

- viii) Annuity for Joint Life Last Survivor with ROC (H)
- ix) Annuity for Life with return of balance capital on Death (I)
- x) Increasing Annuity for Life (J)
- xi) Annuity for Joint Life Last Survivor guaranteed for N years (K)
- X) Others if any (L)

(Option once exercised shall be final and IRREVOCABLE)

- 11 (a) Nominations for family members to receive Return of Capital (if applicable) and Annuity amounts if the Death has occurred before expiry of the certain period of Option (iii),(iv),(v),(vi),(viii),(ix)&(xi)

Name	Address	Sex (M/F)	Date of Birth	Relation with Claimant

12. Mode of Payment of Pension : Post Dated Cheques

ECS

(Tick whichever required)

13. Details of Bank Account for the purpose of payment of Commuted value & Annuity : Account No.: _____
 Bank Name: _____
 Branch Name: _____
 Branch Code No (Please attach Xerox of a cancelled cheque)
 (9 Digit MICR Code)
 NEFT Code:
 IFSC Code:

14. Address for correspondence ** :

Pin Code:

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Tel No.

E-mail (if any)

** Any change in address for correspondence should be intimated to SBI Life Insurance Co.Ltd immediately at : Operations Department, CPC Belapur, Kapas Bhavan, Sector -10, Belapur, Navi Mumbai – 400 614.

Encl:

1. Specimen signatures of the member / beneficiaries duly attested.
2. Proof of Death/ Permanent Total Disablement as the case may be.
3. **Cancelled cheque copy**
4. **Age Proof of Annuitant**
5. **Age proof of Spouse (in case of Joint Life Annuity)**

(Strike out items not applicable)

Date: _____

Signature of the Member/Beneficiary/
Guardian if the Beneficiary is minor

Name in Block letters: _____

SPECIMEN SIGNATURES OF THE MEMBER AND / OR HIS / HER NOMINEE
Signatures are to be attested by designated authority **.

	Name	Signature	Signature
Member			
Nominee/Beneficiary			
Nominee/Beneficiary			
Nominee/Beneficiary			

Signatures attested

Signatures with seal of Attesting Officer

** This is to be attested by an authorized official with seal and date.