

SBI Life- Swarna Jeevan Plus
SBI LIFE INSURANCE COMPANY LTD.

‘Natraj’, M.V. Road, & Western Express Highway Junction, Andheri (East), Mumbai – 400 069 | IRDAI Registration No 111 | CIN: L99999MH2000PLC129113
 Toll Free: 1800 267 9090 (Customer Service Timing: 24X7) | Website: www.sbilife.co.in | Email: info@sbilife.co.in
 " SBI Life Insurance Company Limited and SBI are separate legal entities " | SBI Life Insurance Co. Ltd. referred to as "SBI Life" or "Company"

INSTRUCTIONS FOR FILLING UP ANNUITY FORM

1. This form is to be filled by the Group Member and the Group Master Policyholder applicable in BLOCK LETTERS
2. Please tick a box thus where appropriate.
3. Please answer all questions.
4. The Group Master Policyholder must authenticate any cancellation or alterations in this form.
5. Overwriting or use of correction fluid is not acceptable.
6. In case this form contains the signature of the member in vernacular language or thumb impression of member, the 'Additional Declaration' (refer to section 8) of this form must be duly completed, in order for this form to be valid

SP Name:

SP Code:

Master Policyholder Name:

Master Policy Number:

Are you Group Member Spouse of Group Member Parent/Nominee of Group Member

Reason for Purchase Retirement/Superannuation/Maturity Resignation/ Voluntary Retirement Death of Group Member

Any other reason _____ PF/Employee ID/Group member ID _____

1. DETAILS OF GROUP MEMBER Mr. Ms. Mrs. Employee/Staff No:

First Name:

Middle Name:

Last Name:

Date of Birth:

Gender : Male Female Third gender Nationality :

Age Proof: Driving License School/College Certificate PAN Card Passport Birth Certificate

Others (Please specify): _____

Identity Proof Passport PAN Card Voter's ID Card Driving License

(Please attach a self-attested copy) ID Card with photo issued by Central/State Govt Depts./PSUs

Scheduled Commercial Banks/Public Financial Institutions Others (Please specify): _____

Communication /Permanent Address:

House No.& Bldg./Society Name:

Road/Sector& Landmark:

City/Village & Taluka:

District:

State:

Country:

Mobile No:

Tel No.(Home): STD Code: Phone No:

Tel No.(Office): STD Code: Phone No:

Email ID: _____

Address Proof Passport Driving License Voter's ID Card

(*Utility Bills should not be more than 2 months old) Telephone/Mobile Bill* Electricity Bill* Property or Municipal Tax receipt

Bank A/c or Post Office Savings A/c statement Others (Pls specify) _____

2. DETAILS OF SECOND ANNUITANT (If Joint Life annuity is chosen): Mr. Ms. Mrs.

Relationship with Group Member:

Full Name:

Date of Birth:

Gender: Male Female Third Gender

Age Proof: Driving License School/College Certificate PAN Card Passport Birth Certificate

Others (Please specify): _____

Identity Proof Passport PAN Card Voter's ID Card Driving License

(Please attach a self-attested copy) ID Card with photo issued by Central/State Govt Depts./PSUs

Scheduled Commercial Banks/Public Financial Institutions Others (Please specify): _____

3. NOMINEE DETAILS*

Name of Nominee 1	Date of Birth	Gender	Relationship with First Annuitant	Percentage Share (%)*	Permanent Address
		Male / Female / Third Gender			
Bank Name					Communication Address:
Account No.					
IFS Code					
Mobile No.					
Email ID					

Name of Nominee 2	Date of Birth	Gender	Relationship with First Annuitant	Percentage Share (%)*	Permanent Address
		Male / Female / Third Gender			
Bank Name					Communication Address:
Account No.					
IFS Code					
Mobile No.					
Email ID					

Name of Nominee 3	Date of Birth	Gender	Relationship with First Annuitant	Percentage Share (%)*	Permanent Address
		Male / Female / Third Gender			
Bank Name					Communication Address:
Account No.					
IFS Code					
Mobile No.					
Email ID					

Name of Nominee 4	Date of Birth	Gender	Relationship with First Annuitant	Percentage Share (%)*	Permanent Address
		Male / Female / Third Gender			
Bank Name					Communication Address:
Account No.					
IFS Code					
Mobile No.					
Email ID					

* Percentage share total should be 100%. The Nominee should be any person other than the First or Second Annuitant (as applicable)

