

**SBI Life – Swarna Jeevan**

**SBI LIFE INSURANCE COMPANY LTD.**

Registered & Corporate Office:  
 'Natraj', M.V. Road & Western Express Highway Junction, Andheri (East), Mumbai 400 069. | IRDAI Regn. No. 111, | CIN L99999MH2000PLC129113  
 Toll Free: 1800 267 9090 (Between 9.00 am & 9.00 pm) | Website : www.sbilife.co.in | Email :info@sbilife.co.in

**INSTRUCTIONS FOR FILLING UP ANNUITY FORM**

1. This form is to be filled by the Annuitant and the Group Administrator as applicable **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: \_\_\_\_\_

Are you  Group Member  Spouse of Group Member  Parent/ Nominee of Group Member

Reason For Purchase  Retirement/ Superannuation/ Maturity  Resignation/ Voluntary Retirement  Death of Group Member  
 Any other reason \_\_\_\_\_ PF/ Employee ID/ Group Member ID \_\_\_\_\_

**1. DETAILS OF FIRST ANNUITANT**  Mr.  Ms.  Mrs. Employee /Staff No: \_\_\_\_\_

First Name: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Date of Birth (DDMMYYYY) \_\_\_\_\_ Gender:  Male  Female Nationality : \_\_\_\_\_

Age Proof :  Driving License  School/College Certificate  PAN Card  Passport  Birth Certificate  
 Others (Please specify): \_\_\_\_\_

Identity Proof (Please attach a self attested copy)  Passport  PAN Card  Voter's ID. Card  Driving License  
 ID Card with photo issued by  Central/ State Govt Depts/ PSUs  Scheduled Commercial Banks/ Public Financial Institutions  
 Others (Pls specify) \_\_\_\_\_

**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: \_\_\_\_\_

Address Proof:  Passport  Driving License  Voter's ID. Card  
 Telephone/ Mobile Bill\*  Electricity Bill\*  Property or Municipal Tax receipt  
 Bank A/c or Post Office Savings A/c statement  Others (Pls specify) \_\_\_\_\_

**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 :  Driving License  School/College Certificate  PAN Card  Passport  Birth Certificate  
 Others (Please specify): \_\_\_\_\_

Identity Proof (Please attach a self attested copy)  Passport  PAN Card  Voter's ID. Card  Driving License  
 ID Card with photo issued by  Central/ State Govt Depts/ PSUs  Scheduled Commercial Banks/ Public Financial Institutions  
 Others (Pls 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.           |              | ____ - ____ - _____        |                               |                    |
| 4.           |              | ____ - ____ - _____        |                               |                    |

**4. APPOINTEE DETAILS: (Applicable in case Nominee is Minor)**

| Appointee Name        | Gender (M/F) | Date of Birth (DD-MM-YYYY) | Relation With Nominee |
|-----------------------|--------------|----------------------------|-----------------------|
| 1. << For Nominee 1>> |              | __ - __ - _____            |                       |
| 2. << For Nominee 1>> |              | __ - __ - _____            |                       |
| 3. << For Nominee 1>> |              | __ - __ - _____            |                       |
| 4. << For Nominee 1>> |              | __ - __ - _____            |                       |

- Fix the Purchase price and determine Annuity Payouts Purchase Price/Premium inclusive of applicable taxes: ₹ \_\_\_\_\_
- Fix the amount of Annuity Payout and determine the Purchase price

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

- 1 Life annuity - L0
- 2 Life annuity with refund of purchase price - LROC
- 3 Life annuity with refund of balance purchase price - LBROC
- 4 Certain Annuity for first N(5-35) years and life annuity thereafter, N =
- 5 Years (L5)     10 Years (L10)     15 Years (L15)
- 5 Life Annuity - Simple Increasing at X% (1%-10%), X% =
- 3 % (LINC3)     5 % (LINC5)     10 % (LINC10)
- 6 Joint life (last survivor) annuity, with X% reversion for the Spouse, X% =
- 50% (JL50)     100% (JL100)
- 7 Joint Life (Last Survivor) Annuity - X% reversion for the spouse with refund of purchase price on the death of last Survivor, X% =
- 50% (JL50ROC)     100% (JL100ROC)
- 8 Certain Annuity for N (5-35) years and Joint Life (last survivor) Annuity thereafter with X% reversion for the spouse, N & X% =
- 15 Years, 50% (JL50\_15)     15 Years, 100% (JL100\_15)

