



Unique Reference Number: V1.2/052023

For Office use only

Bank Name _____
Bank Code _____ Client's Branch Code _____
Bank Account No. _____
Customer Client No. _____
BR Name _____
BR Code _____ ISM Code _____
Customer Referred by Employee (Name) _____
Referred by Employee (No.) _____

Please affix recent
Passport size
photograph of
Proposer and Sign
across the
photograph

DO NOT STAPLE
THE PHOTOGRAPH

Type of Insurance ☐ HUF ☐ Individual ☐ MWP
Relationship with Bank ☐ SB Account ☐ CA Account ☐ Deposit ☐ Advance-Borrower ☐ Credit Card
Staff ☐ YES ☐ NO

Important Guidelines:

1. Insurance is a contract of utmost good faith, requiring the Proposer and the Annuitant and the insurer to disclose all material facts. If there is any doubt as to whether any fact is material, it should be disclosed. Failure to do so may invalidate the contract based on this form.

2. ALL INFORMATION IN THE PROPOSAL TO BE FILLED IN CAPITAL LETTERS USING BLACK BALL POINT PEN

Whether Proposal is Under (please tick relevant option)

- A. ☐ Vesting of Canara HSBC Life's Pension Policy
A1. ☐ With Open Market option A2. ☐ Without Open Market option

In case your Pension Policy has vested, please provide
Name of the Plan _____

Policy Number Date of Maturity / /

- B. ☐ Open Market Option (Any other Life Insurance Company Pension Policy has vested)

In case your pension policy has vested, please provide

Name of the Insurer / Organization & Plan _____

Policy Number Date of Maturity / /

- C. ☐ New Proposal

Personal Details of Annuitant / Primary Annuitant (If Joint Life is chosen)

1. Title ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms ☐ Dr ☐ Other (specify) _____

2. Full Name First Name _____

Middle Name _____

Last Name _____

3. Is the Annuitant our existing policyholder/applicant, kindly tick as applicable

☐ Yes ☐ No If Yes, Policy/Application No _____

4. Title ☐ Mr. ☐ Dr ☐ Other (specify) _____

5. Father's Name First Name _____

Middle Name _____

Last Name _____

6. Title ☐ Mrs. ☐ Ms ☐ Other (specify) _____

7. Mother's Name First Name _____

Middle Name _____

Last Name _____

8 a) Date of Birth _____ b) Place of Birth _____

c) Country of birth _____ d) Gender ☐ Male ☐ Female ☐ Transgender

e) Age Proof ☐ Driving License ☐ School/College Certificate ☐ Municipal Birth Certificate ☐ Passport

☐ PAN Card ☐ Other (specify) _____

f) Marital Status ☐ Unmarried ☐ Married ☐ Widow(er) ☐ Divorcee

9. Is Annuitant ☐ Resident Indian ☐ NRI (Non Resident Indian) ☐ PIO (Person of Indian Origin)
☐ Foreign National ☐ Other (specify) _____
(Please fill NRI/PIO/Foreign National Questionnaire if applicable. In case of NRI/PIO/Foreign National, all correspondence and communication shall be sent to the address provided for such purpose in the NRI/PIO/Foreign National Questionnaire)

10. a) Country of current Residence _____ b) Citizenship _____ c) Nationality _____
d) Tax Residency Country _____ e) Tax Identification Number _____
(TIN number mandatory for other than Indian)

11. Do you have any address or residence in Japan? ☐ Yes ☐ No

If Yes, please provide complete details _____

12. Proof of Identity ☐ Passport ☐ Voter ID ☐ Driving License ☐ NREGA Card
☐ Others _____ (please specify)
Passport/Voter ID/NREGA Card /Driving License/Others Number _____
Passport/Driving License/ Others Expiry Date _____

13. Communication Address ☐ Current Residential Address ☐ Permanent Residential Address ☐ Office Address
Telephone/Mobile Number wherever available Pin Code is mandatory

14. Current Residential Address _____
Area/Taluka/Tehsil _____
City/District _____ State _____
Country _____ Pin Code _____
☎ Residence Ph with STD Code _____ ☎ Mobile with ISD Code _____
✉ Email _____
Preferred mode of communication (please tick one) ☐ Email ☐ Letter