4. APPOINTEE DETAILS: (Applicable in case Nominee is Minor)

Name of Appointee 1	Date of Birth	Gender	Relationship with First Annuitant	Relationship with Nominee	Signature/ Consent of Appointee
		Male / Female / Third Gender			
Mobile No.	Current Address				
Email ID					

Name of Appointee 2	Date of Birth	Gender	Relationship with First Annuitant	Relationship with Nominee	Signature/ Consent of Appointee
		Male / Female / Third Gender			
Mobile No.	Current Address				
Email ID					

Name of Appointee 3	Date of Birth	Gender	Relationship with First Annuitant	Relationship with Nominee	Signature/ Consent of Appointee
		Male / Female / Third Gender			
Mobile No.	Current Address				
Email ID					

Name of Appointee 4	Date of Birth	Gender	Relationship with First Annuitant	Relationship with Nominee	Signature/ Consent of Appointee
		Male / Female / Third Gender			
Mobile No.	Current Address				
Email ID					

5. BASIC PLAN DETAILS: (select any one option by ticking(✓) the box)

1. Life annuity- LO

2. Life annuity with refund of purchase price- LROC

3. Life annuity with refund of balance purchase price- LBROC

4. Certain Annuity for first N (5-35) years and life annuity thereafter, N =
 5 Years(L5) 10 years (L10) 15 Years(L15) _____ years

5. A. Life Annuity- Simple Increasing at X% (1%- 10%), X% =
 3% (LINC3) 5%(LINC5) 10%(LINC10) _____ %
 B. Life Annuity- Compound Increasing at X% (1%- 10%), X% =
 3% (I_L_A_3_CI) 5%(I_L_A_5_CI) 10%(I_L_A_10_CI) _____ %

6. Joint life (last survivor) annuity, with X% reversion for the Second annuitant, X% =
 50%(JL50) 100% (JL100)

7. Joint life (last survivor) annuity, with X% reversion for the Second annuitant with refund of purchase price on the death of last survivor, X% =
 50%(JL50ROC) 100% (JL100ROC)

8. Certain Annuity for N (5-35) years and Joint Life (last survivor) Annuity thereafter with X% reversion for the second annuitant, N & X% =
 _____ Years, 50% (JL50_years opted) _____ Years, 100% (JL100_years opted)

9. Only for NPS subscribers

10. A. Joint life (last survivor) annuity, Simple Increasing at X% (1% - 10%), X =
 I) 100 % reversion for the second annuitant- 3% 5% 10% _____%
 II) 50 % reversion for the second annuitant - 3% 5% 10% _____%
 B. Joint life (last survivor) annuity, Compound Increasing at X% (1% - 10%), X =
 I) 100 % reversion for the second annuitant- 3% 5% 10% _____%
 II) 50 % reversion for the second annuitant - 3% 5% 10% _____%

11. Deferred Life Annuity with refund of purchase price _____ years

12. Deferred Joint Life (last survivor) Annuity with refund of purchase price _____ years

100% (Def_JL_100_ _ years)

50% (Def_JL_50_ _ years)

Any such customization required: _____

Any other option (customized): _____

Note: Option Once Exercised shall be Final and IRREVOCABLE subject to freelook provisions. Premium payable (wherever applicable) is inclusive of applicable taxes and/or any other statutory levy/duty/surcharge on purchase price, at the rate notified by the State Government or Central Government of India or other Authorities from time to time as per the applicable tax laws.

Frequency of Annuity Payout (Please tick the appropriate box) Monthly Quarterly Half- Yearly Yearly

Please select (✓) from any of the two choices mentioned below: (for New Proposals only)

Fix the Purchase price and determine Annuity Payouts

Purchase Price / Premium inclusive of **applicable taxes**

₹

Fix the amount of Annuity Payout and determine the purchase price

Please specify the Annuity Payout amount (₹) _____ (as per the frequency opted above)

6. Group Member Bank Details For Direct Credit Payout:

Please provide the account details (of the Group Member only) for Annuity Payout transfers.

Account No.:

Account Type: Savings Current NRE NRO

Bank Name:

Bank Code:

Bank Branch Name:

Branch Code:

Name of A/c Holder:

IFS Code:

Please provide copies of any one of the documents for the account stated above:

Cancelled cheque with a/c holders name printed on it Copy of Self attested Bank Statement

Copy of Bank Passbook - bearing the IFSC code

Note: Please ensure that the bank details provided are correct and complete. Please note that SBI Life shall not be responsible if any payments to the bank account number provided by you fail on the ground that the bank details provided are incorrect.

