

**SBI Life – Swarna Jeevan**

(UIN:111N049V03)

**SBI LIFE INSURANCE COMPANY LTD.**

Registered & Corporate Office:  
‘Natraj’, M.V. Road & Western Express Highway Junction, Andheri (East), Mumbai 400 069. | IRDAI Regn. No. 111, | CIN L99999MH2000PLC129113  
Toll Free: 1800 22 9090 (Between 9.00 am & 9.00 pm) | Website : www.sbilife.co.in | Email :info@sbilife.co.in

**INSTRUCTIONS FOR FILLING UP ANNUITY FORM**

1. This form is to be filled by the Annuitant and the Group Administrator as applicable **In BLOCK LETTERS**
2. Please tick a box thus  where appropriate.
3. Please answer all questions.
4. The Group Administrator 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.

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 FIRST ANNUITANT**  Mr.  Ms.  Mrs. Employee /Staff No: \_\_\_\_\_

First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Date of Birth (DDMMYYYY) \_\_\_\_\_ Gender:  Male  Female Nationality : \_\_\_\_\_

Age Proof :  Driving License  School/College Certificate  PAN Card  Passport  Birth Certificate  Aadhaar  
 Others (Please specify): \_\_\_\_\_

Identity Proof (Please attach a self attested copy)  Passport  PAN Card  Voter's ID. Card  Driving License  Aadhaar  
 ID Card with photo issued by  Central/ State Govt Depts/ PSUs  Scheduled Commercial Banks/ Public Financial Institutions  
 Others (Pls specify) \_\_\_\_\_

**Communication/Permanent Address:**

House No & Bldg/Society Name: \_\_\_\_\_  
Road/Sector & Landmark: \_\_\_\_\_  
City/Village & Taluka: \_\_\_\_\_ District: \_\_\_\_\_  
State: \_\_\_\_\_ Pin: \_\_\_\_\_  
Country: \_\_\_\_\_ Mobile No: \_\_\_\_\_  
Tel No (Home): STD Code: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Tel No(Office): STD Code: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Email Id: \_\_\_\_\_

Address Proof: (\*Utility Bills should not be more than 2 months old)  Passport  Driving License  Voter's ID. Card  Aadhaar  
 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 (Spouse) (If Joint Life annuity is chosen):**  Mr.  Ms.  Mrs.

Full Name: \_\_\_\_\_  
Date of Birth (DDMMYYYY) \_\_\_\_\_ Gender:  Male  Female  
Age Proof :  Driving License  School/College Certificate  PAN Card  Passport  Birth Certificate  Aadhaar  
 Others (Please specify): \_\_\_\_\_

Identity Proof (Please attach a self attested copy)  Passport  PAN Card  Voter's ID. Card  Driving License  Aadhaar  
 ID Card with photo issued by  Central/ State Govt Depts/ PSUs  Scheduled Commercial Banks/ Public Financial Institutions  
 Others (Pls specify) \_\_\_\_\_

**3. NOMINEE DETAILS\***

Nominee name	Gender (M/F)	Date of Birth (DD-MM-YYYY)	Relation with First Annuitant	% Share of Nominee
1.		____ - ____ - _____		
2.		____ - ____ - _____		
3.		____ - ____ - _____		
4.		____ - ____ - _____		

\*The Nominee should be any person other than the First or Second annuitant (as applicable). It is mandatory for return on premium cases only

**4. APPOINTEE DETAILS:**  Mr.  Ms.  Mrs. (Applicable in case Nominee is Minor)

Appointee Name	Date of Birth (DD-MM-YYYY)	Relation With Nominee	Signature
1. <<Nominee 1>>	__ - __ - ____		
2. <<Nominee 2>>	__ - __ - ____		
3. <<Nominee 3>>	__ - __ - ____		
4. <<Nominee 4>>	__ - __ - ____		

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

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

- 1 Life annuity - L0
- 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)
- 5 Life Annuity - Simple Increasing at X% (1%-10%), X% =
- 3 %(LINC3)  5 %(LINC5)  10 %(LINC10)
- 6 Joint life (last survivor) annuity, with X% reversion for the Spouse, X% =
- 50%(JL50)  100%(JL100)
- 7 Joint Life (Last Survivor) Annuity - X% reversion for the spouse 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 spouse, N & X% =
- 15 Years, 50% (JL50\_15)  15 Years, 100% (JL100\_15)

Any such customization required: \_\_\_\_\_

Any other option (customized): \_\_\_\_\_

Note: Option Once Exercised shall be Final and IRREVOCABLE. 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 from time to time as per the applicable tax laws.

