

OPEN MARKET OPTION FORM

(To be filled in case you wish to purchase annuities from any other service provider in India apart from Birla Sunlife Insurance Co Ltd.)

Policy number:

Name of the Insurance Company from where you wish to purchase Annuity plan.
 (Name to be provided as required to be printed on the cheque)

Contact Person (Company employee to whom the cheque needs to be sent): Mr/Mrs

Communication address of the Insurance Company where the cheque needs to be sent

Please attach the following documents

1. Declaration

I hereby declare that the information provided above by myself is true and complete to the best of my knowledge and understanding. I further declare that I am requesting Birla Sun life Insurance Co Ltd for affecting the transfer of corpus to an annuity service provider, of my own choice as stated above, towards purchase of annuity and not for any other purpose.

I further hold Birla Sun life Insurance Co Ltd., its employees and Directors and Agents free from any liability that may arise directly or indirectly from erroneous or incorrect information or statement provided above.

I hereby provide my consent to receive a call with regards to my request as given herein.

Name of the policy owner:

Date:

Place:

Signature of the Policy Owner

We confirm the details mentioned aforesaid (BSLI)

Date:

Place:

Annuity Service provider seal and initials

(Seal of the Company from which annuity is being bought) with name, employee code and signature of the employee