

APPLICATION FOR GROUP INSURANCE PLAN FOR LOAN CUSTOMERS OF FULLERTON INDIA CREDIT COMPANY LTD. TERM COVER APPLICATION FORM

I am aware of Group Term life Insurance Plan ("Group Insurance Plan") issued in favour of Fullerton India Credit Company Ltd ("Fullerton India") as Master Policy Holder and issued by ICICI Prudential Life Insurance Company Ltd. ("ICICI Prudential") I would like to become a member of Group Insurance Plan. The particulars in respect of my application are as under:

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| Name of the Applicant | &<BSDOC.INSURED_PERSON>& | |
| Fathers / Husband Name | &<BSDOC.INSURED_SPOUSE_FATHER>& | |
| Fullerton India Customer ID : | &<CUST_ID>& | |
| Fullerton India Loan Account No | &<LAN>& | |
| Loan Disbursement Date | &<BSDOC.DISB_DATE>& | |
| Gender | &<BSDOC.GENDER_INSURED>& | |
| Date of Birth | &<BSDOC.DOB_INSURED>& | |
| Contact no | &<BSDOC.INSURED_CONTACT_NO>& | |
| Communication address | &<BSDOC.INSURED_ADDRES>& | |
| Plan Details | | |
| Sum Assured | &<CREDIT_INSURED_AMT>& | |
| Insurance Tenure(Months) | &<BSDOC.POLICY_TEN_LI>& | Months |
| Premium (in Rs.) : | &<CRDT_SHLD_PRE>& | |

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| Nominee Details : | | |
| I hereby nominate the following person to whom the balance sum assured after settling the outstanding loan amount under the Group Insurance Plan shall be paid in the event of my death while being covered by the above Plan. I also understand that all payments and settlements made to such Nominee acknowledging receipt thereof , shall be a valid discharge to Fullerton India and ICICI Prudential | | |
| Name of the Nominee: | &<CRDT_FIRSTNAME>& &<CRDT_MIDNAME>& &<CRDT_LASTNAME>& | |
| Relationship with the Nominee : | &<BSDOC.CRDT_RELATION>& | |
| Age of the Nominee: | &<BSDOC.NOMINEE_AGE>& | |

Kindly answer the following questions :

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| 1. Do you have any mental or physical impairments or deformities or are you in bad health? | Yes / No |
| 2. Have you ever suffered or do you now suffer from: | |
| a) Disease or disorder of the Heart & circulatory system (e.g. heart trouble, stroke, rheumatic fever, high blood pressure, diseases of the arteries and veins)? | Yes / No |
| b) Disease or disorder of the respiratory system (e.g. Tuberculosis, asthma, persistent cough, pneumonia, or any lung disorder)? | Yes / No |

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| c) Disease or disorder of the genito - urinary system(e.g. infection of the kidneys, kidney failure, urinary or genital organs, renal stones, venereal disease)? | Yes / No |
| d) Diseases of the gastro intestinal system(e.g. digestive disorders, gastric or duodenal ulcer, hepatitis B or other disorders of the liver, disorders of the gall bladder)? | Yes / No |
| e) Diseases of the nervous system or mental disorders(e.g. epilepsy, fits or fainting attacks, frequent headaches, nervous breakdown)? | Yes / No |
| f) Cancer, tumour or abnormal growth, or any diseases of the blood, glands, spleen, ears, eyes or skin? | Yes / No |
| g) Unexplained night sweats and/or loss of weight, persistent fever, chronic or recurrent diarrhea, unexplained infections or swollen glands? | Yes / No |
| h) Diabetes, thyroid disease or disorder, or any disease or disorder of the endocrine glands? | Yes / No |
| i) Any other diseases or ailments not mentioned above? | Yes / No |
| 3. Have you ever had or been advised to undergo hospital treatment or surgery? | Yes / No |
| 4. Have you ever had or been advised to have a blood test for AIDS or an AIDS related condition or have you ever been refused a blood donor? | Yes / No |
| 5. Have you consulted a physician for any reason other than minor impairments such as cold or flu, including blood tests, or have you received any blood transfusions within the past 5 years? | Yes / No |
| 6. Have you ever received or do you now receive any disability benefit? | Yes / No |
| 7. Has any proposal for life assurance ever been declined or postponed or been accepted with an extra premium? | Yes / No |

