Policy Number:

BAJAJ LIFE
LIFE GOALS. DONE.

Immediate Annuity Application Form

Instructions For Filling Up The Form

1. Please answer all questions. 2. Please tick the box☐where appropriate. 3. Please strike out parts which are not applicable and write 'N.A.'. 4. Stroke of the pen, dots and dashes will not be accepted as replies. 5. This form is to be filled by the proposer himself/herself in BLOCK LETTERS in black or blue ink. 6. The proposer must sign any cancellation or alteration. 7. Insurance is a contract of utmost good faith, which requires the Insurer, proposer and life to be insured to disclose all material facts. In case of any doubt as to whether a fact is material or not, the fact should be disclosed. As the statements in this proposal constitute warranties, complete and accurate information must be given. 8. The proposer must sign on each page. 9. KYC documents of Policy Holder and witness will be required.

Please remember to collect an Acknowledgement Letter on submission of this form

a) Policy Number: _____ Date: _____

b) Life Assured's Name: _____

c) Policy Holder's Name: _____

d) Mobile: _____ e) Alternate No: _____ f) Email: _____

g) PAN No - _____ h) Aadhaar No - _____

To,
Bajaj Life Insurance Limited
Sub: Annuity Application Form for Policy Number: _____
I intend and agree to invest my fund value (maturity value) under the above mentioned policy as on maturity date in "Immediate Annuity".
Immediate Annuity from Bajaj Life Insurance Limited: Yes / No
If "No", please specify name of other insurer: _____
Please fill the amount to be invested in Annuity: _____ % (in percentage) (Minimum 67% & Maximum 100%)
Please tick Annuity Pay Frequency
(Subject to minimum Annuity installment of ₹1,000): Monthly / Quarterly / Half-Yearly / Yearly

Please fill the below details and KYC of Joint Annuitant for Joint Life option

Option	Description	Tick only one option
A	Life Annuity	
B	Life Annuity with Return Purchase Price	
C	Annuity Guaranteed for 5yrs,10yrs,15yrs and 20yrs and life thereafter	
D	Joint Life last survivor with 50% of annuity to spouse	
E	Joint Life last survivor with return of purchase price on death of last survivor (100% of annuity to spouse)	
F	Joint Life last survivor with 100% of annuity to spouse	

LIFE GOALS. DONE.

Name of Joint Annuitant_____, Relation _____, DOB_____
My future payments towards the aforesaid annuity plan are to be credited in below mentioned bank account:
Bank Name:_____ Branch Name: _____
IFSC Code:_____ A/C Number:_____
Supporting Documents
Cancelled Cheque/Printed Bank Statement

Date : _____

Signature of Claimant / Policy Holder

Name of Witness: _____

Date : _____

Signature of Witness

Experience a Virtual Branch at the comfort of your home. Login to www.bajajlifeinsurance.com for accessing Bajaj Life Insurance App, our customer portal to address all your policy servicing needs.
Assuring you of our best services for all your life goal needs.

Bajaj Life Insurance Limited (Formerly known as Bajaj Allianz Life Insurance Company Limited)
Regd. Office Address: Bajaj Insurance House, Airport Road, Yerawada, Pune – 411006, IRDAI Reg.No.: 116 | CIN: U66010PN2001PLC015959 | Mail us: customercare@bajajlife.com | Call on: Customer Care Number: 020 6712 1212 | Visit: www.bajajlifeinsurance.com | The Logo of Bajaj Life Insurance Limited is provided on the basis of license given by Bajaj Finserv Ltd. to use its "Bajaj" Logo.