- Any such customization required: \_\_\_\_\_
- Any other option (customized): \_\_\_\_\_

Note: Option Once Exercised shall be Final and IRREVOCABLE. Premium payable (wherever applicable) is inclusive of applicable taxes and/or any other statutory levy/duty/surcharge on purchase price, at the rate notified by the State Government or Central Government of India from time to time as per the applicable tax laws.

Frequency of Annuity Payout (Please tick the appropriate box):  Monthly     Quarterly     Half-Yearly     Yearly

**6. First Annuitant Bank Details for Direct Credit Payout**

Please provide the account details (of the First Annuitant only) for annuity payout transfers

Account No: \_\_\_\_\_ Account Type:  Savings     Current     NRE     NRO

Bank Name: \_\_\_\_\_ Bank Code \_\_\_\_\_

Bank Branch Name: \_\_\_\_\_ Branch Code \_\_\_\_\_

Name of A/c Holder: \_\_\_\_\_

MICR Code \_\_\_\_\_ IFSC Code \_\_\_\_\_

Please provide copies of any one of the documents for the account stated above

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

I declare that the information given above is true and correct. I hereby authorize SBI Life to directly credit payout/refund, if any, to the above mentioned account.

**7. Declaration By Annuitant and The Group Administrator:**

I/ We 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/We have not withheld or omitted to give any information. Further, I/We have not provided any false information in reply to any question. I/We understand and agree that the statements in this proposal constitute warranties. I/We 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 mis-statement or suppression of material information or if any untrue statements are contained therein or in case of fraud, the said contract shall be treated as per the provisions of Section 45 of the Insurance Act 1938 as amended from time to time.

I/We also understand and agree that the Company shall additionally levy or recover all the applicable taxes from premium which are necessitated by the various enactments of Central and/or State Legislature from time to time.

I/We hereby authorize the Company to provide my details to banks, financial institutions and third party service providers that the company may have tie-ups with, for verification of proposal details and for servicing the policies.

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

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

I also acknowledge and agree that where this policy is being issued to me out of transfer/vesting proceeds from another insurance or pension company, the funds will not be returned to me in case I choose to cancel the policy under the free-lock period. These funds will be payable by SBI Life directly to any other scheme chosen by me which is authorized and approved under the prevalent regulations and applicable rules. Further, no interest will be paid to me on the funds held during this transition period.

I/We further request SBI Life to send me/us any information relating to this proposal/resulting policy and I/We hereby give my/our consent to receive such information through SMS/Email/Phone/Letter, notwithstanding any Regulations/Statutory provisions on the contrary. This consent shall hold good even if I/We 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 state I have read out and explained the contents of this proposal form and all other relevant documents to the proposer in \_\_\_\_\_ Language, that he / she / they said that he / she / they have understood the same and agree to abide by the terms and conditions of the resulting policy and have affixed his / her /their signature / thumb impression on the proposal form in my presence.

Signature of the Person Making the Declaration:

Name and Address: \_\_\_\_\_

\_\_\_\_\_

Place: \_\_\_\_\_

Date : DD-MM-YYYY   -   -

I/We state that the product details, contents of this form and relevant documents have been fully explained to me /us and that I/We have fully understood them. I/we certify that the replies in the proposal form have been recorded as per the information provided by me/us

Signature/ Left Thumb Impression of the Proposer

**Section 41 of the Insurance Act, 1938, as amended from time to time:**

(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.

(2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees

**Non – Disclosures: Extract of Section 45 of Insurance Act, 1938, as amended from time to time:**

No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy. A policy of life insurance may be called in question at any time within three years from the date of the policy, on the ground of fraud or on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued. The insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured, the grounds and materials on which such decision is based.

No insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement or suppression are within the knowledge of the insurer. In case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.

In case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the grounds of fraud, the premiums collected on the policy till the date of repudiation shall be paid.

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.

For complete details of the section and the definition of 'date of policy', please refer Section 45 of the Insurance Act, 1938

## Foreign Account Tax Compliance Act (FATCA)/ Common Reporting Standard (CRS)/ C-KYC Declaration Form – For Individual only (including sole proprietors)

(Please consult your professional tax advisor for further guidance on your tax residency, if required)

Registered & Corporate Office: SBI Life Insurance Co. Ltd. Natraj, M.V. Road & Western Express Highway Junction, Andheri (East), Mumbai - 400 069. IRDAI Registration No. 111. | Toll Free: 1800 22 9090 (Between 9:00 AM & 9:00 PM) | Email: info@sbilife.co.in | Website: www.sbilife.co.in | CIN: L99999MH2000PLC129113. | Trade logo displayed above belongs to State Bank of India and is used by SBI Life under license.

Proposal No  C-KYC No

Proposer/ Accountholder Name\*   
(\* In case of Joint name, declaration to be provided by both the proposers. An accountholder is person who is entitled to receive the cash value or change the beneficiary of the contract)

Country of Birth  Place of Birth

Residential Status:  Resident Individual  Non Resident Indian  Foreign National  Person of Indian Origin

Mother's Name  Spouse's Name

**IDENTIFICATION PROOF:**

PAN / UID (Aadhaar)/ Voter ID Card/ NREGA Job Card (please tick appropriate option) Identification No \_\_\_\_\_

Passport Identification No \_\_\_\_\_ Expiry Date \_\_\_\_\_

Driving License Identification No \_\_\_\_\_ Expiry Date \_\_\_\_\_

**Simplified Measure Account:**

ID card with photo issued by Central/ State govt dept, Statutory/ Regulatory authorities, PSUs, Scheduled Commercial Banks and Public Financial Institutions Identification No \_\_\_\_\_

Letter issued by a gazetted officer with a duly attested copy Identification No \_\_\_\_\_

Address Proof:  Passport  Driving License  UID (Aadhaar)  Voter ID Card  NREGA Job Card  Simplified Measures Account – Document Type: \_\_\_\_\_

In case you have selected "Service" as your occupation, please specify the nature of your Organization:  Private Sector  Public Sector  Government Sector

Are you a tax resident of any country other than India? Yes  No

**If yes, please provide details below:**

(Please indicate all countries in which you are resident for tax purposes and associated details)

| SI No | Country/(ies) of Tax residency # | Tax Identification Number (TIN)/ Functional equivalent number* | Identification Type (TIN or Other*, please specify) |
|-------|----------------------------------|--|---|
| 1     |                                  |  |   |
| 2     |                                  |  |   |

\*To also include United States of America (USA), where the individual is a citizen/ green card holder of USA. \*In case such number is not available, kindly provide an explanation and attach it to this form.

Residence address/(es) for Tax purposes: (include City, State, Country & Pin code)