15. Permanent Residential Address _____
Area/Taluka/Tehsil _____
City/District _____ State _____
Country _____ Pin Code _____
☎ Residence Ph with STD Code _____ ☎ Mobile with ISD Code _____

16. Proof of Address Submitted ☐ Current Residential Address ☐ Permanent Residential Address

17. Address Proof ☐ Passport ☐ Driving License ☐ Voters Identity Card ☐ NREGA Card ☐ Bank account
or Post Office savings bank account statement ☐ Others _____ (please specify)

18. Name of Organisation/Business/Educational Institution _____
Nature of industry of the Employer/ Organization _____

19. Occupation ☐ Salaried ☐ Retired ☐ Housewife ☐ Student ☐ Business Owner
☐ Other (specify) _____

20. Exact nature of occupation/duties _____

21. Office Address _____
Area/Taluka/Tehsil _____
City/District _____ State _____
Country _____ Pin Code _____
☎ Office Ph _____ ☎ Mobile _____

22. a) Annual Income (₹) _____ b) PAN No. _____ (In case
PAN is not submitted then FORM 60 is to be submitted)
c) Household Income (₹) _____ d) Number of dependents _____

23. Are you a Politically Exposed Person (PEP)? ☐ Yes ☐ No
(PEPs are individuals who are or have been associated with a political party/politician or holding any senior role in any ministry/government/state owned enterprises/judicial body/military/police in India or abroad or those individuals who have any close family members or associates in the said capacity)
If yes, please provide details _____

24. Are there any risks associated with the Annuitants occupation? e.g. Working with Boiler, Explosives, Chemicals, etc.
☐ Yes ☐ No If Yes, Please fill up the appropriate questionnaire.
25. Does your nature of work involves any association with Money services businesses*/State run lotteries/casinos/gaming activity/gambling/horse jockey/jockey club/Not for profit organization/Trusts/charities or Organizations involved in promoting social, religious, humanitarian cause, real estate /jewelers/precious stones dealers or scrap dealers? ☐ Yes ☐ No
*Money service businesses are entities / proprietorship concerns offering services involving currency exchange/dealer/exchange house/third party payment processors/payment/collection agents etc which are not registered as banks
If yes, please provide details _____
26. If the proposer is a Legal Entity, please answer the below questions. (Please state "NA" if it is not applicable)
a) Country of Incorporation _____
b) Country of Primary Place of Business Operations _____
c) Primary Nature of Business _____
d) Country of Head Quarters _____
27. CKYC number (If available) _____
28. a. e- Insurance Account Number (eIA) _____ b. Name of the Insurance Repository to which eIA is linked _____
c. If you do not have an eIA account, would you like to create one? Yes ☐ No ☐
If yes, please name the preferred Insurance Repository _____
d. Do you need a physical copy of the policy document? Yes ☐ No ☐

Personal Details of Secondary Annuitant (If Joint Life is Chosen)

1. Title ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms ☐ Dr ☐ Other (specify) _____
2. Full Name
First Name _____
Middle Name _____
Last Name _____
3. Title ☐ Mr. ☐ Dr ☐ Other (specify) _____
4. Father's Name
First Name _____
Middle Name _____
Last Name _____
5. Title ☐ Mrs. ☐ Ms ☐ Other (specify) _____
6. Mother's Name
First Name _____
Middle Name _____
Last Name _____
- 7 a) Date of Birth _____ b) Place of Birth _____
c) Country of birth _____ d) Gender ☐ Male ☐ Female ☐ Transgender
e) Age Proof ☐ Driving License ☐ School/College Certificate ☐ Municipal Birth Certificate ☐ Passport
☐ PAN Card ☐ Other (specify) _____
f) Marital Status ☐ Unmarried ☐ Married ☐ Widow(er) ☐ Divorcee
8. Is Annuitant ☐ Resident Indian ☐ NRI (Non Resident Indian) ☐ PIO (Person of Indian Origin)
☐ Foreign National ☐ Other (specify) _____
(Please fill NRI/PIO/Foreign National Questionnaire if applicable. In case of NRI/PIO/Foreign National, all correspondence and communication shall be sent to the address provided for such purpose in the NRI/PIO/Foreign National Questionnaire)
9. a) Country of current Residence _____ b) Citizenship _____ c) Nationality _____
d) Tax Residency Country _____ e) Tax Identification Number _____
(TIN number mandatory for other than Indian)
10. Do you have any address or residence in Japan? ☐ Yes ☐ No

