Application No.	

PROPOSAL FORM FOR RELIANCE NIPPON LIFE GROUP EMPLOYEE BENEFITS PLAN (UIN: 121N138V02)

Please feel free to use additional pages for additional information. Please make sure that all the signatories signing the proposal form have also signed the additional page(s) with company seal.

			:/VIP	LOYI	ER'S	DET.	AILS	5																														
الر Nam	е			F	1	R	S	Т			Τ																							L	А	S	Т	T
ostal A	ddre	ess		F		R	S	Т			T	$^{+}$																						L	Α	S	T	t
	В	11			D		N	G	/	Н)	U	S	Е							R	0	А	D		N	Α	M	Е	/	N	0.					<u> </u>
	D	1	S	т	R	<u>'</u>	С	т	/	т.	1	+	1	U	K	А						1	A	N	D	M	A	R	K	-	′	1 1	0.			<u> </u>	<u> </u>	<u> </u>
	0	<u>'</u>	Т		/ /	V	1		1	A	+	-` G	E		IX	A						S	Т	A	Т	TV1		IX	IX							\vdash		+
ncode		<u> </u>	<u> </u>	<u> </u>	<u> </u>	V	1	Mok	مناه		+	M	0	В			Е	1			1		_	M	0	В			Е	2			1					_
	СТ	D IC	D. C.						JIIE		$^{+}$	\dashv		Ь			1							1 V 1				L										
andline		D IS		ode	L	Α	N	D	L	<u> </u>	+	N	Е				E-1	mail									EMA	IL A	DDF	RESS								_
ature o	f bu	sine	SS																																			1
umber	of e	mpl	oyee	es to	be o	ove	red	und	er tl	nis so	che	eme	9																									
2. GR/	\TU	ITY :	SCH	EME'	'S DI	ETAI	LS (#	Appl	lical	ble f	or (Gro	iutr	ty S	che	mes	onl	y)																				
ust (Po																																						Т
031 (1 0		T.	T	,		us p				T	T																											+
		<u> </u>		L				<u> </u>	Ļ		<u> </u>																									<u> </u>		+
heme	Nan	ne (c	ıs pe	r the	trus	t de	ed a	nd r	ules)																												<u> </u>
lease f	ll in	follo	owin	g de	tails	only	y if t	he t	rust	has	iťs	of	fice	at	a di	fere	nt lo	cati	on th	nan (prin	ipa	em	ploy	er's	offic	:e)											
ostal A	ddre	ess		F	-	R	S	Т																										L	А	S	Т	
	В	U	ī	L	D		N	G	/	Н	C		U	S	Е							R	0	А	D		N	Α	M	Е	/	N	0.			T	İ	Ť
	D		S	T	R		С	Т	/	Т	1	4	L	U	K	Α						L	Α	N	D	M	А	R	K									T
	С		Т	Y	/	V				Α	+	3	Е									S	Т	А	Т	Е												$\frac{\bot}{\Box}$
ncode			\perp	1				Mot	oile			M	0	В			F	1			1		Ė		0	В			F	2]					
	ST	D IS	D.C.	ode				Mok			+	M	O F	В	1	L	E	1						M	0	В	 	L	E	2								
	ST	D IS	D C	ode	L	А	N	Mok		1	+	M N	O E	В	1	L	_	mail							0		I EMA	L (IL A	E DDF									
andline					(App		N	D	L	tuity		N	E		nly)	L	_	mail							0		I EMA	L (IL A										
andline	STE	ES'			(App		N	D	L	tuity		N	E		nly)	L	_	mail							0		I	L (IL A										
3. TRU	STE	ES'	DETA	AILS		olica	ble	for (Gra		Sc	N:he	me	s or		L	E-1							M			I EMA	L (IL A										
3. TRU ustee 1 lease fi	STE : No	ime	DETA	AILS		olica	ble y if t	for (Gra		Sc	N:he	me	s or		e at a	E-1			catio	on th		rust	M			EMA	L (IL A										
3. TRU rustee 1 lease fi	STE : No II in	ime	DETA	AILS	etails	olica	ble y if t	for (Gra	ee h	Scas	his	me.	s or	office	e at a	E-1			catic	on th	nan 1		's of	fice)				DDF						A	S	Т	
3. TRU ustee 1 lease fi	STE : No II in ddre	ime	DET/	AILS	etails	olica	ble y if t	for (Gra		as	his	me	s or	office		E-1			catid	on th		0	's of	fice)		N	A	M		/	N	0.		A	S	T	
