



HDFC Life New Immediate Annuity Plan for RINL Retirees

We are delighted to share that Annuity for Pension can be purchased from HDFC Life which is approved by IRDA, This shall benefit in availing the best prevailing annuity rates, thereby ensuring higher pension for life.

Annuity options: Employees can choose from multiple annuity options which are most suitable to an individual's post retirement lifestyle on the basis of the financial needs and responsibilities at the time of retirement.

Annuity Options	Pension for Life with Return of Corpus
	Pension for Life without Return of Corpus
	Pension Guaranteed for 5 years and thereafter
	Pension Guaranteed for 10 years and thereafter
	Pension Guaranteed for 15 years and thereafter
	Pension Guaranteed for 20 years and thereafter
	Joint Life Pension with 50% of the pension to Spouse
	Joint Life Pension with 100% of the pension to Spouse
	Joint Life Pension with 100% of the pension to Spouse and Return of Corpus

DOCUMENTATION: Documents to be submitted by the retired employee

Documents required for primary annuitant

- Passport size photograph of the primary annuitant
- Self attested PAN card copy and address proof of primary annuitant
- Cancelled cheque of the primary annuitant (name, account number and IFSC code printed on it) or copy of the passbook or bank statement updated for last 3 months.

Documents required for Secondary annuitant (If Joint Life is Chosen)

- Passport size photograph of the secondary annuitant
- Self attested PAN card copy and address proof of secondary annuitant

Address Proof: Aadhar Card, Voter ID Card, Permanent Driving License, Passport Copy, Bank Statement and Passbook (Latest 2 months)

There are numerous ways of to reach us without having to approach your employer:

Contact Details:

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Sneha Suresh
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HDFC Life New Immediate Annuity Plan

Guidelines for filling up the form

This form is to be filled by the Proposer himself in BLOCK LETTERS in BLACK INK. Please tick boxes where appropriate. Please answer all questions. The annuitant must authenticate any cancellation or alterations in this form. Insurance is a contract of utmost good faith, which requires all material facts to be disclosed to the insurer. In case of any doubt as to whether a fact is material or not, the fact should be disclosed.

Office Use	
Consultant Name & Code	Channel Partner Customer ID:
License Expiry Date	Bancassurance Code:
Lead Reference No	Company Lead:
Policy Number:	Client ID:
Proposal Number:	Nominee client code:
Date:	Comments

1. PURCHASE PRICE & PLAN DETAILS

1.1. Are you an existing HDFC Life Pension Policyholder? Yes No.

If yes Client Id/ policy number Pension Policy number

Annuity Value

1/3rd as cash lump sum and rest as annuity 100% of the vesting amount

1.2. If this Annuity Policy is through

Group Schemes – please enter Group Member Account Number

Banks/ Financial Institutions (reverse mortgage) Institution Name _____

Please submit applicable annexures/addendum. If the plan is not through any of the above please proceed to 1.3

1.3. PURCHASE PRICE / ANNUITY AMOUNT (Please tick any of the two choices)

Purchase Price _____ or Annuity Amount _____

Please select Frequency of Annuity Payout Yearly Half yearly Quarterly Monthly

Purchase Price Payment Details: Credit Card Cash Cheque Demand Draft

Amount: _____ Bank name: _____

Cheque/DD no: _____ Date _____ Bank Account Number

1.4. ANNUITY OPTION Please tick annuity of your choice

A. Single Life Annuity

Lifetime Annuity

Lifetime Annuity with Return of 100% of the Purchase Price

Lifetime Annuity with Return of Balance of Purchase Price

Lifetime Annuity with Guarantee

5 yrs 10 yrs 15 yrs 20 yrs

Lifetime Annuity increasing at a simple rate of 5% p.a.

Lifetime Annuity with Return of Purchase Price in Parts

Lifetime Annuity with Return of 100% of the Purchase Price on Diagnosis of Critical Illness or Death

B. Joint Life Annuity

Joint Life, Last Survivor

Joint Life, Last Survivor with return of 100% of the purchase price

100% 50%

100% 50%

2. Details of Proposer / Annuitant / Primary Annuitant (if joint life is chosen)

Affix recent photograph of proposer Photograph to be signed across by the proposer / annuitant (if same)	2.1. Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____
	Name: <input type="text"/>
	Maiden Name: <input type="text"/> <small>(in case of Female Annuitant)</small>
	Date of Birth <input type="text"/> Place of Birth _____
Gender <input type="checkbox"/> M <input type="checkbox"/> F Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	

Residential Address: C/o. W/o D/o S/o _____

House/Flat No: _____

Street /Area: _____

Landmark: _____

City: _____ Pin Code: _____ State: _____

Mobile: _____ Telephone No (R): _____

Telephone No (O): _____

E-mail Address: _____

Where and how would you like to receive all your communication?