If Yes, please provide complete details _____

11. Proof of Identity ☐ Passport ☐ Voter ID ☐ Driving License ☐ NREGA Card
☐ Others _____ (please specify)

Passport/Voter ID/NREGA Card /Driving License/Others Number _____

Passport/Driving License/ Others Expiry Date _____

12. Communication Address ☐ Current Address ☐ Permanent Address ☐ Office Address

13. Current Residential Address _____

Telephone/Mobile Number wherever available Pin Code is mandatory

Area/Taluka/Tehsil _____
 City/District _____ State _____
 Country _____ Pin Code _____
 ☎ Residence Ph with STD Code _____ ① Mobile ISD Code _____
 ✉ Email _____
 Preferred mode of communication (please tick one) ☐ Email ☐ Letter

14. Permanent Residential Address _____
 Area/Taluka/Tehsil _____
 City/District _____ State _____
 Country _____ Pin Code _____
 ☎ Residence Ph with STD Code _____ ① Mobile ISD Code _____

15. Proof of Address Submitted ☐ Current Residential Address ☐ Permanent Residential Address
 16. Address Proof ☐ Passport ☐ Driving License ☐ Voters Identity Card ☐ NREGA Card ☐ Bank account
 or Post Office savings bank account statement ☐ Others _____ (please specify)

17. Name of Organisation/Business/Educational Institution _____
 18. Occupation ☐ Salaried ☐ Retired ☐ Housewife ☐ Student ☐ Business Owner
☐ Other (specify) _____

19. Exact nature of occupation/duties _____
 20. Office Address _____
 Area/Taluka/Tehsil _____
 City/District _____ State _____
 Country _____ Pin Code _____
 ☎ Office Ph _____ ① Mobile _____

21. Relationship with the Annuitant / Primary Annuitant ☐ Spouse ☐ Son ☐ Daughter ☐ Father ☐ Mother
☐ Other _____

*Secondary Annuitant can be spouse, child, parent, parent -in-law, sibling of the Primary Annuitant. Secondary Annuitant must be spouse for Saral Pension.

*Other relationships maybe considered as long as there is an insurable interest between the annuitants

22. Are you a Politically Exposed Person (PEP)? ☐ Yes ☐ No

(PEPs are individuals who are or have been associated with a political party/politician or holding any senior role in any ministry/government/state owned enterprises/judicial body/military/police in India or abroad or those individuals who have any close family members or associates in the said capacity)

If yes, please provide details _____

23. Does your nature of work involves any association with Money services businesses*/State run lotteries/casinos/gaming activity/gambling/horse jockey/jockey club/Not for profit organization/Trusts/charities or Organizations involved in promoting social, religious, humanitarian cause, real estate /jewelers/precious stones dealers or scrap dealers? ☐ Yes ☐ No

* Money service businesses are entities / proprietorship concerns offering services involving currency exchange/dealer/exchange house/third party payment processors/payment/collection agents etc which are not registered as banks

If yes, please provide details _____

24. CKYC number (If available) _____

25. a. e-Insurance Account Number (eIA) _____ b. Name of the Insurance Repository to which eIA is linked _____
 c. If you do not have an eIA account, would you like to create one? Yes ☐ No ☐
 If yes, please name the preferred Insurance Repository _____
 d. Do you need a physical copy of the policy document? Yes ☐ No ☐

Product Details

1. Plan Name _____
 2. a) ☐ In case vesting of Canara HSBC Life`s Pension policy;
 Premium (Purchase price inclusive of Goods and Services Tax & applicable cess (es)/levy, if any)
 Amount to be annuitized (as a %age of vesting amount): _____ %
 b) ☐ Purchase Price / Installment Premium/ Annuity Amount (to be filled in case of new proposal)

☐ Purchase Price/ Installment Premium plus Goods and Services Tax & applicable cess (es)/levy, if any
_____ or ☐ Annuity Amount _____

☐ Deferment Period _____
Frequency of Annuity Payout ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly

3. Applicable for Smart Guaranteed Pension

☐ Premium Payment Term _____
Premium Payment Frequency ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly

4. Annuity Option (Please tick Annuity option of your choice)

| Pension4life Plan |
|---|
| <input type="checkbox"/> Immediate Life Annuity <input type="checkbox"/> Immediate Life Annuity with Return of Purchase Price <input type="checkbox"/> Immediate Life Annuity with Return of Balance Purchase Price <input type="checkbox"/> Immediate Life Annuity with Return of Purchase Price on Critical Illness (CI) or Accidental Total & Permanent Disability (ATPD) or Death <input type="checkbox"/> Immediate Joint Life Annuity with Return of Purchase Price <input type="checkbox"/> Deferred Life Annuity with Return of Purchase Price <input type="checkbox"/> NPS- Family Income (for NPS subscribers only) <input type="checkbox"/> NPS- Family Income (with Spouse) <input type="checkbox"/> NPS- Family Income (without Spouse) |

| Saral Pension |
|--|
| <input type="checkbox"/> Life Annuity with Return of 100% of Purchase Price <input type="checkbox"/> Joint Life Last Survivor Annuity with Return of 100% of Purchase Price on death of the Last Survivor |

| Smart Guaranteed Pension |
|---|
| <input type="checkbox"/> Single Life Annuity with Return of Premiums <input type="checkbox"/> Single Life Annuity with Return of Premiums on Critical Illness or Accidental Total & Permanent Disability or Death <input type="checkbox"/> Single Life Annuity <input type="checkbox"/> Joint Life Annuity with Return of Premiums |

Initial Deposit Details ("Payor same as Proposer")
Please attach Payor questionnaire, if Payor is different than Proposer

Payment Mode ☐ Cheque/Demand Draft ☐ Credit Card ☐ others (specify) _____
Amount (₹) _____ Cheque/Demand Draft No _____

Bank Name _____ Date / /

Account Type ☐ Savings Bank Account ☐ Current Account Bank Branch _____

Account Number _____ MICR CODE _____

Credit Card/Debit Card Holder Name _____

Please fill Payor KYC and AML Questionnaire if Payor different than Proposer.

In case of refund under proposal/policy cancellation/excess premium, transfer the amount directly to my account. ☐ Yes ☐ No
Please provide address, identity and income proofs of the Premium Payor/Proposer. Submission of photograph and address proofs are mandatory. Income proof is mandatory where the total premium under all the policies is equal to or exceeds ₹1,00,000 by a single individual.

Bank Details of Annuitant / Primary Annuitant for receiving Annuity Installments through NEFT

Please provide these bank details, where you would like to receive Annuity payouts.
Please submit a copy of 'cancelled' cheque. Please note that in case cancelled cheque does not have account number and/or account holder name 'printed' on it, then it is mandatory to submit self attested bank statement or self attested copy of passbook.
In case there is any change in the account details subsequent to filing up this Proposal form, please inform us immediately.
Account Holder Name First Name _____
Middle Name _____
Last Name _____

Bank Name _____
 Account No. _____
 IFSC Code _____
 Branch Address _____

 Account Type ☐ Savings ☐ Current ☐ NRE ☐ NRO

Bank Details of Secondary Annuitant* (In case of Joint Life) for receiving Annuity Installments through NEFT

Please provide these bank details, where you would like to receive Annuity payouts.
 Please submit a copy of 'cancelled' cheque. Please note that in case cancelled cheque does not have account number and/or account holder name 'printed' on it, then it is mandatory to submit self attested bank statement or self attested copy of passbook.

In case there is any change in the account details subsequent to filing up this Proposal form, please inform us immediately.