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

**6. First Annuitant Bank Details for Direct Credit Payout**

Please provide the account details (of the First Annuitant 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: \_\_\_\_\_

MICR Code \_\_\_\_\_ IFSC 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

I declare that the information given above is true and correct. I hereby authorize SBI Life to directly credit payout/refund, if any, to the above mentioned account.

**7. Declaration By Annuitant and The Group Administrator:**

I/ We hereby declare that the foregoing statements and answers have been given by me after fully understanding the questions and the annuity options and the same are true, accurate and complete in every manner and that I/We have not withheld or omitted to give any information. Further, I/We have not provided any false information in reply to any question. I/We understand and agree that the statements in this proposal constitute warranties. I/We do hereby agree and declare that these statements and this declaration shall be the basis of the contract of assurance between me and SBI Life Insurance Co. Ltd. (Company) and that if there is any mis-statement or suppression of material information or if any untrue statements are contained therein or in case of fraud, the said contract shall be treated as per the provisions of Section 45 of the Insurance Act 1938 as amended from time to time.

I/We also understand and agree that the Company shall additionally levy or recover all the applicable taxes from premium which are necessitated by the various enactments of Central and/or State Legislature from time to time.

I/We hereby authorize the Company to provide my details to banks, financial institutions and third party service providers that the company may have tie-ups with, for verification of proposal details and for servicing the policies.

I/We understand that the contract will be governed by the provisions of the Indian Insurance Act, 1938, and other applicable statutes and prevailing laws in India and that the contract will not commence until a written acceptance of this proposal is issued by the Company and that the benefits under the policy shall

be subjected to terms and conditions contained in the contract of the assurance. I/We also agree that the amount held in proposal/ policy deposit shall not earn any interest.

I/We further state that the product features and terms and conditions of the policy have been thoroughly explained to me/us and that I/We consent to the same.

I also acknowledge and agree that where this policy is being issued to me out of transfer/vesting proceeds from another insurance or pension company, the funds will not be returned to me in case I choose to cancel the policy under the free-lock period. These funds will be payable by SBI Life directly to any other scheme chosen by me which is authorized and approved under the prevalent regulations and applicable rules. Further, no interest will be paid to me on the funds held during this transition period.

I/We further request SBI Life to send me/us any information relating to this proposal/resulting policy and I/We hereby give my/our consent to receive such information through SMS/Email/Phone/Letter, notwithstanding any Regulations/Statutory provisions on the contrary. This consent shall hold good even if I/We register my number with the National Customer Preference Register (NCPR).

Signature of the Authorized Signatory of the Trust/Company:

Name: \_\_\_\_\_

Seal of the Trust/Company

Place: \_\_\_\_\_

Date : DD-MM-YYYY   -   -

Signature/ Left Thumb impression of the First Annuitant

Place: \_\_\_\_\_

Date : DD-MM-YYYY   -   -

**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**

I hereby state I have read out and explained the contents of this proposal form and all other relevant documents to the proposer in \_\_\_\_\_ Language, that he / she / they said that he / she / they have understood the same and agree to abide by the terms and conditions of the resulting policy and have affixed his / her /their signature / thumb impression on the proposal form in my presence.

Signature of the Person Making the Declaration:

Name and Address: \_\_\_\_\_

\_\_\_\_\_

Place: \_\_\_\_\_

Date : DD-MM-YYYY   -   -

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 proposal form have been recorded as per the information provided by me/us

Signature/ Left Thumb Impression  
of the Proposer

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

(1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take 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.

Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.

(2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees

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

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.

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.

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.

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