



PU000101

PRODUCT SUITABILITY FORM

Note: Please complete the form in CAPITAL LETTERS.

All fields are mandatory

SUITABILITY SUMMARY

1. Proposal Form Number

2. Name of Customer – Mr. / Ms.

3. Age of Customer

4. Annual Income <2 lacs 2 – 5 lacs 5 lacs – 10 lacs 10 lacs+

5. Family Status Single Married Married with children Others

6. Investment Objective Savings Investment Protection

7. Financial / Family Goals - Savings Child Education/Marriage Retirement Protection

8. Risk Appetite - Low Medium High

9. Existing Insurance Cover (Sum Assured) - ₹

10. Recommended Product Category - Traditional ULIP Protection Pension

11. Product Category opted by the customer - Traditional ULIP Protection Pension

12. Product Name

1. A. Premium Amount – ₹ B. Premium payment frequency - Mthly Qtly H-Yrly Yrly

2. A. Policy Term B. Premium Payment Term

DECLARATION

I understand that the product(s) recommended to me is based on the information provided by me and which is considered suitable in the view and understanding of the agent/intermediary and/or official of Exide Life Insurance. I confirm /declare that the information provided by me for my risk profiling and product recommendation is correct.

I confirm/declare that: I have understood the recommended product category and features of the product and believe it would be suitable for my insurance objective and I hereby accept the product(s) so recommended to me OR I have understood the recommended product category and features of the product but prefer to utilize my own preference and have opted for the Product category as mentioned in point 10 above as I believe that this is more suitable for me. I have understood the features of the product opted by me.

(Signature / Thumb Impression of Life Assured)

Date:

Place: _____

(Signature / Thumb Impression of Proposer)

Date:

Place: _____

(Signature of Advisor / SP / QP)

Date:

Place: _____

NB/PSF/MAR 2020/VER 1.1



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IRDAI Registration No. 114 CIN: U66010KA2000PLC028273