Address Type:  Residential or Business  Residential  Business  Registered Office

Contact details: Country code  Telephone/ Mobile No

**Certification - Under penalty of perjury, I certify that:**

- I am aware that Central Board of Direct Taxes ("CBDT") has notified Rules 114F to 114H as part of the Income-tax Rules, 1962, (read alongwith FATCA/CRS instructions given below) which require Indian financial institutions such as SBI Life to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our proposers/ accountholders.
- I understand that SBI Life is relying on information provided in this form for the purpose of determining the status of the accountholder in compliance with FATCA/CRS. SBI Life is not able to offer any tax advice on FATCA or CRS or its impact on me.
- I acknowledge my responsibility to seek advice from professional tax advisor for any tax questions. I agree to submit a new form within 30 days if any information or certification on this form changes or becomes incorrect.
- I agree that as may be required by domestic regulators/tax authorities, SBI Life may be required to report, reportable details to CBDT or other authorities/agencies or may be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the policy/(ies) or any proceeds in relation thereto or even close or suspend my policy/(ies), as appropriate.
- I hereby declare that the details furnished in the proposal no. specified above and in this declaration are true and correct to the best of my knowledge and belief and I undertake to inform SBI Life of any changes there in, immediately. In case any of information furnished in the proposal no. specified above and in this declaration is found to be false or untrue or misleading or misrepresenting, I am aware that I may be liable.
- I hereby authorize SBI Life to consider details furnished in the proposal no. specified above and in this declaration for the purpose of Central KYC Registry and to provide my details to CERSAI in the prescribed format. I further hereby consent to receiving information from Central KYC Registry through SMS/Email or registered mobile number/email address mentioned in the proposal no. specified above.
- I hereby authorize the Company to provide my/our details to banks, financial institutions and third party service providers that the Company may have tie-ups with, for verification of proposal details and for servicing of policies.

I hereby give consent to SBI Life Insurance Co. Ltd to obtain my Aadhaar number and identity information like name, date of birth, etc. for authentication with UIDAI. SBI Life Insurance Co. Ltd has informed me that my Aadhaar Number and identity information would be used only for processing this Application form of SBI Life Insurance Product/Plan and will be submitted to CIDR only for purpose of Authentication.

Signature of Proposer/ Accountholder

Date:  Place \_\_\_\_\_

## FATCA/CRS Instructions

In case Proposer/Accountholder has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, Proposer/Accountholder to provide relevant **Curing Documents** as mentioned below:

| FATCA/ CRS Indicia observed (ticked) |  | Documentation required for Cure of FATCA/ CRS indicia   |
|--------------------------------------|--|---|
|                                      |  | <b>If Proposer/Accountholder does not agree to be Specified USA person/ reportable person status</b>  |
| a.                                   | United States of America ("USA") place of birth  | <ol style="list-style-type: none"> <li>1. Self-certification (as stated above) that the Proposer/Accountholder is neither a citizen of USA nor a resident for tax purposes of USA;</li> <li>2. Non-USA passport or any non-USA government issued document <b>evidencing nationality or citizenship</b> (refer list below); <b>AND</b></li> <li>3. <b>Any one</b> of the following documents:               <ol style="list-style-type: none"> <li>a. Certified Copy of "Certificate of Loss of Nationality or</li> <li>b. Reasonable explanation of why the Proposer/Accountholder does not have such a certificate despite renouncing USA citizenship; or Reason the Proposer/Accountholder did not obtain USA citizenship at birth</li> </ol> </li> </ol> |
| b.                                   | Residence/mailling address in a country other than India                                       | <ol style="list-style-type: none"> <li>1. Self-certification (as stated above) that the Proposer/Accountholder is neither a citizen of USA nor a resident for tax purposes of USA or any other foreign jurisdiction; <b>AND</b></li> <li>2. Documentary evidence (refer list below)</li> </ol>  |
| c.                                   | Telephone number in a country other than India (and no telephone number in India provided)     | <ol style="list-style-type: none"> <li>1. Self-certification ( as stated above) that the Proposer/Accountholder is neither a citizen of USA nor a resident for tax purposes of USA or any other foreign jurisdiction; <b>AND</b></li> <li>2. Documentary evidence (refer list below)</li> </ol>   |
| d.                                   | Standing instructions to transfer funds to an account maintained in a country other than India | <ol style="list-style-type: none"> <li>1. Self-certification (as stated above) that the Proposer/Accountholder is neither a citizen of USA nor a resident for tax purposes of USA or any other foreign jurisdiction; <b>AND</b></li> <li>2. Documentary evidence (refer list below)</li> </ol>  |

List of acceptable documentary evidence needed to establish the residence(s) for tax purposes:

1. Certificate of residence issued by an authorized government body\*\*
2. Valid identification issued by an authorized government body\*\*(e.g.Passport,National Identity card, etc.)

\*\*Government/ agency thereof or a municipality of the country or territory inwhich the Proposer/Accountholder claims to be a resident.