7. Declaration By The Group Member and The Group Master Policyholder:

Acknowledgement of consent notice by the Group Member / Group Master Policyholder:

I acknowledge that the Company needs my explicit consent to process my personal information/data as necessary to conduct/continue business with me, in the manner given hereunder. I confirm to have read and understood the same.

Declarations and Authorisations by the Group Member / Group Master Policyholder

1. I hereby agree and declare that:

- (a) I am aware that SBI Life - Swarna Jeevan Plus is a Single Premium Policy and have selected the options applicable/available for me.
- (b) I have received and fully understood the Product.
- (c) I have answered the questions in the membership form after having fully understood the nature of the questions and the importance of disclosing all requested information in true, accurate and complete manner. I understand that the information provided by me will form the basis of the insurance policy, to be issued upon acceptance of this membership form.
- (d) to the best of my knowledge, the statements, answers, particulars and/or any supporting documents given by me are true and complete in all respects, and I have not concealed any material information which may affect the decision of SBI Life Insurance Company Ltd. to assess the risk to be underwritten under this proposal.
- (e) all documents submitted by me along with this membership form are authentic and valid, and relevant true copies of originals for the purpose of this membership form have been submitted.
- (f) I understand that the statements in this membership form constitute warranties. If there is any mis-statement or suppression of material information or if any untrue statements are contained therein or in case of fraud, any policy/ies issued by the Company, on the basis of this membership form shall be treated as void subject to the provisions of Section 45 of the Insurance Act, 1938, as amended from time to time.
- (g) after submission of this membership form but before the acceptance of risk or issuance of the policy document by the Company, (i) if there are any adverse circumstances connected with my/our occupation, financial condition, or (ii) if a proposal for assurance on my life or on the life to be assured made to the Company or any other insurance company has been withdrawn or dropped or on terms other than as proposed by me, I shall forthwith intimate the same to the Company, in writing to reconsider the terms of acceptance of this membership form. Any omission on my/our part to do so shall render any policy issued, basis this membership form, as invalid and void. The Company reserves the right to accept, decline or offer alternate terms.

- (h) I undertake to inform the Company of any changes in KYC related data therein, immediately. In case any of the information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
2. Further, I understand and agree that:
- (a) coverage of risks by the Company, pursuant to this membership form, shall only commence after (i) acceptance of the membership form by the Company and such acceptance is communicated to me in writing; and (ii) payment of premium including applicable taxes, for the resulting policy, in full to the Company in accordance with applicable law.
 - (b) any amount held in proposal/policy deposit shall not earn any interest, except as may be provided in the relevant regulations.
 - (c) all premiums under resultant policy/ies to be issued, pursuant to this membership form, shall be paid from bonafide sources and in accordance with the provisions of the Prevention of Money Laundering Act, 2002 (as amended from time to time) or any other applicable laws.
 - (d) the payer of premium is liable to pay all the applicable taxes and/or any other statutory levy/duty/ surcharge, at the rate notified by the State Government or Central Government of India, from time to time, as per the applicable tax laws on premium and/or other charges (if any) as per the product features.
 - (e) any resulting policy, issued basis this membership form, will be governed by the provisions of the Insurance Act, 1938 and the Indian Contract Act, 1872, as amended from time to time, and all other applicable statutes and prevailing laws in India.
 - (f) the information pertaining to my membership form or policy will be sent to the mobile number given in the membership form or to the number subsequently changed by me.
 - (g) I/We understand that Annuity rates may be reviewed by the company on periodic basis and revised annuity rates will be applicable for the future new business including any Top-up, if any.

