

Annuity options for Pension policy**For office use only:**

Branch:

Employee ID:

Date: DD/MM/YY

Signature Verified: Yes No

Sar utha ke jyo!

Please use Black Ink to fill the format

Policyholder details

Policy No.:

Name of the Policyholder:

Annuity details

Please select your preferred annuity plan from the options listed below -

1. Annuity Plan/Option:
- Immediate Life Annuity Single Life Joint Life
- Immediate Life Annuity With Return Of Purchase Price Single Life Joint Life
- Deferred Life Annuity With Return Of Purchase Price Single Life Joint Life

Joint Life Details In case you wish to continue with the details as per your existing pension plan, please tick here.
To change the Joint Life details, please provide information as below.

Name	
Date of Birth	
Gender	
Marital Status	
Contact Number	
Email Id	
Address	
Relationship with Life Assured	

2. Commutation/ Cash Lumpsum %: _____

3. Deferred period (in yrs):

Age	10yrs	9yrs	8yrs	7yrs	6yrs	5yrs	4yrs	3yrs	2yrs	1yrs
< 70 yrs										
71-75 yrs	x	x	x	x	x					
76 yrs	x	x	x	x	x	x				
77 yrs	x	x	x	x	x	x	x			
78 yrs	x	x	x	x	x	x	x	x		
79 yrs	x	x	x	x	x	x	x	x	x	

Select any one option as per your age, wherever there is 'x' means that is not applicable for you to choose as per age

4. Frequency of Annuity Payout: Annual Half yearly Quarterly Monthly

Basis the annuity option chosen by you, we will transfer the proportionate amount in the annuity plan on the day of maturity/surrender/discontinuance/termination payout.
In case you wish to change your preference, it can be modified 90 days before the maturity date.

New Nominee Details If Nominee is to be taken as per existing plan, please tick here. To change Nominee, please fill below details.

Details	Nominee 1	Nominee 2
Name		
Date of Birth		
Gender		
Marital Status		
Contact Number		
Email Id		
Address		
Relationship with Life Assured		
% of Entitlement		

Appointee Details (if the Nominee is a minor)

Name	
Date of Birth	
Relationship with the Nominee / Beneficiary	
Address	
Contact no.	

Beneficiary should be a blood relative. As per the Insurance Act 1938, as amended from time to time nomination cannot be effected if the policy owner and the Life Assured(s) are different entities. If the Nominee is a minor an Appointee who is a major must be mentioned in this form. If the Nominee is other than immediate family member, then MHQ - Moral hazard questionnaire should be attached along with this form. The above details of Nominee /joint life captured is for annuity policy.

NEFT Mandate

In case of Unit Linked Young Star or Children's plan, if the Beneficiary is major, please provide beneficiary's account details.

Bank Account No. :

IFSC ^: ^11 Character code appearing on your cheque leaf

Account Holder Name: _____

Bank Name & Branch: _____

Account Type: Savings Current NRO NRE

*All premium(s) paid from NRE Account: ** Proportionate premium(s) paid from NRE Account:



Note:

*Refund to NRE account (Full or Proportionate) will be subject to ratio of premium(s) paid through NRE Account. Please submit a Bank Statement or Bank Confirmation letter as an evidence for premium(s) paid through NRE account.

** In case of proportionate payout, please provide two NEFT mandates i.e. for NRE account and non-NRE account.

Declaration by the Policyholder / Assignee

- I/We hereby declare that the particulars given above are correct. If the transaction is delayed or not effected at all for reason of incomplete or incorrect information provided by me/us above, I/We would not hold HDFC Life Insurance Company Limited or any of its associates/employees/agents responsible. Further, I/We agree to indemnify or keep indemnifying HDFC Life against any loss, claim, damage or expenses arising out of any incomplete or incorrect information provided by me/ us above.
- I have understood the meaning and the scope of this form and take complete responsibility for the changes submitted by me here in.
- I/We further undertake to refund any excess amount demanded by HDFC Life or not, which has been credited in excess to my/our account at any time due to any reason.

I hereby declare that I am sharing my Aadhaar details with HDFC Life Insurance Company Limited for processing my request related to my insurance policy. I give my express consent to HDFC Life to process and verify my Aadhaar data in a manner prescribed under law. I am sharing my Aadhaar details on my own volition and free will and HDFC Life has not mandated or forced me to disclose my Aadhaar details.

SIGN HERE <input type="text"/> Signature of Policyholder 1 Date: <u>DD/MM/YYYY</u> Place: _____	SIGN HERE <input type="text"/> Signature of Policy holder 2 (In case of Joint Life Assured) Date: <u>DD/MM/YYYY</u> Place: _____	In case the policy is assigned, please provide signature of the Assignee with seal (wherever applicable): SIGN HERE <input type="text"/> Signature of Assignee Date: <u>DD/MM/YYYY</u> Place: _____
---	---	--

Third Party Declaration

The person who has affixed his/her thumb impression or has signed in vernacular/ has not filled this application form. I hereby declare that the content of this application form has been explained to him/ her and I have truthfully recorded the answers provided to me. I further declare that the said person has signed or affixed his/her thumb impression in my presence.

Name: _____

Address: _____

Date: DD/MM/YYYY Place: _____

SIGN HERE

Signature of Third Person

HDFC Life Insurance Company Limited (HDFC Life). CIN: L65110MH2000PLC128245. IRDAI Registration No. 101.
Regd. Off: 13th Floor, Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.

Customer Acknowledgement Copy (Annuity options for Pension policy)

Policy No.: Request received for: _____

Interaction ID: _____ Received by: _____ Date: _____

Branch Stamp