Account Holder Name First Name _____
 Middle Name _____
 Last Name _____
 Bank Name _____
 Account No. _____
 IFSC Code _____
 Branch Address _____

 Account Type ☐ Savings ☐ Current ☐ NRE ☐ NRO

* Please provide bank details of Appointee if Secondary Annuitant is dependent person with disability

Personal details (Tick as applicable) ☐ **Proposer** ☐ **Nominee/Beneficiary**

• Proposer's details to be provided, where the Annuitant and Proposer are different for Pension4life Plan and Smart Guaranteed Pension

• Nominee/Beneficiary details to be provided, where Annuitant is proposing on self

• In case of Multiple Nominees/ Beneficiaries, please fill up Multiple Nomination Form

• If Company/Partnership Firm/HUF is Proposer, details to be provided

1. Company/Partnership Firm/HUF Name _____

2. Contact Person/ Title ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms ☐ Dr ☐ Other (Specify) _____

Proposer/ Nominee/

Beneficiary Name First Name _____

Middle Name _____

Last Name _____

3. a) Date of Birth b) Gender ☐ Male ☐ Female ☐ Transgender

4. Relationship with the ☐ Spouse ☐ Son ☐ Daughter ☐ Father ☐ Mother ☐ Other _____
 Annuitant / Primary
 Annuitant

5. Communication Address ☐ Current Address ☐ Permanent Address

Telephone/Mobile Number wherever available
 Pin Code is mandatory

6. Current Residential Address _____

Area/Taluka/Tehsil _____

City/District _____ State _____

Country _____ Pin Code _____

☎ Residence Ph with STD Code _____ ① Mobile ISD Code _____

✉ Email _____

7. Permanent Residential Address _____

Area/Taluka/Tehsil _____

City/District _____ State _____

Country _____ Pin Code _____

☎ Residence Ph with STD Code _____ ① Mobile ISD Code _____

(Question number 8 & 9 are applicable when Annuitant is different from Proposer)

8. Proof of Address Submitted ☐ Current Residential Address ☐ Permanent Residential Address

9. Address Proof ☐ Passport ☐ Driving License ☐ Voters Identity Card ☐ NREGA Card

☐ Bank account or Post Office savings bank account statement

☐ Others _____(please specify)

(PLEASE ANSWER Q.10 – Q.28 IF THE ANNUITANT IS DIFFERENT FROM THE PROPOSER)

10. Marital Status ☐ Unmarried ☐ Married ☐ Widow(er) ☐ Divorcee

11. Title ☐ Mr. ☐ Dr ☐ Others (Specify) _____

12. Father's Name First Name _____
Middle Name _____
Last Name _____

13. Title ☐ Mrs. ☐ Ms ☐ Others (Specify) _____

14. Mother's Name First Name _____
Middle Name _____
Last Name _____

15. Is Proposer ☐ Resident Indian ☐ NRI (Non Resident Indian) ☐ PIO (Person of Indian Origin)

☐ Foreign National ☐ Other (specify) _____

(Please fill NRI/PIO/Foreign National Questionnaire if applicable. In case of NRI/PIO/Foreign National, all correspondence and communication shall be sent to the address provided for such purpose in the NRI/PIO/Foreign National Questionnaire)

16. a) Country of Residence _____

b) Country of birth _____ c) Citizenship _____ d) Nationality _____

e) Tax Residency Country _____ f) Tax Identification Number _____

(TIN number mandatory for other than Indian)

17. Do you have any address or residence in Japan? ☐ Yes ☐ No

If Yes, please provide complete details _____

18. Proof of Identity ☐ Passport ☐ Voter ID ☐ Driving License

☐ NREGA Card ☐ Others (please specify) _____

Passport/Voter ID /NREGA Card/Driving License/Others Number _____

Passport/Driving License /Others Expiry Date _____

19. Name of Organisation/Business/Educational Institution _____

20. Occupation ☐ Salaried ☐ Retired ☐ Housewife ☐ Student ☐ Business Owner

☐ Other (specify) _____

21. Exact nature of occupation/duties _____

22. Office Address _____

Area/Taluka/Tehsil _____

City/District _____ State _____

Country _____ Pin Code _____

☎ Office Ph _____ 📞 Mobile _____

23. a) Annual Income (₹) _____ b) PAN No. _____

24. Are you a Politically Exposed Person (PEP)? ☐ Yes ☐ No

(PEPs are individuals who are or have been associated with a political party/politician or holding any senior role in any ministry/government/state owned enterprises/judicial body/military/police in India or abroad or those individuals who have any close family members or associates in the said capacity)

If yes, please provide details _____

25. Does your nature of work involves any association with Money services businesses*/State run lotteries/casinos/gaming activity/gambling//horse jockey/jockey club Not for profit organization/Trusts/charities or Organizations involved in promoting social, religious, humanitarian cause, real estate /jewelers/precious stones dealers or scrap dealers? ☐ Yes ☐ No