3. TRU rustee 1	STE : No II in	ime	DETA	AILS	etails	olica only	ble y if t	for (Gra	ee h	as A	his	/ h	s or	office	L at (E-1			catio	pon th	R L		M 's of	fice)	M			DDF		/	N	0.		A	S	T	
3. TRU rustee 1 lease fi	STE : No II in ddre	ime	DET/	AILS	etails	olica	N ble S N C	for (Grarust /	ee h	as A	his	me / h	s or	office		E-1			catio	pon th	nan 1	0	's of	fice)		N	A	M	E	/	N	0.		A	S	T	
3. TRU rustee 1 rlease fi	STE: No	folkosess	DET/	AILS g de	etails	olica only	N ble S N C	for (Grarust /	ee h	as (his	/ h	s or	office		E-1			catio	pon th	R L	0	M 's of	fice)	M	N	A	M		/	N	0.		A	S	T	
3. TRU rustee 1 rlease fi ostal Ac incode	STE: No	ime	DET/	AILS g de	etails	olica only	N ble S N C	for (Grarust /	ee h	ds (his	/ h	er o	office		E-I		nt lo	catid	pon th	R L	0	M Ys of	D D T	M	N A	A R	M	E 2	/	N	0.		A	S	T	
incode andline 3. TRU rustee 1 Please fi ostal Ad incode andline	: No	folka	DET/	AILS g de	etails	olico conly	N S N C	for (Grarust /	ee h	ds (his	/ h	er o	office		E-I	fere	nt lo	ccatio	pon th	R L	0	M Ys of	D D T	M	N A	A R	M K	E 2	/	N	0.		A	S	T	
3. TRU rustee 1 lease fi ostal Ac	: No	folka	DET/	AILS g de	etails	olico conly	N S N C	for (Grarust /	ee h	ds (his	/ h	er o	office		E-I	fere	nt lo	catid	pon th	R L	0	M Ys of	D D T	M	N A	A R	M K	E 2	/	N	0.	L	A	S	T	
3. TRU ustee 1 lease fi ostal Ac ncode	STE No	folkasss	DET/	g de	tails	only R	N ble S N C I	for (Gra	H T A	as A	his N	/ h	s or	E K	A	E-I	fere	nt lo			R L S	O A T	M A M	D T	M E B	N A	A R	M K	E 2	/	N	0.		A	S	T	
3. TRU rustee 1 rlease fi ostal Ac incode andline rustee 2	STE : No III in Care i	folkass U	DET/	g de	tails	only R	N ble S N C I	for (Gra	H T A	as A	his N	/ h	s or	E K	A	E-I	fere	nt lo			R L S	O A T	M A M	D T	M E B	N A	A R	M K	E 2	/	N	0.		A	S	T	
3. TRU rustee 1 Please fi ostal Ad incode andline rustee 2	STE : No III in Care i	folkass U	DET/	g de	tails	only A	ble y if t	for (Gra	H T A	as A	his his	/ h	s or	E K	A	E-I	fere	nt lo			R L S	O A T	M A M	D T	M E B	N A	A R	M K	E 2	/	Z	0.				T	
3. TRU rustee 1 rlease fi ostal Ac incode andline rustee 2	STE: No	folkopess U	DET/	g de	R /	only A	ble yift S N C I	for (the tri Mok he tri the tri tri tri tri tri tri tri tri	Gra	H T A	as as	his his	/ h	s or	ffice ffice	A	E-I	fere	nt lo			R L S	O A T	A A M	D T	M E B	N A	A R	M K E DDF	E 2	/						T	
3. TRU rustee 1 Please fi ostal Ac	STE: No	folkopess U	DET/	g de	R / / L	only A	ble yift S N C I	for (the tri Mok he tri the tri tri tri tri tri tri tri tri	Gra	H T A	as as	his his	/ h	er o	e E F F F F F F F F F F F F F F F F F F	A L	E-I	fere	nt lo			R L S	O A T	M A A M A A A	fice)	M E B	N A I I EMA	A R L L A A A	M K E DDR	E 2	/						T	
3. TRU rustee 1 Please fi ostal Ad incode andline rustee 2	STE: No	folkopess U	DET/	g de	R / / L	only R I I I I I I I I I I I I I I I I I I	ble yift S N C I	for (the tri Mok he tri the tri tri tri tri tri tri tri tri	Grand Interest Intere	ee h	as as	his his	/ h U L E O E	er o	e E F F F F F F F F F F F F F F F F F F	A L	E-I	fere	nt lo			R L S	O A T	A A M	fice)	M E B	N A I I EMA	A R L L A A A	M K E DDR	E 2	/						T	

