

Application No.

Permanent Retirement

Account Number (For NPS)

Affix photograph

Signature of Annuitant

**PROPOSAL FORM FOR IMMEDIATE ANNUITY**

For office use only	CDA/CA/BM Code	CA Exec/SM Code	FOS Code	POS/Advisor Code	Inward Date (ddmmyyyy)	Proposal date (ddmmyyyy)
	Client No. of the Annuitant		Client No. of the Nominee		Contract Number	
	Amount Deposited		Bank Code	Receipt Number		SDS Code
	<input type="checkbox"/> Urban	<input type="checkbox"/> Rural	Occupation Code			

Important Guidelines: 1. This form is to be filled by the Annuitant him/her self. 2. If the Annuitant is unable to fill the form due to inability to read or understand English language, help of a person other than the insurance advisor/Reliance Nippon Life Insurance Company Limited (RNLIC) employee or insurance intermediaries may be used for filling up the form. 3. For details on risk factors, terms and conditions please refer to the respective product brochure before concluding a sale. 4. Premium paid through banking instruments, of which cheques should be only "Account Payee", shall be subject to realization 5. Cash should be deposited with RNLIC branch only. 6. Enclose proof of mailing & permanent address (both) if different & attach complete address details. 7. Enclose self attested address proof, identity proof & income proof, PAN Card copy, as applicable. 8. Enclose signed cancelled cheque/self attested passbook copy.

**ANNUITANT DETAILS**

1.  Mr.  Ms. **Full Name**

**Father's Name:**

**Gender:**  Male  Female **Date of Birth:**(dd/mm/yyyy)  **Marital status:**  Single  Married  Widow(er)

**Annual Income (₹):**  **Source of Funds/Income:**  **Purpose of Annuity:**

**Nationality:**  Indian  NRI  Others (Specify)

**Occupation:**  Business  Service  Professional  Retired  Farmer  Student  Housewife  Salaried  Unemployed  
 Labourer  Others  **Nature of Duties/Job Description:**

**Address Proof** (tick any one):  Bank Certificate  Driving Licence  Electricity/Telephone Bill  Passport  Employer Certification  
 Society Maintenance Bill  Others

**Identity Proof** (tick any one):  Driving Licence  Voter ID Card  Passport  PAN Card  Bank Certification  Defence ID Card  
 Employer Certification  Others

**Age Proof** (tick any one):  School Cert./Transfer Cert./Mark Sheet  Baptism Cert.  Marriage Cert.  Employer Cert.  Valid Passport  
 Defence ID Card  Govt. Pension Orders  Driving Licence  Municipal Birth Certificate  Others

PAN Card No.

**Details for communication** Mailing Address: \* C/o.

\*Flat/Building/House No.  \*Building/House Name

\*Street Name/No.  \*Landmark

\*District/Taluka  \*Village Name/City

\*State  \*Pincode

\*Mobile No.  \*Email ID

\*Landline No.

**Proof of contactability** (tick any one):  Residence Landline Telephone Bill  Mobile Postpaid Bill  Any other contact proof

**NOMINEE / APPOINTEE DETAILS**

2. **Nominee Name**  Mr.  Ms.

**Date of Birth** (dd/mm/yyyy)  **Relationship of the Nominee with the Annuitant**

**Appointee's Name** (If Nominee is a minor)

**Appointee's Signature**  **Appointee's Date of Birth** (dd/mm/yyyy)

**Relationship with the Nominee**

**Address Proof, if different from Annuitant** (tick any one):  Bank Certificate  Driving Licence  Electricity/Telephone Bill  Passport  
 Employer Certification  Society Maintenance Bill  Others

**Identity Proof** (tick any one):  Driving Licence  Voter ID Card  Passport  PAN Card  Bank Certification  Defence ID Card  
 Employer Certification  Others

**Address of the Nominee** (Appointee, if Nominee is Minor)

**City**

**PIN Code**  **State**

**ANNUITY DETAILS**

3. **Annuity Purchase Price:** ₹

**Annuity Payout Option:** 1)  Life Annuity 2)  Life Annuity with return of purchase price  
3) Life Annuity guaranteed for  5 years  10 years  15 years and payable for life thereafter

**Annuity payout mode:**  Annual  Half Yearly  Quarterly  Monthly  
Annuity payments by post dated cheques or by credit to your savings bank A/c

**If by credit to bank, please furnish your bank account details (enclose cancelled cheque)**

Savings Bank Account Number:

Bank Name  Branch:

Bank Account Proof:  Cancelled Cheque  Passbook Copy  Bank Certification IFSC Code:

MICR Code Number: (9 digit code number given in the cheque leaf)

Joint Account/Single Account:

If there is more than one policy, would you like a single consolidated payment in respect of all the policies, provided the due date is the same?

