member and that the Member has affixed his/ her signature/ thumb impression on the membership form in my presence, after fully understanding the contents thereof.

| | | |
|---|---------------------------------|--|
| <div>Signature of the person making the Declaration</div> | <div>Signature of Witness</div> | <div>Signature/ Thumb Impression of Member</div> |
| <div>Signature of the person making the Declaration</div> | | <div>Signature/ Thumb Impression of Member</div> |
| Name & Address of the person making the declaration: | | |
| | | |
| | | |
| Date: <div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> | Place: _____ | |

Prohibition of Rebates: Section 41 of the Insurance Act, 1938, as amended from time to time, states:

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out 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 prospectus or tables of the insurer.

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

Non Disclosure: Extract of Section 45 of Insurance Act, 1938; as amended from time to time, states:

No policy of life insurance shall be called into question on any ground whatsoever after the expiry of three years from the date of policy. A policy of life insurance may be called into question at anytime within three years from the date of policy, on the ground of fraud or on the ground that any statement of 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 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 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 as amended from time to time.