Residence Permanent SMS Email Tele Mail Preferred Language of Communication: _____

2.2. Nature of Age Proof attached Birth Certificate Passport School Leaving Certificate Driving License
 Baptism/marriage certificate given by Roman Catholic Church Others _____

2.3. Proof of Identity Passport School Leaving Certificate PAN Aadhar Card Driving License Others _____
Name of Issuing Authority: _____
Serial No: _____ Date of Issue of Document: _____

2.4. Proof of Residence Passport Election /Voter ID card Driving License
 Utility Bill of last 1 month Others _____
If residential proof provided other than of self / spouse / father, then please specify the name of owner of residence: _____

2.5. PAN: _____ Applied For NA **2.6. Aadhar No.** _____
Mandatory for purchase price exceeding Rs. 50,000.

2.7. Permanent Address (to be filled if different from Residence Address):

House/Flat No: _____

Street /Area: _____

Landmark: _____

City: _____ Pin Code: _____ State: _____

2.8. Are you a "Politically Exposed Person"? Yes No Definition of a Politically Exposed Person: Politically exposed persons are individuals who are or have been entrusted with prominent public functions in a foreign country, their family members and close relatives such as Heads of States or of Governments, Senior politicians, Senior government/judicial/military officers, Senior executives of state-owned corporations, Important political party officials, etc

2.9 Sources of Funds If purchase price is equal to or more than Rs. 1 Lakh, please enclose proof of income e.g. ITR. In case purchase price is through pension plan fill the % in others

Salaries	Business	House Property	Capital Gains	Investments	Agriculture	Others	Total
%	%	%	%	%	%	%	100%

3. Details of Primary Annuitant (if different from proposer)

3.1 Mr. Mrs. Ms. Dr. Other _____
Name _____
Date of Birth _____ Place of Birth _____
Gender M F Relationship with proposer _____ Marital Status Single Married

3.2 Residence Address:

House/Flat No: _____

Street /Area: _____

Landmark: _____

City: _____ Pin Code: _____ State: _____

Mobile: _____ Telephone No (R): _____

Telephone No (O): _____

3.3. Nature of Age Proof attached Birth Certificate Passport School Leaving Certificate Driving License
 Baptism/marriage certificate given by Roman Catholic Church Others _____

3.4 Proof of Residence Passport Election /Voter ID card Driving License
 Utility Bill of last 1 month Others _____
If residential proof provided other than of self / spouse / father, then please specify the name of owner of residence: _____

3.5. Proof of Identity Passport School Leaving Certificate Aadhar Card Driving License
 Others _____ Name of Issuing Authority: _____
 Serial No: _____ Date of Issue of Document: _____

3.6. PAN: Applied For NA **3.7. Aadhar No.**
 Mandatory for purchase price exceeding Rs. 50,000.

4. Details of Secondary Annuitant (if Joint Life is chosen)

4.1 Mr. Mrs. Ms. Dr. Other _____
 Name
 Date of Birth Place of Birth _____
 Gender M F Relationship with primary annuitant _____ Marital Status Single Married

4.2 Residence Address:

House/Flat No:
 Street /Area:
 Landmark:
 City: Pin Code: State:
 Mobile: Telephone No (R):
 Telephone No (O):

4.3. Nature of Age Proof attached Birth Certificate Passport School Leaving Certificate Driving License
 Baptism/marriage certificate given by Roman Catholic Church Others _____

4.4. Proof of Residence Passport Election /Voter ID card Driving License Utility Bill of last 1 month Others _____
 If residential proof provided other than of self / spouse / father, then please specify the name of owner of residence: _____

4.5. PAN: Applied For NA **4.6. Aadhar No.**

5. Details of Nominee

Name of Nominee(s)	a)	b)	c)
Percentage of entitlement			
Address for correspondence			
City			
State			
Pin Code			
Date of Birth			
Gender			
Relationship to the Annuitant / Primary Annuitant			

Appointee Details (if nominee is minor):

Name of Nominee(s)	a)	b)	c)
Name of Appointee			
Address for correspondence			
City			
State			
Pin Code:			
Date of Birth			
Gender			
Relationship to the Annuitant / Primary Annuitant			
Signature of Appointee			

6. Annuity Payments Details - NEFTBank Account Number Account Type _____

Bank name and address: _____

9 Digit MICR IFSC code

Ledger & Folio Number _____

Note: The Account Holder / proposer should countersign any cancellation, correction, alteration etc. Attach cancelled cheque bearing the A/c holder's name, IFSC code & bank a/c no.. If all three information is not available on the cheque, then self attested passbook copy / A/c statement needs to be accompanied along with the cancelled cheque.

