Policy No.

## FUTURE GENERALI

rporate Address: 6th Floor, Tower-3, Indiabulls Finance Center, Senapati Bapat Marg



Corporate Address: 6th Floor, Tower-3, Indiabulis Finance Center, Senapati Bapat Marg
Elphinstone Road, Mumbai - 400013, Maharastra.
(IRDA Regn. No.: 133). CIN : U66010MH2006PLC165288
IMMEDIATE ANNUITY PROPOSAL FORM

							_	
To be filled by Office:								
Inward stamp of Branch								Photo of Annuitant / Purchaser
Sourcing Channel	Agency	Broker	Bancassurance	Corporate	Mall	Direct		
Intermediary Identification Code			UM/S.T.M. Code					

Instruction for filling this proposal form:

1. This form is to be filled in BLOCK LETTERS by the purchaser or by a person authorized by him. In case the purchaser is unable to fill in this form or the form is filled in vernacular / has a thumb impression put, then the Declaration printed at the end of this form must be filled and signed by ENGLISH knowing declarent. 2. Please answer all questions. Please tick box thus (") wherever appropriate. If any of the questions are not applicable, please write 'N.A' Strokes / Dots / Dashes/ leaving the answer unanswered may lead to the rejection of the proposal. 3. The purchaser must authenticate by signing any cancellation or alteration made in this form. 4. The process is advised to avail the facility of nomination, available in the form (Please refer QS). 5. Insurance is a contract of utmost good faith, which requires all the material facts to be disclosed to the insurer. In case of any doubts as to whether a fact is material or not, the fact should be disclosed and kindly note that all amounts mentioned in this form are in Indian Rupees only. 6. Annuity payments will be credited into your account through NEFT/NECS

1. Annuitant (To be filled in BLOCK LETTERS Only)	3. PURCHASER (if not the Annuitant)
Title Mr. Mrs. Ms	- Title Mr. Mrs. Ms
First Name	- First Name
	— Middle Name
	- Surname
Date of Birth	Father's name
Marital Status Single Married Widow Divorced Complete name before	Date of Birth
marriage (in case of female)	– Gender Male Female
Father's name	Nationality Indian NRI (Country of Residence)
Gender Male Female	Qualifications SSC/10th Std. HSC/12th Std. Graduate
Nationality Indian NRI (Country of Residence)	Post Graduate Illiterate
Qualifications SSC / 10 <sup>th</sup> Std HSC / 12 <sup>th</sup> Std Grad.	Occupation Service (name & address of employer)
Occupation Retired Housewife Agriculturist	Business <u>(state nature)</u>
	Retired Housewife Agriculturist
Business (state nature)	Annual Income Rs Permanent Account no. (PAN)
Service (name & address of employer)	Relationship with Annuitant
	Do you have an existing policy of FG: Yes No
Annual Income Rs	If yes, please quote
Permanent Account no. (PAN)	policy number (any one)
Do you have an existing policy of FG: Yes No	4. Address for Communication of Purchaser / Annuitant
If yes, please quote	Flat no / Society name
policy number (any one)	Road No./
2. ENCLOSED DOCUMENTS	Area
Age proof: Driving License Employer's Certificat	e City
attested copy)     Birth Certificate     School/College cert       (only std age proof)     PAN Card     Baptism Cert	State
(only std age proof) PAN Card Baptism Cert Passport Domicile Cert	Pincode
Others (Please specify)	Tel no Residence:
	Mobile
2.1 Following documents are required from purchaser & Annuitant	Email Address:
Photograph Yes No	5. Nominee Details
Residential Proof Telephone Bill Ration Card	Name
(Attach a self Electricity Bill Bank A/c Statement attested copy)	
(for Annuitant)	Date of Birth
Others (Please specify)	Relationship with Annuitant
Income Proof: I.T. Return/Assessment Order	Address
(Attach a self Employer Certificate	
(for Purchaser) Others (Please specify)	6. Appointee (in case nominee is minor)
Identity Proof: Passport Driving License	Name
(Attach a self PAN Card Voter's ID	
attested copy) Letter from recognized public authority or	Date of Birth
(for annuitant public servant verifying the identity & residence & purchaser)	Relationship with Nominee: Signature
Others	Address

7. ANNUITY PROPOSED / ANNUITY OPTIONS	
Product Name	Purchase price (Rs.) {PPP***+Additional Premium} Frequency of Annuity Payment
	Yearly Monthly
ANNUITY OPTIONS Life Annuity w	vith return of purchase price 🛛 Life Annuity
8. DETAILS REQUIRED FOR ANNUITY PAYMENT	
Name & complete address of the Bank	
Annuitant name as nor Bank Decord	
Annuitant name as per Bank Record	
Annuitant Bank A/c No.	Bank branch IFSC Number
9. PURCHASE PRICE DETAILS	
Amount remitted Rs	Additional Premium (paid if any-for PPP*** only)Rs
Payment remitted by	Cheque Demand Draft Credit Card / Debit Card Pension Policy Proceeds

Cheque / DD no.								_ E	Bank	nan	ne 8	t Addre	ess													
Credit Card/Debit Card No																										
Credit Card / Debit Card Expiry Date	M	M	Y	Y	PPF	)*** F	olicy	no					Tr	ansa	ctior	n No				***	 Pen	 sion	 Poli	 icy P	roce	eeds

Section 41 of the Insurance Act, 1938: (1) No person shall allow or offer to allow either directly or indirectly, as an inducement to take or renew or continue insurance in respect of any kind of risk relating to lives or property in India, any rebate 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 table 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 insurer, 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 fradulently made by the policy-holder and that the policy holder 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 thissection 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. Declaration by Purchaser / Annuitant

I/We understand and agree that the statements in this proposal will be the basis of the contract of annuity between me / us and Future Generali India Life Insurance Co.Ltd ["The Company"] and that if any statement is untrue or inaccurate or if any of the matter, material to this proposal is not disclosed, the company may void the contract subject to provisions of Section 45 of the Insurance Act, 1938 and all monies which shall have been paid in respect thereof shall stand forfeited to the Company. I / We confirm that the money paid / payable under this proposal / policy to be issued will be from my declared sources of income. I am aware that the annuity payments will be credited into my account through NEFT/NECS.

	PAA VAN	
SIGNATURE / THUMB IMPRESSION OF PURCHASER	SIGNATURE / THUMB IMPRESSION OF ANNUITANT	Signature of Witness
Name of Witness:	TAR STA	Place
complete address of witness	CR.E. MIRVS	
Declaration for signing in Vernacular		
	o the purchaser and am satisfied that the contents have on sought for in the proposal form and i have read out	
		Place
Signature of the person making the declaration	SIGNATURE/THUMB IMPRESSION OF PURCHASER/ANNUITAN	T Date D D M M Y Y Y Y
Name of Declarent		
Address of the Declarent		
Confidential Report(To be completed by the	Advisor after receiving the complete proposal for	m)
	en completely understood by the client and facts discle lentity of this client and recommended proposal for ac	-
Place		Place
Signature of Consultant	Y     Y     Y       Signature of Manager	Date D M M Y Y Y Y

Signature of Manager

Version 1