

## Financial Supplementary Statement

(This statement should be completed by the Life Assured/ Proposer / Premium Payer if total amount at risk inclusive of all current in-force policies from all insurers is over 10 lacs & / or Total Annual Premium paid is 1 lac & above)

**Instructions for filling this addendum:**

1. Please answer each question & provide appropriate details. If not applicable, please mention NA.
2. Please do not leave any field blank.
3. Please circle the applicable option wherever there is a multiple choice.

Application No./ Proposal No.:			
	Life to be Assured	Proposer	Premium Payer
Name:			
Occupation:			

1. What is the purpose of this Life insurance proposal?

Investment / Insurance / Savings / Children Education / Child Marriage / Others - Please specify

2. Have you concurrently applied for any other insurance with Bajaj Allianz or any other Life Insurance Company? Yes / No

If yes - Please provide details:	
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	Life to be Assured	Proposer	Premium Payer
Sum Assured			
Annual Premium			
Company			
Application / Proposal number			

3. Please specify the source of paying the current premium with bank statement for last 06 months

Salary / Business income / Existing Savings / Land Sale / Others - PLEASE SPECIFY

4. Is Life Assured / Proposer / Premium Payer paying premium for other Insurance policies , please provide details of Annual Premium below

	Life to be Assured	Proposer	Premium Payer
a) Self	Rs.	Rs.	Rs.
b) Spouse	Rs.	Rs.	Rs.
c) Children	Rs.	Rs.	Rs.
d) Others	Rs.	Rs.	Rs.
Total	Rs.	Rs.	Rs.

5. Please mention the Income of Proposer (if different from Life Assured) / Life Assured from the sources below for the immediately preceding three Financial Year:

	Life to be Assured	Proposer	Premium Payer
<b>a) Salary</b>			
1) 20__ - 20__			
2) 20__ - 20__			
3) 20__ - 20__			
<b>b) Business Income</b>			
1) 20__ - 20__			
2) 20__ - 20__			
3) 20__ - 20__			
<b>c) Agricultural Income</b>			
1) 20__ - 20__			
2) 20__ - 20__			
3) 20__ - 20__			
<b>d) Rental Income</b>			
1) 20__ - 20__			
2) 20__ - 20__			
3) 20__ - 20__			
<b>e) Investment Income</b>			
1) 20__ - 20__			
2) 20__ - 20__			
3) 20__ - 20__			
<b>f) HUF Income</b>			
1) 20__ - 20__			
2) 20__ - 20__			
3) 20__ - 20__			
<b>g) Any other Income ( Please Specify)</b>			
1) 20__ - 20__			
2) 20__ - 20__			
3) 20__ - 20__			
<b>Total Income</b>			
1) 20__ - 20__			
2) 20__ - 20__			
3) 20__ - 20__			

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6. Please provide the previous Insurance details:

Bajaj Allianz Life Insurance Co. Ltd.			
Life to be Assured			
	No. of policies	Sum Assured	Total Premium
Self			
Spouse			
Child: i			
Child: ii			
Child: iii			
Child: iv			
Father			
Mother			
Dependent			
Total			

Bajaj Allianz Life Insurance Co. Ltd.			
Proposer			
	No. of policies	Sum Assured	Total Premium
Self			
Spouse			
Child: i			
Child: ii			
Child: iii			
Child: iv			
Father			
Mother			
Dependent			
Total			

Bajaj Allianz Life Insurance Co. Ltd.			
Premium Payer			
	No. of policies	Sum Assured	Total Premium
Self			
Spouse			
Child: i			
Child: ii			
Child: iii			
Child: iv			
Father			
Mother			
Dependent			
Total			

Other Insurers				
Life to be Assured				
	No. of policies	Sum Assured	Total Premium	Insurer
Self				
Spouse				
Child: i				
Child: ii				
Child: iii				
Child: iv				
Father				
Mother				
Dependent				
Total				

Other Insurers				
Proposer				
	No. of policies	Sum Assured	Total Premium	Insurer
Self				
Spouse				
Child: i				
Child: ii				
Child: iii				
Child: iv				
Father				
Mother				
Dependent				
Total				

Other Insurers				
Premium Payer				
	No. of policies	Sum Assured	Total Premium	Insurer
Self				
Spouse				
Child: i				
Child: ii				
Child: iii				
Child: iv				
Father				
Mother				
Dependent				
Total				

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7. Any other information regarding Assets & Liabilities

	Life to be Assured	Proposer	Premium Payer
Assets ( Please specify value)			
a.			
b.			
c.			
d.			
Total			
Liabilities (Please specify value)	Life to be Assured	Proposer	Premium Payer
a.			
b.			
c.			
d.			
Total			

8. Details of Agricultural Income:

	Life to be Assured	Proposer	Premium Payer
Name of the owner of land			
If it is a joint property then share of the Life Assured / Proposer / Premium Payer:			
Size of the Land (in acre / hectare)			
Survey numbers of the Land			
Market Value of Land			
Crops grown on the Land :			
Number of Crops / Year			
Complete address of Land:			
Please specify Agricultural Income of immediately preceding 3 Financial Years			
Financial Year 20__ - 20__			
Financial Year 20__ - 20__			
Financial Year 20__ - 20__			
Total			

I hereby declare that the above answers and statement are true and complete and agree that this questionnaire together with the proposal dated \_\_\_\_\_ shall form part of the contract between me and the company.

Signature Life Assured: \_\_\_\_\_ Place: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Proposer: \_\_\_\_\_ Place: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Premium Payer: \_\_\_\_\_ Place: \_\_\_\_\_ Date: \_\_\_\_\_