



Annuity Option Form

Note: Please complete the form in CAPITAL LETTERS.

All fields with (*) are mandatory

POLICY DETAILS	Policy Number:*	<input type="text"/>	Vesting Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	Policy Holder's Name:*	<input type="text"/>				
	Kindly update your latest contact details, along with a valid address proof document, to facilitate quick processing.					
	Current Address:*	<input type="text"/>				
	City:*	<input type="text"/>	State:*	<input type="text"/>	PIN Code:*	<input type="text"/>
	Landline:	<input type="text"/>		Mobile:*	<input type="text"/>	
Email ID:	<input type="text"/>					

MATURITY OPTION	Please tick (✓) any one of the options below:	From Exide Life Insurance Company Limited*	From other Insurance Company*	Name of Insurance Company
	1. Defer Vesting Date (maximum by 5 years or Age 70, whichever is earlier to be requested prior to vesting date)	<input type="checkbox"/>	<input type="checkbox"/>	
	2. I will purchase Annuity for entire benefit amount	<input type="checkbox"/>	<input type="checkbox"/>	
	3. I will purchase Annuity for 2/3 rd benefit amount and receive payment for 1/3 rd benefit amount	<input type="checkbox"/>	<input type="checkbox"/>	
	4. I wish to surrender my policy before the vesting date	<input type="checkbox"/>	<input type="checkbox"/>	

BANK DETAILS	Payment Method:*	<input type="checkbox"/> Direct Credit (NEFT/RTGS)	<input type="checkbox"/> A/c Payee Special Crossing Cheque		
	Bank Name:*	<input type="text"/>	Bank Branch:*	<input type="text"/>	
	Account Number:*	<input type="text"/>	IFSC Code:*	<input type="text"/>	
	Please tick (✓) any one Bank Account Type*	<input type="checkbox"/> Savings	<input type="checkbox"/> Current Account	<input type="checkbox"/> Over Draft / Cash Credit	<input type="checkbox"/> NRO
	Note: In case IFSC code is not provided, the payout will be made by A/c payee special crossing cheque. Direct Credit is not possible for NRE account				

DECLARATION	I take full responsibility for the genuineness and correctness of the details filled herein.			
	Signature / Thumb Impression of the Policy Owner / Assignee:*	<input type="text"/>	Witness	<input type="text"/>
	Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Signature:*	<input type="text"/>
	Name & Address of the Witness:*	<input type="text"/>		
*(Should be someone other than the advisor/agent/employee of the company and who has also explained the contents of this form if signature is in vernacular or a thumb impression.)				

FOR OFFICE USE ONLY	Name of the Customer Service Representative:	<input type="text"/>	Branch Code:	<input type="text"/>	Signature:	<input type="text"/>
	Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Employee No.:	<input type="text"/>		

Turn over leaf for more details.

ACKNOWLEDGEMENT SLIP	This is to acknowledge the receipt of your application for Annuity Option.		Customer Service Executive Signature:	<input type="text"/>	
	Policy Number:	<input type="text"/>	Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Documents received:	<input type="checkbox"/> Original Policy Document	<input type="checkbox"/> Valid Address Proof	Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Identity Proof:	<input type="checkbox"/> Bank Account Proof			
	Others:	<input type="text"/>			



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DOCUMENTS REQUIRED

Please submit any one of the following listed documents along with the mandatory requirements (*).

List of valid address documents: Telephone Bill, Bank letter/ Account Statement, Water Bill, Electricity Bill, Valid Passport, Valid Driving License, Ration Card, ESI Card, Domicile Certificate, Company Lease Agreement /Rental Agreement, Employer's Certificate. Statement /Receipt/Bill should not be more than six months old from the request submission date.

- Original Policy Kit Self-attested valid address proof Self-attested identity proof of applicant bearing photo*
- Original cancelled personalized cheque (i.e. cheque bearing preprinted A/c number and name of A/c holder on it)* OR
- Self-attested copy of bank statement / pass book copy, if personalized cheque is not attached*.

IMPORTANT GUIDELINES

- Minimum purchase value of annuity with Exide Life Insurance Company Limited is ₹ 50000/-
- In case maturity option is not exercised, "Exide Life Annuity with Return of Corpus" will be issued for full benefit amount on vesting date with your current available details subject to you satisfying the age criteria (applicable for Exide Life Best Years policy).
- *For Annuity with Exide Life Insurance Company Limited, please provide completely filled annuity proposal form along with the request form. For any other insurance company please specify the details in the request form.

TERMS & CONDITIONS

- Any payouts under the policy shall be strictly in accordance with the policy terms and conditions
- The submission of this form by itself does not mean that the request will be processed. Exide Life Insurance Company Limited, reserves the right to contact me in case of any further requirements or if any of the communication addresses and numbers submitted by me do not match the details available with Exide Life Insurance Company Limited for processing the maturity
- Exide Life Insurance Company Limited will not be liable for any loss arising from non-receipt of communication
- If the transaction is delayed or not effected at all for any reasons due to incomplete or incorrect information given above, I shall not hold the company responsible in any manner whatsoever
- On my request Exide Life Insurance Company Limited shall transfer maturity payouts from my policy to another policy in which I have insurable interest. I hereby give my express consent for such transfer.
- I take full responsibility for the genuineness and correctness of the details filled herein .
- I hereby declare that the policy is not assigned to any one or attached by any authority / Court
- For Unit Linked Insurance Policy, I understand that maturity value will be arrived at unit price of the day on which the policy as maturing.