

3. NOMINEE DETAILS*

Nominee name	Gender	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).

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

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

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)
- 9 Only for NPS subscribers
- 10 Joint Life (Last Survivor) Annuity, Simple Increasing at X% (1% -10%), X =
- I) 100% reversion for the spouse -
- ☐ 3% ☐ 5% ☐ 10%
- II) 50% reversion for the spouse -
- ☐ 3% ☐ 5% ☐ 10%

☐ Any such customization required: _____

☐ Any other option (customized): _____

Note: Option Once Exercised shall be Final and IRREVOCABLE subject to the 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)

Please provide the account details (of the First Annuitant only) for annuity payout transfers

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

- 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.

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 hereby authorize the Company to provide my details to banks, financial institutions, credit bureaus, insurance repository, third party service providers that the Company may have tie-ups with, and insurance intermediary for this proposal/resulting policy for verification of the details of this proposal and for servicing my policies or settlement of claims

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. I/We also agree that the amount held in proposal/ policy deposit shall not earn any interest.

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-look 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:

Seal of the Trust/Company

Date : DD-MM-YYYY | | - | | - | | | |

Signature/ Left Thumb impression of the First Annuitant

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 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

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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 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.

(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