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Policyholder Name Mr./Mrs./Ms. F I R S T													$\mathbb{M}$		D	D	L	E							L	А	S	Т						
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against myPlan against policy											M Y Y Y regarding choosing of following Annuity option of Reliance I																							
Furth	er, l/	′We h	ereb	y autł	norize	e Relie	ance	Nipp	on Lif	e Insi	Jrance	e Cor	npan	y Lim	ted t	o utilis	se the	e ma	lurity	proce	eeds o	as op	otion o	hose	n bel	low:								
Kir	ndly	/ cho	ose	one	e of t	the f				tions	s (Ple	ease	tick	: the	box	whe	erev	er a	pplie	cabl	e)													
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		hroug					opon					•		ket o										utilise the balance maturity (purchase price) towards								rds		
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Name				t Holc	ler Mi	r /Mrs	s /Ms															, 							,					
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I, (Nar	ne o	f the [	Decla	rant) N	۸r./Mr	rs./M	s.	F		R	S	Т						$\mathbb{M}$		D	D	L	E								А	S	Т	
Son/[	ου	ghter	of M	r./Mrs	s./Ms		F		R	S	Т							M		D	D	L	E								Α	S	Т	
am an adult and (please select as ap							pprop	oriate	)	Frie	nd			Acqu	Jainto	ance			Rela	tive o	f the	Policy	hold	er										
residing at							Т		Ν	О.									В	U		L	D		Ν	G								
	R	0	А	D		N	А	M	E	/	N	О.							L	А	Ν	D	M	А	R	К	1							
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	ife	Annu	ity		Life	Annu	ity wi	th ret	urn o	fpurc	hase	price		Life Annuity guaranteed for					for 5,	10, 1	5 yea	irs ar	nd pay	yable	for li	fe the	reafte	er.						
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