Privacy Notice & Consent

3. I hereby voluntarily give my specific, informed, unconditional and unambiguous consent and authorization:
- (a) to the Company to furnish, without any reference to me or my family or any member thereof, any details/ information furnished in this membership form to any judicial or statutory or other authority, or to any insurer or reinsurer in connection with the processing of this membership form for insurance, or to use for the purpose of servicing (including renewals) and settlement of claims under the resultant policy, as well as for profiling purposes.
 - (b) to the Company to provide and receive my data to/from banks, financial institutions, credit bureaus, insurance repository, third party service providers that the Company may have tie-ups with and insurance agent/ insurance intermediary (if any) for this membership form / resulting policy for verification of the details of this membership form number specified above and in this declaration for the purpose of retrieving KYC identifier (if the KYC identifier has not been provided by me) from the Central KYC Registry (CKYCR) and to provide/update my KYC details to the CKYCR (i.e. the Central Registry of Securitisation Asset Reconstruction and Security Interest) and vice versa (in case CKYCR informs the Company about an update in data) in the prescribed KYC templates. Such information shall include (a) personal information such as name, parent's name, date of birth, gender, PAN details, etc.; (b) proof of address; (c) proof of identification; (d) contact details; and (e) documents such as certificates to verify the above information.
 - (c) to receiving information from CKYCR through sms / email on the above registered) number/email address. Further, I hereby provide my consent to the Company to download and retrieve my KYC details and records from CKYCR, for the purpose of verification of my identity and address from the database of CKYCR.
 - (d) to the Company to receive, collect, process, use, store, disclose, transfer, share, or handle my/our sensitive personal data or information, as defined in the Information Technology (Reasonable security practices and procedures and sensitive personal data or information) Rules 2011 and 'personal data' as defined under the Digital Personal Data Protection Act, 2023 (as amended from time to time), solely for the purpose of evaluation of the proposal/ issuance and servicing of policy, including sharing it with contracted third parties, reinsurers, appointed representatives, or vendors associated with the Company for various purposes and outsourced activities exclusively related to the evaluation of the proposal, issuance and servicing of the policy, investigation/settlement of claims, fraud prevention, and monitoring. I understand that, following the conclusion of the business relationship with the Company, my data (including my sensitive personal data or information) shall be retained for the requisite period as prescribed under the applicable laws for the time being in force.
4. Notwithstanding the provision of any law, usage, custom or convention for the time being in force prohibiting any doctor, hospital and/or employer from divulging any knowledge or information about me concerning my health or employment, I, my heirs, executors, administrator or any other person or persons having interest of any kind whatsoever in the life insurance cover provided to me, hereby agree that such authority, having such knowledge or information, shall be at any time at liberty to divulge any such knowledge or information to the Company.
5. I understand that I am voluntarily giving my authorization for sharing of the above data to the specified third parties and for the specified purposes only, as described herein. This consent shall hold good even if I register my number with the National Customer Preference Register (NCPR). I understand that I have the right to: (a) withdraw my consent at any time where my personal data is processed by the Company with my consent; and (b) file a complaint with the Company and/or the relevant data protection authority in respect of performance of the Company's obligations in relation to my personal data.
6. I have read and understood in detail, SBI Life Insurance Company's Privacy Policy available at <https://www.sbilife.co.in/en/privacy-policy>
7. I agree to the above declaration.

Signature of the Authorized Signatory of the Trust/Company

Name: _____

Seal of the Trust/Company

Place: _____

Date:

D	D	M	M	Y	Y	Y	Y
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Signature /Left Thump impression of the Group Member

Place: _____

Date:

D	D	M	M	Y	Y	Y	Y
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8. Additional Declaration When The Membership Form Is Filled By A Person Other Than The Group Member/Group Member Signs In A Vernacular Language/ Group Member Is Illiterate or Disable Person

I hereby state I have read out and explained the contents of this membership form to the proposer in _____ Language, that he/she/they said that he/she/they have understood the same completely and has affixed his/her/their signature/ thumb impression on the membership form in my presence.

Signature of the Person making the Declaration

Name and Address: _____

Place: _____

Date:

D	D	M	M	Y	Y	Y	Y
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I/We state that the product details, contents of this form and relevant documents have been fully explained to me/us and that I/We have fully understood them. I/We certify that the replies in the membership form have been recorded as per the information provided by me/us

Signature/Left thumb impression of the proposer

Prohibition of Rebates: Section 41 of the Insurance Act, 1938, as amended from time to time

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.

Non-Disclosures: Extract of Section 45 of Insurance Act, 1938, as amended from time to time:

- a) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy. A policy of life insurance may be called in question at any time within three years from the date of the policy, on the ground of fraud or on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued. The insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured, the grounds and materials on which such decision is based.
- b) No insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement or suppression are within the knowledge of the insurer. In case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.
- c) In case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the grounds of fraud, the premiums collected on the policy till the date of repudiation shall be paid.
- d) Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

For complete details of the section and the definition of 'date of policy', please refer Section 45 of the Insurance Act, 1938