



Unique Reference Number: V1.4/062025

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.), Type of Insurance, Relationship with Bank, Staff

Please affix recent Passport size photograph of Proposer and Sign across the photograph
DO NOT STAPLE THE PHOTOGRAPH

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.
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
B. Open Market Option (Any other Life Insurance Company Pension Policy has vested)
C. New Proposal

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

1. Title, 2. Full Name, 3. Is the Annuitant our existing policyholder/applicant, 4. Title, 5. Father's Name, 6. Title, 7. Mother's Name, 8. a) Date of Birth, b) Place of Birth, c) Country of birth, d) Gender, e) Age Proof, f) Marital Status

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- 24. Are there any risks associated with the Annuitants occupation? e.g. Working with Boiler, Explosives, Chemicals, etc.
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?
26. If the proposer is a Legal Entity, please answer the below questions. (Please state "NA" if it is not applicable)
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?
d. Doyou need a physical copy of the policy document?

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. Father's Name First Name Middle Name Last Name
7. a) Date of Birth b) Place of Birth c) Country of birth d) Gender e) Age Proof f) Marital Status
8. Is Annuitant [ ] Resident Indian [ ] NRI (Non Resident Indian) [ ] PIO (Person of Indian Origin) [ ] Foreign National [ ] Other (specify)
9. a) Country of current Residence b) Citizenship c) Nationality d) Tax Residency Country e) Tax Identification Number
10. Do you have any address or residence in Japan?
11. Proof of Identity [ ] Passport [ ] Voter ID [ ] Driving License [ ] NREGA Card [ ] Others

Please affix recent Passport size photograph of Secondary Annuitant and Sign across the photograph
DO NOT STAPLE THE PHOTOGRAPH

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Passport/Voter ID/NREGA Card /Driving License/Others Number [grid]

Passport/Driving License/ Others Expiry Date [grid]

12. Communication Address [checkbox] Current Address [checkbox] Permanent Address [checkbox] Office Address

13. Current Residential Address [grid] Telephone/Mobile Number wherever available Pin Code is mandatory

Area/Taluka/Tehsil [grid]

City/District [grid] State [grid]

Country [grid] Pin Code [grid]

[phone icon] Office Ph [grid] [mobile icon] Mobile [grid]

[email icon] Email [grid]

Preferred mode of communication (please tick one) [checkbox] Email [checkbox] Letter

14. Permanent Residential Address [grid]

Area/Taluka/Tehsil [grid]

City/District [grid] State [grid]

Country [grid] Pin Code [grid]

[phone icon] Residence Ph with STD Code [grid] [mobile icon] Mobile ISD Code [grid]

15. Proof of Address Submitted [checkbox] Current Residential Address [checkbox] Permanent Residential Address

16. Address Proof [checkbox] Passport [checkbox] Driving License [checkbox] Voters Identity Card [checkbox] NREGA Card [checkbox] Bank account or Post Office savings bank account statement [checkbox] Others [grid] (please specify)

17. Name of Organisation/Business/Educational Institution [grid]

18. Occupation [checkbox] Salaried [checkbox] Retired [checkbox] Housewife [checkbox] Student [checkbox] Business Owner [checkbox] Other (specify) [grid]

19. Exact nature of occupation/duties [grid]

Area/Taluka/Tehsil [grid]

City/District [grid] State [grid]

Country [grid] Pin Code [grid]

[phone icon] Office Ph [grid] [mobile icon] Mobile [grid]

21. Relationship with the Annuitant / Primary Annuitant [checkbox] Spouse [checkbox] Son [checkbox] Daughter [checkbox] Father [checkbox] Mother [checkbox] Other [grid]

\*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)? [checkbox] Yes [checkbox] 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 [grid]

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? [checkbox] Yes [checkbox] 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 [grid]

24. CKYC number (If available) [grid]

25. a. e- Insurance Account Number (eIA) [grid] b. Name of the Insurance Repository to which eIA is linked [grid]

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

If yes, please name the preferred Insurance Repository [grid]

d. Do you need a physical copy of the policy document? [checkbox] Yes [checkbox] No



**Product Details**

- Plan Name
- 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
- Applicable for Smart Guaranteed Pension  
 Premium Payment Term   
 Premium Payment Frequency  Annual  Semi-Annual  Quarterly  Monthly
- Annuity Option (Please tick Annuity option of your choice)