Bank Name

2

	RS Declaration Fax residence in jurisdiction (s) outside India Yes No
	en mandatorily to fill the FATCA/CRS declaration)
	oof: (Any one of these Income proofs can be submitted) ncome Tax Assessment Orders or Income Tax Returns of the trust.
	year's Audited P & L account and Balance sheet of the trust. accounts of the trust (for the last fiscal).
NYC Doo	ments: proof: (Any one of these Address proofs can be submitted)
a) Cert	cate of Registration issued by the Registrar of trust/Registered trust deed zed lease agreement with rent receipts & electricity bill of owner (not more than 3 months old)
	city Bill (not more than 2 months old)
	none/ Mobile Bill (not more than 2 months old)
	f: (Any one of these ID proofs can be submitted)
	cate of Registration issued by the Registrar of trust
3) FATC	CRS declaration Form
Please r	te: In case the payment is forwarded by a company on behalf of it's Gratuity Trust, AML/KYC document's requirement will be applicable for the company.
11. LIS	OF MANDATORY DOCUMENTS REQUIRED TO BE SUBMITTED ALONG WITH THE PROPOSAL FORM
Dul	filled in application form with signatures of minimum two trustees with trust seal (Gratuity)/two authorised signatories with company seal (Leave Encashmer
Atv	ork certificate signed by 2 authorised signatories with trust seal/company seal
Sel	ttested copy of PAN Card*
Sel	ttested copy of address proof as per section number 4 of this proposal form*
Sel	ttested copy of Trust deed and rules* (for Gratuity Schemes)/Board Resolution*(for Leave Encashment Schemes)
Sel	ttested copy of Deed of variation(s) (if any)*
Me	ber data
	aim certificate on trust letter head in Reliance Nippon Life Insurance Company Limited prescribed format if the policy is to be commenced from at prior to premium / contribution deposit date (Applicable for Gratuity Scheme)
	ments related to payment instrument
	tition (summary & member data) certified with signatures of 2 trustees signing the application form with trust seal (Gratuity) two authorised signatories
	ng the application form with company seal (Leave Encashment) Irial quotation copy signed as received and accepted with trust seal/Company seal by authorised signatories
	ation by signatures of the trustees signing the application form with trust seal/company seal
The doc	nents ticked above shall be submitted to Reliance Nippon Life Insurance Company Limited representative in original.
	CIFIC DECLARATION TO MEMBER DATA
	s Certificate: Particulars of all our eligible employees to join this scheme from the effective date are attached as member data to this application form. that the particulars as provided by us in the attached member data are true and correct as per our records and we wish to admit these employees to the
scheme	ertify that the listed employees in the member data
a) are w	ole time confirmed employees.
	tled to benefits as defined in the Scheme Rules/Trust Deed. t absent from duty on grounds of sickness on the policy commencement date.
d) this is	o certify that there are no death claims for the period D D M M Y Y Y Y till D D M M Y Y Y Y W with respect to this proposed policy with
	lippon Life Insurance Company Limited.
Authoris	d Signatory 1 : Authorised Signatory 2 :
Signatu	Signature
Name	Name Name
Place	Place Discrete Discre
Date	D D M M Y Y Y Y Y Date D D M M Y Y Y Y
13. DE	LARATIONS CONTROL OF THE PROPERTY OF THE PROPE
	owledge the following:
al	the information provided herewith is true and correct and this proposal together with the certified (self attested) copy of the Trust Deed and Scheme Rules ag with other documents as per Clause 10,11,12 of our Reliance Nippon Life Group Employee Benefits Plan (as attached) shall be the basis of the contract for the proposed Reliance Nippon Life Group Employee Benefits Plan (as attached) shall be the basis of the contract for the proposed Reliance Nippon Life Group Employee Benefits Plan (as attached) shall be the basis of the contract for the proposed Reliance Nippon Life Group Employee Benefits Plan (as attached) shall be the basis of the contract for the proposed Reliance Nippon Life Group Employee Benefits Plan (as attached) shall be the basis of the contract for the proposed Reliance Nippon Life Group Employee Benefits Plan (as attached) shall be the basis of the contract for the proposed Reliance Nippon Life Group Employee Benefits Plan (as attached) shall be the basis of the contract for the proposed Reliance Nippon Life Group Employee Benefits Plan (as attached) shall be the basis of the contract for the proposed Reliance Nippon Life Group Employee Benefits Plan (as attached) shall be the basis of the contract for the proposed Reliance Nippon Life Group Employee Benefits Plan (as attached) shall be the basis of the Contract Reliance Nippon Life
Δt	cting the proposed Relignce Nippon Life Group Employee Benefits Plan Policy

- that we will undertake to supply such information as may be reasonably required to determine the extent of the benefits and the contributions payable under this ii)
- that Reliance Nippon Life Insurance Company Limited reserves the right to vary charges at any time and three months notice of such change will be provided to us in writing.
- benefits will be as per Trust Deed and Scheme Rules.
- that the Company has disclosed and explained all the information related to this product to us and we declare that we have understood the same before signing
- that we will undertake to supply such information as may be reasonably required for underwriting purposes.
- That 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, then in any such event the Company shall have the right to, in respect of a / all member(s) to revise the premiums / vary the benefits / treat the master policy as per the provisions of Section 45 of the Insurance Act, 1938 as amended from time to time

viii) That we provide consent to the company to share the details to a specialist service provider contracted by the company for policy and claims related services which includes third party administrators, claim investigators, data analytics etc.. We further provide consent to company to share my details to regulated entities and includes Insurance Information Bureau, Insurance Repositories, CERSAI.

