

SBI Life – Swarna Jeevan (UIN: 111N049V01)
SBI LIFE INSURANCE COMPANY LTD. IRDA Registration No. 111
Registered & Corporate Office:

'Natraj', M.V. Road & Western Express Highway Junction, Andheri (East), Mumbai 400 069. www.sbilife.co.in

INSTRUCTIONS FOR FILLING UP ANNUITY FORM

1. This form is to be filled by the annuitant or the Group administrator 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: _____

1. DETAILS OF FIRST ANNUITANT Mr. Ms. Mrs. Employee /Staff No: _____

First Name: _____
Middle Name: _____
Last Name: _____
Date of Birth (DDMMYYYY) _____ Gender: Male Female

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: _____

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 (Please attach copy of Age Proof)

- Birth Certificate School/College Certificate Baptism Certificate Valid Driving License PAN Card Valid Passport
Others (Please 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.		____ - ____ - _____		

*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 1>>	__ - __ - ____		
3. <<Nominee 1>>	__ - __ - ____		

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

Sr. No.	Annuity Type	Code	Options
1	Life annuity	L0	<input type="checkbox"/> Lifetime Income
2	Life annuity with refund of purchase price	LROC	<input type="checkbox"/> Life annuity with refund of purchase price
3	Certain Annuity for first 5 years and life annuity thereafter	L5	<input type="checkbox"/> Annuity certain for 5 years and annuity for life thereafter
4	Certain Annuity for first 10 years and life annuity thereafter	L10	<input type="checkbox"/> Annuity certain for 10 years and annuity for life thereafter
5	Certain Annuity for first 15 years and life annuity thereafter	L15	<input type="checkbox"/> Annuity certain for 15 years and annuity for life thereafter
6	Joint life (last survivor) annuity with 50% reversion for Spouse	JL50	<input type="checkbox"/> Joint life (last survivor) annuity (50% income)
7	Joint life (last survivor) annuity with 100% reversion for Spouse	JL100	<input type="checkbox"/> Joint life (last survivor) annuity (100% income)
8	Joint Life (Last Survivor) Annuity - 50% reversion for the spouse with refund of purchase price on the death of last survivor	JL50ROC	<input type="checkbox"/> Joint life (last survivor) annuity with refund of purchase price (50% Income)
9	Joint Life (Last Survivor) Annuity - 100% reversion for the spouse with refund of purchase price on the death of last survivor	JL100ROC	<input type="checkbox"/> Joint life (last survivor) annuity with refund of purchase price (100% Income)

Note: **Option Once Exercised shall be Final and IRREVOCABLE.** Premium payable (wherever applicable) is inclusive of Service Tax. The service tax applicable is subject to any change in the tax rate. Kindly note that the premium used to purchase annuities will be net of the service tax

Frequency of Annuity Payout (Please tick the appropriate box):

Monthly Quarterly Half-Yearly Yearly

6. Annuity Payout details: (Bank Account Details mandatory for annuity payout)

Please provide accurate details to avoid wrong payments as all future payouts from SBI Life shall be based on information furnished here

Bank account details for Direct Credit of Annuity payouts:

Account details (of the First Annuitant only) for annuity payout transfers

A/c No#: _____ A/c Type: Savings Current

Bank Name: _____ Bank Branch Name: _____

For State Bank Group Branches, please provide Bank Code : _____ Branch Code : _____

Name of A/c Holder: _____

MICR Code**: _____ IFSC Code**: _____

PAN No. _____

#Valid Resident Indian Account

Please submit any one of the below listed documents for direct credit of any refund/payouts if any, to this account

- Copy of Self attested Bank Statement
- Copy of Bank Passbook – bearing the IFSC code
- Cancelled cheque with a/c holders name printed on it

Declaration: I declare that the information given above is true and correct. I shall not hold SBI Life responsible for non-credit/non-payment of payout or refund, if any, due to any reason including but not limited to incorrect/incomplete information. I hereby authorize SBI Life to directly credit payout/refund, if any, to the above mentioned account.

7. Declaration By The Group Administrator:

I 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 have not withheld or omitted to give any information. Further, I have not provided any false information in reply to any question. I understand and agree that the statements in this proposal constitute warranties. I 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 misstatement or suppression of material information or if any untrue statements be contained therein then the said contract shall be absolutely null and void and all moneys which shall have been paid in respect thereof shall be forfeited to the company and surrender value, if any will be payable subject to Section 45 of the Insurance Act 1938.

I also understand and agree that the company shall additionally levy or recover all the applicable taxes like service tax, surcharges, cess etc, from the premium which are necessitated by various enactments of central and/or state legislatures from time to time.

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, employment on the grounds of secrecy, I, my heirs, executors, administrators and assignees or any other person or persons having interest of any kind whatsoever in the policy contract issued to me, hereby agree that such authority, having such knowledge or information, shall at any time be at liberty to divulge any such knowledge or information to the Company.

I 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 risk cover will not commence until a written acceptance of this proposal is issued by the Company and that the risk cover and other benefits under the policy shall be subject to the terms and conditions contained in the contract of assurance. I also agree that the amount held in proposal/policy deposit shall not earn any interest.

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

"I further request SBI LIFE to send me any information relating to this proposal/ resulting policy and I hereby give consent to receive information through SMS/ Email /Phone/ Letter, notwithstanding any Regulations/ Statutory provisions to the contrary. This consent shall hold good even if I 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 declare that I have read out and explained the contents of membership form and all other documents incidental to availing the SBI Life –Swarna Jeevan policy to the Group Member and that he/she said that he/she has understood the same and that he/she agrees to abide by all the terms and conditions of the same.

I hereby declare that I have fully explained to the Group Member that the statements contained in this form shall be the basis for the payment of annuity and that if any untrue statement is contained herein, the Company shall have the right to vary the benefits that may be payable, and further, if there has been non-disclosure of a material fact that the membership may be treated as void and all premiums paid under the SBI Life - Swarna Jeevan Scheme shall stand be absolutely null and void and all moneys which shall have been paid in respect thereof shall be forfeited to the company and surrender value, if any will be payable subject to Section 45 of the Insurance Act 1938..

I hereby declare that I have explained the contents of this form to the Group member in _____ Language, that I have truly and correctly recorded the details and statements given by the Group Member and that the Member has affixed his/her signature/thumb impression on the membership form in my presence, after fully understanding the contents thereof.

Signature of the Person Making the Declaration:

Signature/Thumb Impression of the First Annuitant:

Name and Address: _____

Place: _____

Date : DD-MM-YYYY - -

Section 41 of the Insurance Act, 1938:

(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 punishable with fine which may extend to five hundred rupees.

Section 45 of the Insurance Act, 1938:

"No policy of life insurance effected before the commencement of this Act shall after the expiry of two years from the date of commencement of this Act and no policy of life insurance effected after the coming into force of this Act shall, after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer , or referee , or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statements was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policyholder and that the policyholder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose;

Provided that 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."