## DECLARATION BY ANNUITANT

I understand and agree that the statements in this proposal form shall be the basis of the contract between me and Reliance Nippon Life Insurance Company Limited ("the Company") and that if any statements made by me are untrue or inaccurate or if any of the matter material to this proposal is not disclosed by me then the Company may cancel the contract and all the premiums paid, will be forfeited.

I hereby also agree to furnish life existence certificate on half yearly basis.

I have read the sales literature of the proposed plan and fully understood the terms and conditions of the plan along with the associated risk and benefit which I propose to take.

I confirm that the premiums have not been and will not be generated from proceeds of any criminal activities/offenses listed in the Prevention of Money Laundering Act 2002 or under any other applicable laws. Should there be any adverse change in my integrity or reputation, I shall inform Reliance Nippon Life Insurance Company Limited immediately.

I authorize Reliance Nippon Life Insurance Company Limited and/or its representative to call us/me for all policy service related calls.  Yes  No

Signature of Witness

Name \_\_\_\_\_ Mobile No. \_\_\_\_\_  
Address \_\_\_\_\_  
Date \_\_\_\_\_

Signature/ Thumb Impression of the Annuitant

Name \_\_\_\_\_ Mobile No. \_\_\_\_\_  
Address \_\_\_\_\_  
Date \_\_\_\_\_

**Section 41 of Insurance Act, 1938:** (1) 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.

**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 bonafide insurance agent employed by the insurer

(2) Any person making default in complying with the provisions of the section shall be punishable with fine which may extend to five hundred rupees.

**Section 45 of 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 statement 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.

## DECLARATION FOR SIGNING IN VERNACULAR OR FOR UNEDUCATED PERSONS

Reliance Nippon Life Insurance Company Limited requires that this proposal is completed by the Annuitant. (If the Annuitant does not read, write, or speak English, then this proposal may be completed by another person as per item 2 in guidelines of page 1 of this proposal as such person needs to complete this declaration.)

I have explained the contents of this proposal to the Annuitant and endeavoured to ensure that the contents have been fully understood. I have accurately recorded the responses to the information sought in the proposal form and I have read the responses back to the Annuitant and confirmed that they are correct.

Signature of Declarant in English

Name \_\_\_\_\_ Place \_\_\_\_\_ Date \_\_\_\_\_

Insure your life with us,  
and we help a child in need



For every Reliance Nippon Life Insurance policy you take, we contribute to Room to Read for the welfare of underprivileged children.  
A Reliance Nippon Life Insurance Company Social Responsibility initiative.

## CONFIDENTIAL REPORT To be completed by the Sales Personnel after receiving the completed proposal form)

**Note:** If the Annuitant is related to the Advisor, this report should be countersigned by the Authorised Signatory

1. Have you met the Annuitant?  Yes  No
2. Are you (Advisor/SM) related to the Annuitant? If Yes, to whom and what is the relationship? \_\_\_\_\_  Yes  No
3. Is the age proof verified by you for the Annuitant?  Yes  No
4. How long have you known the Annuitant? Years \_\_\_\_\_ Months \_\_\_\_\_

## LIFE ADVISOR / EMPLOYEE CERTIFICATION

I certify that I have personally checked the identity of the Client/Annuitant and attached his photograph.

I certify that the client has understood the proposal form completely and the facts disclosed therein are true and correct to the best of my knowledge and belief, I have also verified the completeness of documentation.

I further declare that to the best of my knowledge the premium amounts are not sourced from the proceeds of any criminal activities/offences listed in the Prevention of Money Laundering Act 2002 or under any other applicable laws. Should there be any adverse change in my opinion of the integrity or reputation of the applicant, I shall inform Reliance Nippon Life Insurance Company Limited immediately.

Signature of IRDA Licensed Advisor

Name \_\_\_\_\_  
Advisor Code \_\_\_\_\_  
Date \_\_\_\_\_  
Place \_\_\_\_\_

Signature of Sales Manager

Name \_\_\_\_\_  
SM Code \_\_\_\_\_  
Date \_\_\_\_\_  
Place \_\_\_\_\_

Authorised Signatory

Name \_\_\_\_\_  
SAP Code \_\_\_\_\_  
Date \_\_\_\_\_  
Place \_\_\_\_\_

Authorised Signatory

Name \_\_\_\_\_  
Designation \_\_\_\_\_  
Date \_\_\_\_\_  
Place \_\_\_\_\_

Reliance Nippon Life Insurance Company Limited. IRDAI Registration No: 121. Registered Office: Reliance Centre, 5th floor, Off Western Express Highway, Santacruz East, Mumbai, Mumbai-City District, Maharashtra-400055. For more information or any grievance, 1. Call us between 9am to 6pm, Monday to Saturday on our Toll Free Number 1800 102 1010 or 2. Visit us at www.reliancenippon-life.com or 3. Email us at: mlife.customerservice@relianceada.com. Trade logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited & Nippon Life Insurance Company and used by Reliance Nippon Life Insurance Company Limited under license.

Beware of Spurious / Fraud Phone calls: IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.