



PRODUCT SUITABILITY FORM

Note: Please complete the form in CAPITAL LETTERS.

All fields are mandatory

SUITABILITY SUMMARY

| | |
|---|--|
| 1. Proposal Form Number | <input type="text"/> |
| 2. Name of Customer – Mr. / Ms. | <input type="text"/> |
| 3. Age of Customer | <input type="text"/> |
| 4. Annual Income | <input type="checkbox"/> <2 lacs <input type="checkbox"/> 2 – 5 lacs <input type="checkbox"/> 5 lacs – 10 lacs <input type="checkbox"/> 10 lacs+ |
| 5. Family Status | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married with children <input type="checkbox"/> Others |
| 6. Investment Objective | <input type="checkbox"/> Savings <input type="checkbox"/> Investment <input type="checkbox"/> Protection |
| 7. Financial / Family Goals - | <input type="checkbox"/> Savings <input type="checkbox"/> Child Education/Marriage <input type="checkbox"/> Retirement <input type="checkbox"/> Protection |
| 8. Risk Appetite - | <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High |
| 9. Existing Insurance Cover (Sum Assured) - ₹ | <input type="text"/> |
| 10. Recommended Product Category - | <input type="checkbox"/> Traditional <input type="checkbox"/> ULIP <input type="checkbox"/> Protection <input type="checkbox"/> Pension |
| 11. Product Category opted by the customer - | <input type="checkbox"/> Traditional <input type="checkbox"/> ULIP <input type="checkbox"/> Protection <input type="checkbox"/> Pension |
| 12. Product Name | <input type="text"/> |
| 1. A. Premium Amount – ₹ | <input type="text"/> B. Premium payment frequency - <input type="checkbox"/> Mthly <input type="checkbox"/> Qtly <input type="checkbox"/> H-Yrly <input type="checkbox"/> Yrly |
| 2. A. Policy Term | <input type="text"/> B. Premium Payment Term <input type="text"/> |

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:



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