DECLARATION: 1. I/We hereby declare that the particulars given above are correct and complete and no blanks have been left. If the transaction is delayed or not effected at all for reason of incomplete or incorrect information, I/we would not hold HDFC Standard Life Insurance Company Limited (HDFC Life) or any of its associates / agents responsible. 2. I/We undertake to revoke the Instruction for NEFT/ RTGS/ Fund Transfer in the event of the contract being 'terminated', and further authorise HDFC Life to do so, in my stead, in case the revocation communication is not received within seven days of my knowledge of the aforesaid fact. 3. I/We further undertake to refund any excess amount whether demanded by HDFC Life or not, which has been credited in excess to my account at any time due to any reason. 4. I/We agree that the payment will be credited starting from the date that occurs after getting confirmation from bankers of HDFC Life unless the Mandate is revoked and issuance of relevant credit instruction from HDFC Life into the aforesaid account will be a valid discharge to HDFC Life. 5. I/We further confirm that we understand this mode as a method of payment introduced by Reserve Bank of India, which provides us an option to collect our payments, as and when they become due directly through our bank accounts. 6. I/We further confirm that we understand, HDFC Life shall accomplish this by issuing the Payment instruction electronically through its banker / agent to the Clearing Authority and the Clearing Authority would ensure credit to our specified bank account. 7. I/We further undertake to inform HDFC Life with an advance notice of 6 weeks, in case, I/We desire to change our bank details, due to any reason. However, HDFC Life shall retain the right to accept this or reject the same in case the revised bank details are not enabled under this framework. 8. I/We further undertake to inform HDFC Life with an advance notice of 6 weeks, to withdraw from this mode of payment by giving an advance notice of 6 weeks. 9. I/We further confirm that HDFC Life will have the right to return to the option of paying by cheque if there are more than 2 consecutive failures in remittances for no fault on the side of HDFC Life. 10. In case of non credit to my bank account with/ without assigning any reasons thereof or if the transaction is delayed or not effected at all for reasons of incomplete/incorrect information, I would not hold HDFC Life Insurance Co. Ltd. Responsible.

Signature of Account Holder(s) / Proposer _____ Date _____ Place _____

7. Declaration of the Proposer and the Annuitant(s)

I request that the benefits described in this Form be provided to the Annuitant(s) or Nominee(s) as applicable. I declare that all the information given by me in this application is true and I have not withheld any material fact, which is within my knowledge. I undertake to keep HDFC Standard Life Insurance Company Limited (the Company) informed of any changes in the same. I agree and confirm that these statements and this declaration are the basis of the contract between the Company and the policyholder. If any untrue statements are contained herein or there has been any non-disclosure of any material fact, the Policy to be issued by the Company may be treated as void subject to the provision of Section 45 of the Insurance Act 1938.

I confirm that I have read and understood the Sales Literature issued by the Company. I understand that the contract will be governed by the provisions of the Insurance Act, 1938 as amended from time to time and that the same will not commence until the date mentioned in the policy to be issued by the Company.

Place: _____

Date: _____

(Signature/Thumb impression of Annuitant(s))

Place: _____

Date: _____

(Signature/Thumb impression of proposer if different from the Annuitant)

Please contact us on any of the following touch points in case of non receipt of your HDFC Life policy document after 1 month from date of application.

Call us on helpline number 1860-267-9999 (local charges apply; All Seven Days; 9:00AM to 9:00PM). Do not pre fix any country code e.g. +91 or 00, SMS

SERVICE to 5676727 for call back request or email us at service@hdfclife.com.

Declaration to be made by a third person where: The Annuitants/ Proposer have affixed his/her thumb impression; OR the Annuitants/ Proposer has signed in vernacular; OR the Annuitants/ Proposer has not filled the application.

I hereby declare that I have explained the contents of this application form to the Annuitants/ Proposer in _____ language and have truthfully recorded the answers provided to me. I further declare that the Annuitants/ Proposer have signed/affixed his/her thumb impression in my presence.

Declarant Name: _____ Signature: _____ Date: _____

Address: _____

Declaration made by life to be assured/proposed policyholder: I hereby declare that the content of the form and document has been fully explained to me and I have fully understood the significance of the proposed contract.

Signature/Thumb impression of life to be assured/proposed policyholder

Important**Insurance is the subject matter of solicitation.**

The product mentioned in this proposal form have been approved by IRDAI (Insurance Regulatory and Development Authority) and have been allotted an Unique Identification Number (UIN). This number is available in our sales literature and also on IRDAI's website for verification.

Important sections to note under Insurance Act, 1938 are provided below:

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."

Suitability Questionnaire


Customer Profile

Name:

Gender: Male Female

Occupation

Agriculture Housewife Salaried Self Employed/Business Student Unemployed Others

Date of Birth 
(in dd/mm/yyyy)

Suitability Profile

Total Household Income

Upto 5 Lakhs 5 Lakhs to 20 Lakhs 20 Lakhs to 50 Lakh Above 50 Lakhs

Financial and Protection Need

Protection Child Savings Regular Income Retirement

Investor Type

- Conservative - I am not comfortable with any risk to my invested value
 Moderate - I am comfortable with some degree of risk to my invested value
 Aggressive - I am comfortable with taking risks in products where my invested value may fluctuate due to market volatility

Life Stage

Childhood Young Unmarried Young Married Young Married with Children Married with older Children
 Retirement Post family or Pre-Retirement

Insurance Product:

Proposer Acknowledgement:

The above recommendation is based on the information provided by me. I have been explained about the features of the product and believe it would be suitable for me based on my insurance needs and financial objectives.

Proposer Name

Proposer Signature

Agent Name

Agent Signature

Date (/ /)

(in dd/mm/yyyy)