• In order to save environment and avoid cutting of trees for papers, we agree to receive communications from Reliance Nippon Life Insurance Company Limited through electronic mode.

14. SIGNATURES OF THE TRUSTEES WITH TRUST SEAL/AUTHORISED SIGNATORIES WITH COMPANY SEAL

Authorised Person

Name

Date

Place

Designation

Authorised Signatory

Name

Date

Place

Designation

Minimum 2 trustees/Authorised Signatories should sign this proposal form. However, if more number of trustees/authorised signatories wish to sign the proposal form, additional pages can be used to provide required details and signatures thereof. The authorised signatories should be the same as approved by the Board Resolution.

rustee 1/Authorised Signatory 1 :	_	Trustee 2/Authorised Signatory 2 :	
Signature		Signature	
Place Date D D M M Y Y Y Y		Name	
Trust Seal/Company Seal:			
DECLARATION FOR SIGNING IN VERNACU	ILAR OR FOR UNEDUCATED PE	ERSONS	
	answers given by the Master P	contents of the proposal form to the Master Policyholder/Trustee inPolicyholder/Trustee. The Master Policyholder/Trustee has affixed the thumb impres	sior
I, Master Policyholder/Trustee, certify that the of declarant):		e information related to the product have been fully explained to me by (full name I have understood the significance of the proposed contract.	
	und	That's didensional the significance of the proposed confider.	
Signature / Thumb Impression of the Truste	e /Authorised Signatory	Signature of Declarant Name	
Mobile No. Date Address		Mobile No. Date Address	
LIFE ADVISOR / EMPLOYEE CERTIFICATIO	N .		
have also verified the completeness of doc of any criminal activities/offences listed in t	rumentation. I further declare the he Prevention of Money Launder	the facts disclosed therein are true and correct to the best of my knowledge and be at to the best of my knowledge the premium amounts are not sourced from the pro ring Act 2002 or under any other applicable laws. Should there be any adverse char ance Nippon Life Insurance Company Limited immediately.	cee
Signature of Insurance Advisor/SP/AP Name SP/AP/Advisor Code Date	Signature of Sales Personnel Name CA Exec/SM Code Date	Authorised Signatory Name SAP Code Date	
Place	Place	Place	

Mktg/RKL/RNL_Group Employee Benefits Plan Form/Version 3/Sep24

Section 41 of Insurance Act, 1938, as amended from time to time

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. Please refer to our website or contact our office for the details under the above mentioned Section 41.

POLICY NOT TO BE CALLED IN QUESTION AFTER THREE YEARS (SECTION 45 OF THE INSURANCE ACT, 1938, AS AMENDED FROM TIME TO TIME)

(1) 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, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later. (2) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that 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. (3) notwithstanding anything contained in sub-section(2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of 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 of or suppression of a material fact are within the knowledge of the insurer:- Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive. (4) A policy of the life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of the revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of the 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: Provided that the insurer shall have to communicate in writing to the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based: Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation. Mis-statement of or suppression of shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer, the onus is on the insurer to show that had the insurer been aware of the said fact no life insurance policy would have been issued to the insured. (5) Nothing in this section shall prevent the insurer from calling for proof of age at any time if is entitled to do so, and no policy shall be deemed to be called in question merely because the term of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal. Please refer to our website or contact our office for the details under the above mentioned Section 45.

Reliance Nippon Life Insurance Company Limited. IRDAI Registration No: 121. Registered & Corporate Office: Unit Nos. 401B, 402, 403 & 404, 4th Floor, Inspire-BKC, G Block, BKC Main Road, Bandra Kurla Complex, Bandra East, Mumbai-400051 For more information or any grievance, 1. Call us between 8am to 8pm, Monday to Saturday on our Toll Free Number 1800 102 1010 or 2. Visit us at www.reliancenipponlife.com or 3. Email us at: rnlife.customerservice@relianceada.com. 4. Chat with us on Whatsapp number (+91) 7208852700. Trade logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited & Nippon Life Insurance Company and used by Reliance Nippon Life Insurance Company Limited under license.

Beware of Spurious / Fraud Phone calls: IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.