

**Life Insurance Corporation of India**  
**Division**

All payment to be made at

Name of Life Assured Plan & Term Accepted	Sum Assured	Mode of payment	Instal. Prem. payable	Date of Acceptance			
				Deposit paid If any		Balance to be paid*	
				Rs.	Ps.	Rs.	Ps.

Office Codes

Name & address Proposer & Life Assured	Proposal No & Date
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Age      Terms acceptable to the Corporation

Accepted as proposed at ordinary  
Rates with/without Accident  
Benefit and subject to clauses  
Mentioned if any.

- \*Please ignore this, if the balance due has since been paid.

Dear Sir/Madam,

Your proposal for Assurance has been accepted by the corporation on terms mentioned herein above and a policy will be issued to you on payment of the amount of the First Premium, as stated above to the Corporation.

The amount of the First Premium should be paid immediately, as until it is paid the Assurance is not in force and the Corporation retains the right to cancel this acceptance. If payment be not made within 30 days from the date of issue of this acceptance, evidence of continued good health has to be produced at your expense, if required. Please also note the applicable conditions overleaf.

“It is most important to note that (1) if any change in your occupation or any adverse circumstance connected with our financial position or the general health of yourself or that of your family, however unimportant you may consider the same, occurs or (2) if a proposal for assurance or an application for revival of a policy on your life made to any office of the corporation has been withdrawn or dropped, deferred, or declined or accepted at an increased premium or subject to a lien or of on terms other than proposed or (3) if you have been selected for service in any of the Branches of Military, Naval or Air Force services, between the date of the proposal and the date of payment of the First Premium in full or the date of issue of this acceptance whichever is later, or, if this acceptance is subject to your compliance with any requirements stated overleaf, than between the date of the Proposal and the date of payment of the First Premium in full or the date of your compliance with such requirements whichever is later, the assurance will be invalid and all moneys which shall have been paid in respect thereof of your proposal be re-approved by the Corporation”.

Yours faithfully,

Sr. Divisional Manager

**Note: This acceptance is not valid unless it is duly initialled  
By a perosn authorized to issue it.**

**Age Admitted**  
**Date of Birth**\_\_\_\_\_

**Checked by----- Issued by-----**  
**Encl.**