*Money service businesses are entities / proprietorship concerns offering services involving currency exchange/dealer/exchange house/third party payment processors/payment/collection agents etc which are not registered as banks

If yes, please provide details _____

26. If the proposer is a Legal Entity, please answer the below questions. (Please state "NA" if it is not applicable)

- a) Country of Incorporation _____
 b) Country of Primary Place of Business Operations _____
 c) Primary Nature of Business _____
 d) Country of Head Quarters _____

27. CKYC number (If available) _____

28. a. e- Insurance Account Number (eIA) _____ b. Name of the Insurance Repository to which eIA is linked _____

c. If you do not have an eIA account, would you like to create one? Yes ☐ No ☐

If yes, please name the preferred Insurance Repository _____

d. Do you need a physical copy of the policy document? Yes ☐ No ☐

Appointee or Guardian Details (Other than Annuitant), if the Nominee/Beneficiary is a minor (below 18 yrs) or dependent person with disability

1. Name of Appointee/ Guardian Title ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms ☐ Dr ☐ Other (specify) _____
 First Name _____
 Middle Name _____
 Last Name _____

2. Date of Birth _____

3. Gender ☐ Male ☐ Female ☐ Transgender

4. Relationship with the Nominee/Beneficiary _____

5. Address of Appointee/Guardian _____

Area/Taluka/Tehsil _____

City/District _____ State _____

Country _____ Pin Code _____

☎ Residence Ph _____ ① Mobile _____

✉ Email _____

Appointee or Guardian Details (Other than Annuitant), if Secondary Annuitant is dependent person with disability (Applicable for Saral Pension)

1. Name of Appointee/ Guardian Title ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms ☐ Dr ☐ Other (specify) _____
 First Name _____
 Middle Name _____
 Last Name _____

2. Date of Birth _____

3. Gender ☐ Male ☐ Female ☐ Transgender

4. Relationship with the Secondary Annuitant _____

5. Address of Appointee/Guardian _____

Area/Taluka/Tehsil _____

City/District _____ State _____

Country _____ Pin Code _____

☎ Residence Ph _____ ① Mobile _____

✉ Email _____

Declaration and Authorization

I/We understand that the information provided by me in the proposal form, other documents, questionnaire(s) (if any) will form the basis of the insurance policy, and that the policy will come into force only after receipt of the Purchase Price/Installment Premium and all documents as may be required by the Company. I/We hereby declare, that the above statements, answers given by me/us are true and complete in all respects to the best of my/our knowledge and if any of the statements, answers and declarations made are found to be misstatement or a fraud has occurred, the said contract shall stand terminated and benefits payable under the Policy will be as per the applicable IRDAI regulations and Section 45 of the Insurance Act, 1938 as amended from time to time.

I/We hereby authorize Canara HSBC Life Insurance Co. Ltd. to send me any information relating to this proposal / resulting policy through SMS on the phone number/email address provided by me or through any other mode.

I/We declare that I have been explained and I/we understand the product features.

I/We declare that the Purchase Price/Installment Premium paid/ payable are not generated from the proceeds of any illegal means/criminal activities / offences and I/we shall abide by and conform to the Prevention of Money Laundering Act, 2002 or any other applicable laws.

I/We authorize the Company to share (inside or outside India) personal/sensitive personal information held by the Company with (i) Governmental and/or Regulatory Authority, (ii) Insurance Repositories (iii) CERSAI (iv) reinsurers/group companies other insurance companies/third parties for internal assessment, KYC authentication (if permitted), offline verification, claim settlement and policy servicing. I/We authorize the Company to seek information for internal assessment and/or claim settlement from any of the entities mentioned above including any past or present employer concerning the financial, with leave records and employment details of the Annuitant(s).

I/We agree and declare that I/we will notify the Company in writing of any change occurring in the age, occupation, residential, financial status of the Annuitant(s) or in any of the statements made in the proposal form subsequent to submission of this proposal to the Company.

