Annuity Options – Request for information

IndiaFirstLife

Policy Holder Name: _____

Policy No.: _____ **Mobile No.** _____

☐ **Life Annuity** ☐ **Life Annuity with return of 100% of purchase price**

☐ **Annuity Certain for a period of** ☐ 5 years ☐ 10 years ☐ 15 years ☐ and life thereafter

☐ **Deferred Life Annuity where deferment period if 5 to 10 years**

☐ **Deferred Life Annuity with Return of Purchase Price where deferment period if 5 to 10 years**

Deferment period ☐ 5 years ☐ 6 years ☐ 7 years ☐ 8 years ☐ 9 years ☐ 10 years

☐ **Life Annuity with Return of Purchase Price on diagnosis of Critical Illness**

☐ **Life Annuity with Return of Purchase Price in parts** ☐ **Escalating Life Annuity** ☐ **Escalating Life Annuity with Return of Purchase price**

☐ **Joint Life last survivor Annuity for Life** ☐ **Joint Life Last survivor Annuity for Life with Return of 100% of purchase price**

Details of Second Annuitant (If Joint Life is chosen)

Full Name (Leave a blank space between First and Last Name)

Dr. /Mr. /Mrs. /Ms. /Mx. _____

DOB: _____ **Gender:** Male/Female/Transgender **Relationship with First Annuitant:** _____

Annuity Value: ☐ Up to 60% as cash lumpsum and rest as Annuity _____ 100% of Vesting Amount as Annuity

Annuity Frequency: ☐ Yearly ☐ Six-Monthly ☐ Quarterly ☐ Monthly

* The Policyholder will have to select the proportion of vesting amount to be received as a lump sum and the balance in the form of an Annuity Options as described above. In-case your fail to select the Annuity proportion at the time of vesting, 100% of the vesting amount will be annuitized

Premium Frequency: ☐ Single ☐ Yearly ☐ Six-Monthly ☐ Monthly ☐ *Monthly (Only ECS/Direct Debit)

We request you to keep your contact and bank details updated so that you never miss important communications.

Connect with us on

Say "Hi" on Whatsapp
022-62749898

Website
www.indiafirstlife.com

Email
customer.first@indiafirstlife.com

Toll Free Number
1800-209-8700
Mon to Sat: 9am to 7pm