**Pension4life Plan**

- Immediate Life Annuity
- Immediate Life Annuity with Return of Purchase Price
- Immediate Life Annuity with Return of Balance Purchase Price
- Immediate Life Annuity with Return of Purchase Price on Critical Illness (CI) or Accidental Total & Permanent Disability (ATPD) or Death
- Immediate Joint Life Annuity with Return of Purchase Price
- Deferred Life Annuity with Return of Purchase Price
- NPS- Family Income (for NPS subscribers only)
  - NPS- Family Income (with Spouse)       NPS- Family Income (without Spouse)

**Saral Pension**

- Life Annuity with Return of 100% of Purchase Price
- Joint Life Last Survivor Annuity with Return of 100% of Purchase Price on death of the Last Survivor

**Smart Guaranteed Pension**

- Single Life Annuity with Return of Premiums
- Single Life Annuity with Return of Premiums on Critical Illness or Accidental Total & Permanent Disability or Death
- Single Life Annuity
- 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.

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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 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 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 Proposer/ Nominee/ Beneficiary Name First Name Middle Name Last Name
3. a) Date of Birth b) Gender Male Female Transgender
4. Relationship with the Annuitant / Primary Annuitant
5. Communication Address Current Address Permanent Address

Telephone/Mobile Number wherever available Pin Code is mandatory

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6. Current Residential Address
Area/Taluka/Tehsil
City/District
Country
Residence Ph with STD Code
Mobile ISD Code
7. Permanent Residential Address
Area/Taluka/Tehsil
City/District
Country
Residence Ph with STD Code
Mobile ISD Code

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

8. Proof of Address Submitted
9. Address Proof
10. Nominee Bank Details
Bank Name
Account No.
IFSC Code

(PLEASE ANSWER Q.11 – Q.29 IF THE ANNUITANT IS DIFFERENT FROM THE PROPOSER)

11. Marital Status
12. Title
13. Father's Name
14. Title
15. Mother's Name
16. Is Proposer
17. a) Country of Residence
b) Country of birth
c) Citizenship
d) Nationality
e) Tax Residency Country
f) Tax Identification Number
18. Do you have any address or residence in Japan?
19. Proof of Identity
20. Name of Organisation/Business/Educational Institution
21. Occupation
22. Exact nature of occupation/duties
23. Office Address

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- 24. a) Annual Income (₹) ... b) PAN No.
25. Are you a Politically Exposed Person (PEP)?
26. Does your nature of work involves any association with Money services businesses\*/State run lotteries/casinos/gaming activity/gambling/horse jockey/jockey club
27. If the proposer is a Legal Entity, please answer the below questions.
28. CKYC number (If available)
29. a. e- Insurance Account Number (eIA) ... b. Name of the Insurance Repository to which eIA is linked ...

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 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 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 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 Mobile Email

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**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).

For KYC purposes, I hereby consent or authorize the Company (i) to receive/download the KYC details, information and documents from CERSAI; and/or (ii) share my KYC details, information and documents with CERSAI.

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 of Birth

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 of Birth

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. 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)**
- ii. 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 of Birth

Place

Signature/Thumb Impression of **Proposer**

Date of Birth

Place



**Declaration and authorization of Proposer on Bima Applications Supported by Blocked Amount (Bima – ASBA)**

As per the IRDAI’s directions, I hereby provide my express consent and authorize Canara HSBC Life Insurance to block an amount as quoted in this proposal form (including applicable taxes), for the purpose of premium payment towards insurance. I agree and understand that this mandate shall be valid for a period of (i) 14 days from the date of premium block mandate or (ii) date of acceptance of this proposal, whichever is earlier and that the blocked amount will be utilized towards premium payment upon proposal acceptance. I further authorize Canara HSBC Life Insurance to share information with the relevant entities for the purpose of blocking/releasing the premium amount.

**Impression, Left Thumb Impression (LTI) for Males, and Right Thumb Impression (RTI) for Females**

Date of Birth / /

Place

The above mandate is as per guidelines specified by NPCI from time to time and is applicable to individual proposers only

**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 Declarant**

**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.

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**Proposal Acknowledgement**

**Proposal Number: 1100000001**

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 of Birth   /   /

**Signature of Branch Official**

**Canara HSBC Life Insurance Company Limited**

**IRDAI Regn. No. 136**

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

**Registered Office Address:** 8<sup>th</sup> Floor, Unit No. 808 - 814, Ambadeep Building, Plot No.14,  
Kasturba Gandhi Marg, New Delhi - 110001

**Corporate Identity No:** U66010DL2007PLC248825

 Call us at 1800-103-0003/1800-891-0003

 E-mail us at [customerservice@canarahsbclife.in](mailto:customerservice@canarahsbclife.in)

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 SMS at 7039004411

 Visit our website at [www.canarahsbclife.com](http://www.canarahsbclife.com)