In case of Thumb Impression, Left Thumb Impression (LTI) for Males, and Right Thumb Impression (RTI) for Females

Signature/Thumb Impression of **Primary Annuitant**

(Proposer signature required if Annuitant is a minor)

Date / /

Place _____

Please affix recent
Passport size photograph
of Annuitant/ Primary
Annuitant and Sign
across the photograph
(if Annuitant is different
from Proposer)

DO NOT STAPLE THE
PHOTOGRAPH

Signature/Thumb Impression of **Proposer**

Date / /

Place _____

Foreign Account Tax Compliance Act ("FATCA")/Common Reporting Standards ("CRS") Declaration (**Applicable if the proposer is a US person or is a tax resident outside of India**):

- I/we certify that (a) I am taxable as a US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District of Columbia or any states of the U.S., or (b) an estate the income of which is subject to U.S federal income tax regardless of the source thereof. (**This clause is applicable only if the proposer is identified as a US person**); or (c) taxable as a tax resident under the laws of country outside India. (**This clause is applicable only if the proposer is a tax resident outside of India**)
- I/We understand that the Company is relying on the information submitted by me for the purpose of determining my status in compliance with FATCA/CRS. The Company is not able to offer any tax advice on CRS or FATCA or its impact on me. I/We shall seek advice from professional tax advisor for any tax questions. I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect. I/We agree that as may be required by domestic regulators /tax authorities, the Company may also be required to report, reportable details to CBDT or close or suspend my policy. I/We certify that I/We provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct, and complete including the taxpayer identification number.

In case of Thumb Impression, Left Thumb Impression (LTI) for Males, and Right Thumb Impression (RTI) for Females

Signature/Thumb Impression of **Primary Annuitant**

(Proposer signature required if Annuitant is a minor)

Date / /

Place _____

Signature/Thumb Impression of **Proposer**

Date / /

Place _____

Declaration for signing in vernacular Language ☐ **Proposal Form is not filled in by the prospect** ☐

I _____ Son/Daughter of _____, adult and residing at _____ do hereby declare on solemn affirmation as under: I have read out and fully explained the contents of the proposal form in _____ language incidental to availing the insurance policy from Canara HSBC Life Insurance Company Limited to Mr./Mrs./Ms. _____ and he/she has understood the significance of the proposed contract. I have truthfully and correctly recorded the replies given by the Proposer/Annuitant and that the Proposer/Annuitant has affixed the signature above\ after fully understanding the contents thereof. Solemnly affirmed at _____ on _____

Signature of Declarant

The contents of the form have been fully explained to me and that I have fully understood the significance of the proposed contract

Signature of Proposer



YOUR COMMUNICATION ADDRESS IS VERY IMPORTANT FOR BETTER SERVICE. PLEASE CHECK IT THOROUGHLY BEFORE SIGNING

Section 41 of Insurance Act, 1938 (as amended from time to time)

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.

Section 45 of Insurance Act, 1938 (as amended from time to time)

(1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.

(2) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based.

(3) Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of a or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer:

Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.

(4) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based: Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.

(5) Nothing in this sections 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.

Proposal Acknowledgement

Proposal Number: 5000438632

I, Mr/Ms _____ have received the proposal for life insurance along with (₹) _____ from Mr/Ms _____ towards proposal deposit by the way of Cheque/DD No. _____ drawn on _____ dated _____ with Canara HSBC Life Insurance Company Limited, _____ branch.

This slip is not your premium receipt. The premium receipt will be issued only on receipt of premium by the Insurer and upon application of the premium to your policy subject to acceptance of risk. Receipt of completed proposal and initial premium does not create any obligation upon the insurer to underwrite the risk. Risk under the policy will not commence till the Insurer accepts the proposal, underwrite the risk and communicates to you the acceptance of the risk on this proposal by issuing the policy.

BR Name _____

BR Code _____

Date / /

Signature of Branch Official


Canara HSBC Life Insurance Company Limited

(formerly known as Canara HSBC Oriental Bank of Commerce Life Insurance Company Limited) **IRDAI Regn. No. 136**

Corporate Office Address: 139 P, Sector 44, Gurugram – 122003, Haryana, India

Registered Office Address: Unit No. 208, 2nd Floor, Kanchenjunga Building, 18 Barakhamba Road, New Delhi - 110001

Corporate Identity No: U66010DL2007PLC248825

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