

# MODEL FORM

QMS/HR/M/F/15.07

## RINL EMPLOYEES' SUPERANNUATION BENEFIT FUND TRUST

### FINAL SETTLEMENT FORM

To  
The Secretary,  
RINL Employees' Superannuation Benefit Fund Trust,  
Rashtriya Ispat Nigam Limited, Visakhapatnam Steel Plant,  
VISAKHAPATNAM – 530031

EMPNO	101010
LIC(If Yes then TICK)	
SBI Life( If Yes then TICK )	✓

Dear Sir/Madam,

I hereby give my consent to purchase the Annuity Scheme offered by SBI LIFE as indicated in the enclosed scheme details, out of Corpus standing to my credit in the Trust. The Annuity may please be released in my name. Required details are given as under:

#### (To be filled in Block Letters)

1	Name of the Member	NAMMI APPALA RAJU				
2	Employee No.	101010		Sex	MALE	
3	Designation	FOREMAN(O)	Grade	S-11	Nationality	INDIAN
4	Department	RMHP		DD	MM	YYYY
5	Date of Birth of Member			10	03	1960
6	Date of Joining in RINL / VSP			09	09	1983
7	Date of Separation			31	03	2020
8	Reason of Separation (Superannuation/Death/Resignation/ Others)	SUPERANNUATION				
9	Separation Order No. & Date	HR/CHRS/MAR'2020		Date	01.03.20	
10	No. of Years' Service in RINL-VSP	Years	36	Months	06	
11	PAN Number of Self	A H N P K 6 6 1 1 1		Aadhar No. of Self	2911335532	
12	Address of the Member (Please clearly mention your Mobile No. and email_id for future contact)	Door No.	25-4-63	Street	CHINNADUPURU	
		Mandal	PEDDAGANTYADA	Post Office	VISAKHAPATNAM	
		District	VIZAG	State	ANDHRA PRADESH	
		Pin	530044	Country	INDIA	
		Mobile No.	9700799779	email_id	nammi@gmail.com	
13	Whether Opting for Commutation up to Maximum 1/3 <sup>rd</sup> of the Corpus. If yes, please specify the amount(*). <i>Note: Accordingly Annuity Benefits will be reduced.</i>	YES 1/3 <sup>rd</sup> of the Corpus				
14	Option if Corpus < Rs.2.00 Lakhs, whether settlement to be done by (Withdrawal(*)/ Purchase of Annuity) <i>Please indicate the Option.</i>	NA				
15	Whether desirous to contribute additional amount to the existing Corpus - Voluntary Contribution	Yes/ No	✓	Amount (RS.)	—	

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Nominee Particulars declared in the Form of Appointment of Nominee of RINL ESBF by the Member (available in the Personal Record)					
16.	Name of the Nominee/s	Relationship	DoB(DD/MM/YYYY) Please enclose proof of DOB	Sex	% of share
		N ANAND	SON	25/11/1987	M
	N SRUJANA	DAUGHTER	12/09/1989	F	50%
	—				
	—				

  

17	Address of the Nominee/s	Door No.	25-4-63	Street	CHINNA DUPURU
		Mandal	PEDDAGANTYADA	Post Office	VISAKHAPATNAM
		District	VIZAG	State	ANDHRA PRADESH
		Pin Code	530044	Country	INDIA
		Mobile No.	9000909090	email_id	anand87@yahoo-com

  

18		DETAILS OF BANK OF BENEFICIARY	
Name of the Bank	STATE BANK OF INDIA		
Bank Account No	11776335333		
IFS Code	SBI NO 203577		

  

19				Legal heir of the nominee who will receive the return of capital in the event of the Death of Nominee (In case of form to be filled in by the nominee consequent upon the death of employee)			
Name of the Legal Heir		Date of Birth (DD/MM/YYYY) Please enclose proof of DOB		Age		% of Share	
—		—		—		—	
—							
—							
—							

(\*) I agree for recovery of TDS on Income Tax, as per the Income Tax Rules.

Date: 21.04.2020 (Signature of the Member / #Nominee in Death Cases) *Nannni*

**Enclosures:**

1. Copy of PAN Card of Self (Self Attested) 2. Copy of Aadhar Card of Self (Self Attested)
3. Copy of Aadhar Card of Spouse (Self Attested)
4. Copy of Aadhar Card of Nominee/s (If other than Spouse) (Self Attested)
5. 1<sup>st</sup> Page of Bank Pass book or Cancelled Cheque
6. Passport size photos of Self – 2 Nos.(Please write your Empno on the backside of your Photos and enclose them in an envelope)
7. Cheque No. \_\_\_\_\_ Dt: \_\_\_\_\_ for Rs. \_\_\_\_\_ towards contribution(in terms of Para 15 above – Voluntary Contribution).
8. Option letter indicating Annuity Service Provider & Annuity Scheme.
9. Death Certificate (In case of death of the member)

Certified that the particulars stated at Column 1 to 11 & 16 are correct as per Personal Records.

ATTESTED

Signature of Zonal HR Executive with seal

# Note: Separate set for each Nominee, if more than one claimant in Death cases.

Zonal HR may retain a copy of this form along with Annuity Form without enclosures in the Personal File

MODEL FORM

**INSTRUCTIONS FOR FILLING UP ANNUITY FORM**

**MODEL FORM**

- This form is to be filled by the Annuitant and the Group Administrator as applicable **In BLOCK LETTERS**
- Please tick a box thus  where appropriate.
- Please answer all questions.
- The Group Administrator must authenticate any cancellation or alterations in this form.
- Overwriting or use of correction fluid is not acceptable
- 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: **101010**

First Name: **NAMMI**

Middle Name: **APPALA**

Last Name: **RAJU**

Date of Birth (DDMMYYYY): **10031960** Gender:  Male  Female Nationality: **INDIAN**

Age Proof:  Driving License  School/College Certificate  PAN Card  Passport  Birth Certificate

Others (Please specify): **Aadhar Card**

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) **Aadhar Card**

**Communication/Permanent Address:**

House No & Bldg/Society Name: **DOOR NO 25-4-63 CHINNADUPURU**

Road/Sector & Landmark: **PEDDAGANTYADA**

City/Village & Taluka: **VISAKHAPATNAM** District: **VIZAG**

State: **ANDHRA PRADESH** Pin: **530044**

Country: **INDIA** Mobile No: **9700799779**

Tel No (Home): STD Code: \_\_\_\_\_ Phone No: \_\_\_\_\_

Tel No (Office): STD Code: \_\_\_\_\_ Phone No: \_\_\_\_\_

Email Id: **nammi@gmail.com**

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) **Aadhar Card**

**2. DETAILS OF SECOND ANNUITANT (Spouse) (If Joint Life annuity is chosen):**  Mr.  Ms.  Mrs.

Full Name: **NAMMI SUJATHA**

Date of Birth (DDMMYYYY): **03101965** Gender:  Male  Female

Age Proof:  Driving License  School/College Certificate  PAN Card  Passport  Birth Certificate

Others (Please specify): **Aadhar Card**

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) **Aadhar Card**

**3. NOMINEE DETAILS\***

Nominee name	Gender (M/F)	Date of Birth (DD-MM-YYYY)	Relation with First Annuitant	% Share of Nominee
1. <b>NAMMI ANAND</b>	<b>M</b>	<b>25-11-1987</b>	<b>SON</b>	<b>50%</b>
2. <b>NAMMI SRUJANA</b>	<b>F</b>	<b>12-09-1989</b>	<b>DAUGHTER</b>	<b>50%</b>
3. <b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>
4. <b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>

\*The Nominee should be any person other than the First or Second annuitant (as applicable).

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NA

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

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

- 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: 11776335333    Account Type:  Savings     Current     NRE     NRO  
 Bank Name: STATE BANK OF INDIA    Bank Code: 08054  
 Bank Branch Name: SECTOR II, UKKUNAGARAM    Branch Code: 08054  
 Name of A/c Holder: NAMMI APPALA RAJU  
 MICR Code: 531102300    IFSC Code: SBIN0203577

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.

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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, not withstanding 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 (NCPDR).

Signature of the Authorized Signatory of the Trust/Company:

Name: \_\_\_\_\_

Seal of the Trust/Company

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

Date : DD-MM-YYYY --

Nammi

Signature/ Left Thumb impression of the First Annuitant

VISAKHAPATNAM

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

Date : DD-MM-YYYY 21-04-2020

## 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

NA

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.

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 of the Person Making the Declaration:

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

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

Date : DD-MM-YYYY --

### 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

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