

Immediate Annuity Proposal Form

You are to disclose in this Proposal Form, FULLY and FAITHFULLY, all the facts which you know or ought to know. Violation to this will result in invalidation of the Policy.

A. PERSONAL PARTICULARS OF PROPOSER / ANNUITANT

Name in Full:	Male / Female		
ID Card No:	Date of Birth:	Age:	Place of Birth:
Email Address:	Designation:		
Address:			

B. DESCRIPTION OF THE ANNUITY

1. Please Indicate the Type of Annuity			
a. Annuity during life time of the Annuitant	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
b. Annuity guaranteed for 5 Years and for Life Thereafter	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
c. Annuity guaranteed for 10 Years and for Life thereafter	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
d. Annuity guaranteed for 15 Years and for Life Thereafter	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
e. Annuity guaranteed for 20 Years and Life Thereafter	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
f. Annuity during lifetime of the annuitant with return of purchase price upon the death of the Annuitant	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
2. Annuity Instalments are to be paid			
<input type="checkbox"/> monthly	<input type="checkbox"/> quarterly	<input type="checkbox"/> half yearly	<input type="checkbox"/> yearly
3. Dates on which Annuity Instalments are to be paid _____			

D. PARTICULARS OF THE NOMINEE (TO BE FILLED BY ANNUITANT)

Name:
ID Card No:
Permanent Address:
Current Address:
Relationship with the Annuitant:
Age:
Contact Number:
Email Address:

