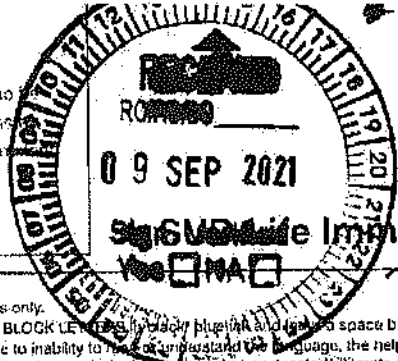




Photograph to be signed across Secondary Annex



Star Union Dai-ichi Life Insurance

Star Union Dai-ichi Life Immediate Annuity Plus (UIN: 142N048V04)

- Please fill this form in BLACK INK and CAPITAL letters only.
- This form is to be filled by the Proposer/ Annuitant in BLOCK LETTERS in black ink with a space blank between each part of the name.
- If the Proposer/ Annuitant is unable to fill the form due to inability to read or understand the language, the help of a person other than the advisor/SUD Life employee/insurance intermediary may be used. (Refer to declaration for signing this proposal form in vernacular language for uneducated/ illiterate persons)
- Before filling up the form please read the Sales Literature to understand the features, benefits, advantages and terms and conditions of this product.
- If the space provided in the form is not sufficient for providing details, please attach separate sheets signed by the Proposer/ Annuitant.
- All details should be filled completely including email ID, mobile number, etc.
- A copy of Pan Card and Income Proof is mandatory.
- Encashment of Cheque/ DD does not mean the Policy/ Proposal has been approved by the Company and the Company reserves the right to call for any additional requirements subject to underwriting (if any).
- In case the Proposer and/ or Annuitant are two separate individuals, the Proposal Form will be signed by both parties. The Annuitant can sign this Proposal Form only if he/she is 18 years or above.

90360711

CHANNEL DETAILS (FOR OFFICE USE ONLY) Application No. _____

CHANNEL TYPE: Agency Corporate Agent Other

SP/ADVISOR/DIRECT CODE: 8203910000 ISO/AM/DM/KAM/DM CODE: 8202834800

BANK BRANCH CODE: 0518000000 LH/TH/BH/AH CODE: _____

SUD AREA/BRANCH/REGIONAL OFFICE CODE: 0108000000

SUD STAFF: Yes No (If Yes, please submit a copy of self attested employee ID card)

EXISTING CUSTOMER: Yes No POLICY NO: _____ RURAL URBAN

C-KYC APPLICATION TYPE: New Update C-KYC No. _____

C-KYC ACCOUNT TYPE: Normal Simplified (for low risk customers) Small

PRIMARY ANNUITANT

FULL NAME: Srinivasava _____

FATHER/SPOUSE NAME: Swardoop Narayan _____

*Name provided above is for: Father Spouse (please tick)

MOTHER NAME: Shila Devi _____

DATE OF BIRTH: 14/07/1951 GENDER: Male Female Third Gender

CORRESPONDENCE / LOCAL ADDRESS

ADDRESS TYPE: Residential Business Residential / Business Registered Office Unspecified

Flat No. 402/402, Tanishq Society, Near Red Ribbon Hotel, Khairat, Pune City, Pune Maharashtra India 411014

PERMANENT ADDRESS (If different from correspondence address)/ Overseas Residential Address for NRI/ OCI/ FOREIGN NATIONAL

ADDRESS TYPE: Residential Business Residential / Business Registered Office Unspecified

Same as above

MOBILE NO: 2392000000 LANDLINE NO: _____

EMAIL ID: vivek.2001@yahoo.com

(I/We hereby confirm that I/We have no objection in receiving Phone Calls or Messages from/on behalf of "Star Union Dai-ichi Life Insurance Co Ltd." in regard to My/ Our Life Insurance Policy with them.)

MARITAL STATUS: Married Unmarried Widow(er) Divorced

CITIZENSHIP: Indian Others PLACE OF BIRTH: India

RESIDENTIAL STATUS: Resident Indian NRI* Foreign National* OCI*
(Please submit FATCA/ CRS declaration form, if answer to above questions is other than Resident Indian)

EDUCATIONAL QUALIFICATION: Post Graduate Graduate Diploma XII* Pass
 X* Pass Below X* Std. Uneducated

PAN CARD NUMBER: AQOPS74343 FORM 60: YES NO

ANNUAL INCOME: 5000000000

ARE YOU A POLITICALLY EXPOSED PERSON (PEP)? Yes No



DETAILS OF PROPOSER: (In case Primary Annuitant is different from the Proposer, applicable only under for Plan Option A)

PROPOSER NAME [Grid]
FATHER/SPOUSE NAME [Grid]
 *Name provided above is for Father Spouse (please tick)
MOTHER NAME [Grid]
DATE OF BIRTH [Grid] **GENDER** Male Female Third Gender

CORRESPONDENCE / LOCAL ADDRESS
ADDRESS TYPE Residential Business Residential / Business Registered Office Unspecified
 [Grid]
MARTIAL STATUS Married Unmarried Widow(er) Divorced
CITIZENSHIP Indian Others **PLACE OF BIRTH** [Grid]
RESIDENTIAL STATUS Resident Indian NRI* Foreign National* OCI*
(Please submit FATCA/ CRS declaration form, if answer to above questions is other than Resident Indian)
IDENTITY PROOF Passport* Driving License* Voter ID Card Pan Card NPR Letter OTHERS
ADDRESS PROOF Passport* Driving License* Voter ID Card NREGA Job Card NPR Letter OTHERS
 Proof of Address Document Number: [Grid] Proof of Identity Document Number: [Grid]
 Proof of Address Document Expiry Date* [Grid] Proof of Identity Document Expiry Date* [Grid]
ANNUAL INCOME [Grid]
RELATION WITH PRIMARY ANNUITANT Husband Wife Others

DETAILS OF PURCHASE PRICE REMITTANCE

BANK NAME BOI UBI Other [Grid]
PURCHASE PRICE AMOUNT [Grid]
CASH/CHEQUE/DEMAND DRAFT/DIRECT DEBIT DETAILS:
TRANSACTION ID [Grid] **TRANSACTION DATE** [Grid]
CHEQUE/DD NO [Grid] **CHEQUE/DD DATE** [Grid]

PLAN DETAILS:

PLAN OPTION A:
 Do you wish to opt for Immediate Annuity Plus Plan from your savings or from policy proceeds of deferred pension plan? Yes No
 If yes, please select any one of the annuity options given below

ANNUITY (PROPOSED) (Tick the appropriate box)
 Option 1: Life Annuity Option 4: Joint Life Annuity (50%) Option 7: Annuity certain for 10 years
 Option 2: Life Annuity with Return of Purchase Price Option 5: Joint Life Annuity (100%) Option 8: Annuity certain for 15 years
 Option 3: Increasing Life Annuity with Return of Purchase Price Option 6: Joint life annuity (100%) with Return of Purchase Price Option 9: Annuity certain for 20 years
 *Annuity option once chosen is irrevocable.

PLAN OPTION B
 Do you wish to opt for an annuity policy from the proceeds of the Reverse Mortgage Loan (that is offered by any approved Financial Institution)? Yes No
 If Yes, please fill the following section:
 For Plan Option B - I declare that the annuity is purchased from the proceeds of Reverse Mortgage Loan offered by an approved lending institution.

Details of Bank/ Financial Institution
Bank/Financial Institution's Name [Grid] **Authorized Signatory of Bank** [Grid]
Name of Authorized Person [Grid] **Designation of Authorized Signatory** [Grid]

Annuity available under Plan Option B: (Please select any one of the Annuity Options given below)
 Option 2: Life Annuity with Return of Purchase Price Option 6: Joint Life Annuity (100%) with Return of Purchase Price

PLAN OPTION C:
 For Plan Option C - I declare that the annuity is purchased from the proceeds of NPS.
Annuity available under Plan Option C: (Please select any one of the Annuity Options given below)
 Option 2: Life Annuity with Return of Purchase Price Option 6: Joint Life Annuity (100%) with Return of Purchase Price

ANNUITY PAYMENT DETAILS : (Note: Annuity will be payable to the Annuitant only*)



STATE UNION LIFE Insurance

A part of Union Bank | Dai-ichi Life

BANK ACCOUNT DETAILS OF PRIMARY ANNUITANT (Please attach a blank cancelled cheque)

| | | | |
|----------------------|---|-------------|-----------------|
| Bank Name | BOI | Bank A/c No | 051810106608133 |
| Bank Branch Name | JM Road | | |
| Full Address of Bank | Tangal Mahabes Road Pune Maharashtra India 411004 | | |
| IFSC Code | BIID0000518 | MICR Code | |

BANK ACCOUNT DETAILS OF SECOND ANNUITANT (Please attach a blank cancelled cheque) (Applicable only in case of joint life annuity Option 4, 5, 6)

| | | | |
|----------------------|--|-------------|--|
| Bank Name | | Bank A/c No | |
| Bank Branch Name | | | |
| Full Address of Bank | | | |
| IFSC Code | | MICR Code | |

DETAILS OF NOMINEE/APPOINTEE - to whom benefits if any are payable in the event of death of annuitant

(In case of minor Nominee, Appointee is compulsory. In case of more than two nominees, fill separate addendum)

| PARTICULARS | NOMINEE | ADDITIONAL NOMINEE |
|-----------------------------|--|---|
| PERCENTAGE OF SHARE | 100% | |
| FULL NAME | ANURIS SOMVENA | |
| GENDER | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender |
| DATE OF BIRTH | 20/12/1978 | |
| RELATIONSHIP WITH ANNUITANT | Son | |

| | |
|---|--|
| FULL NAME OF APPOINTEE: MR/MRS/MS | |
| DATE OF BIRTH | GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender |
| RELATIONSHIP OF NOMINEE WITH APPOINTEE: | |
| ADDRESS OF APPOINTEE | |
| Date: | |
| Place: | |
| | Signature of Appointee |

*Note: The Primary Annuitant will choose this payout mode at the time of purchasing the Annuity. Once chosen, the mode of payment cannot be changed. In case of Annuity Option 7, 8 and 9, on death of the annuitant before the certain period, the annuity is paid to the nominee/beneficiary for the balance certain period.

| MODE OF ANNUITY PAYMENT | TIME OF COMMENCEMENT OF ANNUITY |
|-------------------------|---|
| Annual | Annuity commences immediately after one year from the date of issuance of the plan. |
| Half-Yearly | Annuity commences immediately after six months from the date of issuance of the plan. |
| Quarterly | Annuity commences immediately after three months from the date of issuance of the plan. |



DECLARATION & AUTHORIZATION BY THE PROPOSER / ANNUITANT

I/ We hereby declare that the foregoing statements and answers have been given by Me/ Us after fully understanding the questions and the same are true and complete in every respect and that I/ We have not withheld or omitted to give any information. I/ We undertake to keep the Company informed of any changes in the same.

I/ We do hereby agree and declare that these statements and this declaration shall be the basis of the contract of assurance between Me/ Us and SUD Life Insurance Co Ltd and that if any untrue statement be contained therein, the said contract shall be treated as per Section 45 of the Insurance Act 1938, as amended from time to time.

I/ We confirm that I/ We 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 a written acceptance of this proposal by SUD Life Insurance Co Ltd is issued on its normal terms and conditions.

I/ We hereby give my/ our consent to the Company to use my/ our Aadhar number for e-KYC authentication purpose and to obtain my/ our details from UIDAI records. Further I/ We agree and acknowledge that the Company will use my/ our identity information for the purpose of insurance policy only and will not store or share my/ our biometric. The said details will be submitted to Central Identities Data Repository only for the purpose of authentication.

I/We hereby consent to receive phone calls, messages/ Email from / on behalf of the Company with respect to my life insurance policy with them. I/ We hereby give my consent to receiving information from Central KYC Registry through messages/ Email on the above given registered number/ email address.

Sindara
 Signature / Thumb impression of Proposer
 Date: 07-09-2021
 Place: Pune

Sindara
 Signature / Thumb impression of Primary Annuitant
 Date: 07-09-2021
 Place: Pune

Signature / Thumb impression of Secondary Annuitant
 Date:
 Place:

Declaration (If signed in Vernacular language/ affixed thumb impression above/proposal form is filled by person other than Annuitant or Proposer)

Note: The below must be witnessed by someone other than the Advisor/Employee of the Company.

I, (full name of witness) _____ hereby declare that I have explained the contents of the proposal form to the Annuitant /Proposer in _____ language and that I have read out the answers to the questions dictated by me to the Annuitant/Proposer and that the Annuitant /Proposer has/have put his/her/their thumb impression after fully understanding the contents thereof.

Signature of Witness
 Date:
 Place: _____

Signature/Thumb impression of Primary Annuitant/ Proposer
 Date:
 Place: _____

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 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;

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

Provisions of Section 45 of the Insurance Act 1938, as amended by from time to time are applicable in the above contract.

Star Union Dai-ichi Life Insurance Co. Ltd.

Registered Office: 11th Floor, Vishwaroop IT Park, Plot No. 34, 35 & 38, Sector 30A of IIP, Vashi, Navi Mumbai - 400 703.
 Toll Free No.: 1800 266 8833 (9:30 am to 6:30 pm. - Mon to Sat) Board Line No.: 022-7196-6200 Fax No.: 022-7196-2811.