DECLARATION

I certify that I am between 18 to 59 years of age and declare that I am in good health and the above declaration about my health are true and complete in every respect. I have not withheld or omitted to give any information that may influence my admission into the Group Insurance Plan. I hereby agree that this declaration shall form the basis of my admission into the Group Insurance Plan and if any untrue averment be contained therein, my heirs, executors, administrators and assigns shall not be entitled to any benefit under the Group Insurance Plan. I hereby agree to convey the above particulars regarding my admission into the Group Insurance Plan to ICICI Prudential and also authorize Fullerton India to disclose from time to time, any information relating to my loan account as may deem fit and proper. I am aware that Fullerton India is the holder of the Group Insurance Master Policy issued by ICICI Prudential and are hereby authorized to receive the benefit amount from ICICI Prudential. I confirm that I/ have voluntarily participated in the Group Insurance Plan and I am aware of the Group Insurance rules and also that loan is available without the insurance as well. The above declaration and other details are true to best of my knowledge.

I hereby authorize Fullerton India to deduct insurance premium payable to ICICI Prudential on my behalf from the loan amount sanctioned to me.

Date:

Place:

Signature of
Applicant:

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| Eligibility | Loan customers of Fullerton India Credit Company Ltd. Age between 18 to 59 years Only single applicant/ borrower will be eligible for enrolling under the Group Insurance Plan. No insurance cover will be provided to other co borrower. In the event of death of the insured person, the insurance cover will not be provided to the legal heirs / successors/ nominees or to the surviving co borrower. The applicant will necessarily be required to furnish his/ her date of birth certificate and details of the nominee in the application form. Filling up the enrolment/application form doesn't entitle the admission into the group insurance plan. Admission into the plan is subject to the terms and conditions of the Master Policy and acceptance of the application by ICICI Prudential. |
| Contract Validity | “The insurance cover will be valid subject to the Group Term Insurance Plan being in force with ICICI Prudential Life Insurance Company Limited as per the terms and conditions specified in the Master Policy issued in favour Fullerton India Credit Company Ltd.” |
| Service Charges (inclusive of service tax) payable to Fullerton India | Rs 0/- for all loans payable upfront at the time of enrollment. |
| Insurance Premium payment due date | : It's a one time payment at the time of enrolment for the entire duration of the cover |
| Coverage expiry | You will be covered only for the period for which the premium has been paid and for the period the master policy is valid. The insurance cover under the plan will automatically stand cancelled upon occurrence of any of the following events :(i) On the expiry of the insurance cover period (ii) Death Claim (iii) on cessation of Master Policy. The master policy is valid for one year and is renewable by Fullerton India on annual basis. |
| Benefits /Exclusions | Under the insurance policy, the following Group Insurance cover will be available to the applicant: (a) Life Insurance Cover Exclusion: 1) For each member, during the first 45 days of cover, claim shall be payable only in respect of death due to accidental causes 2) Death due to suicide will not be covered during the first 12 months, on per member basis 3) In case the customer is suffering from any medical condition (if any of the questions in the good health declaration is ticked as “yes”) then the cover will not be offered to the customer |

Claim Procedure

The legal representative/ nominee will have to file their claim directly with ICICI Prudential. Fullerton India will help facilitate the claim, on request of the nominee. In case of claims, ICICI Prudential will provide two separate cheques to the administrator. First cheque will be equal to the outstanding loan amount, in favour of the administrator. Any amount, over this will be paid to the administrator, by a cheque In the name of the nominee, as per the details provided in the claims form. ICICI Prudential reserves the right to investigate any claim.

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• Subject to what has been stated above, Fullerton India reserves the right to modify /annul the said Group Insurance Plan on a prospective basis. • Fullerton India or its directors, officers or employees shall not be liable for any claim (including but not limited to rejection of any claim, non settlement, delays etc.) arising out of the insurance cover provided to the applicant. • The benefits assured hereunder are strictly personal and cannot be assigned, charged , however nothing contained in the policy prevents the Insured from assigning , securing any benefits receivable hereunder in favor of Fullerton India.

Date:

Place:

Signature of
Applicant: _____

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| To be filled by the Master Policyholder | |
| Name of Loanee: | &<CRDT_B_NAME_INSURED1>& |
| Loan Amount: Rs. | &<LOAN_AMT_APPROVED>& |
| Disbursed Loan Amount | &<TOTAMTDISB>& |
| Total sum insured: | &<CREDIT_INSURED_AMT>& |
| Tenor of the Loan (In Months): | &<BSDOC.POLICY_TEN_LI>& |
| FIC Loan Account No. & Case ID: | |
| Signature of the Attesting Authority with Stamp: Fullerton India Credit Company Limited | |