

## MATURITY INTIMATION FORM - INDIAFIRST GUARANTEED RETIREMENT PLAN (UIN: 143N026V01)

Claim Department  
 IndiaFirst Life Insurance Company Ltd.  
 301,'B' Wing, TRIL IT - 4, Infinity Park,  
 Dindoshi - Film City Road,  
 Malad (East), Mumbai - 400 097

- This form is to be filled in by the person legally entitled for the policy Annuity Benefits.
- Kindly submit the form at nearest IndiaFirst Life Insurance company branch office or at the above mentioned address.
- Kindly write in Capital Letters.
- This intimation form is applicable only for IndiaFirst Guaranteed Retirement Plan

Policy No.

### Documents to be submitted along with this form

1. Original Policy Document (s)
2. Self attested copy of Pan Card of Policy Holder
3. If there is a change in mailing address- kindly attach Self attested address proof-
4. Cancelled cheque bearing printed account number and Policyholder name or Self attested copy of Bank Passbook
5. NRI Declaration(for NRI).
6. Nominee KYC Document in case of nominee is different from the existing policy.

### POLICY DETAILS

Policyholder. Mr/Miss/Mrs.

Nationality Indian  NRI

Do you have a PAN CARD Yes  No  PAN no:

Complete Address

State:  Pin Code

Mobile No.  Residence No. Office No.

Email Id:

### BENEFIT PAYOUT OPTION AT MATURITY/VESTING DATE (select any one)

- Commute (33% of the proceeds) & purchase annuity from IndiaFirst Life Insurance Co. Ltd from the balance amount  
 OR
- Purchase annuity from 100% of the vesting amount from IndiaFirst Life Insurance Co. Ltd.  
 OR
- Utilise entire proceeds to purchase a single premium deferred pension plan from IndiaFirst Life Insurance Co. Ltd.  
 OR
- To extend the accumulation period/deferment period within the same policy with same terms and conditions as the original policy provided the policyholder is below age 55 years, subject to underwriting if there is a sum at risk on death.

**Please Note in case none of the above option is selected, 100% of vesting amount will be annuitized.**

### ANNUITY OPTIONS (select any one)

- Life Annuity  Life Annuity with Return of Purchase Price  Joint Life Last Survivor Annuity
- Annuity Certain for a Period as mentioned below and Life thereafter  
 5 Years  10 Years  15 Years

### ANNUITY FREQUENCY (select any one)

- Yearly  Half Yearly  Quarterly  Monthly

**-Please note Annuity plan will be issued subject to annuity amount being minimum Rs. 1000/- monthly or Rs. 12500/- in case of annual.**  
**-Please note in case annuity option and frequency is not selected, options opted at the time of inception in the application form will be considered.**

### BANK ACCOUNT DETAILS OF POLICY HOLDER - Mandatory

Name of Account Holder

IFSC Code  Account Number

MICR Code  Bank Name

Branch Name  Type of Account : Saving  Current  Other

### JOINT LIFE DETAILS (Applicable only in case Joint Life Last Survivor Annuity option is selected)

NAME: Mr/Miss/Mrs  RELATIONSHIP WITH POLICYHOLDER

DOB:  GENDER:  Marital Status:  Unmarried  Married  Widow(er)  Divorced

Complete Address

State:  Pin Code

Mobile No.  Residence No. Office No.

Email Id:

**BANK ACCOUNT DETAILS OF JOINT LIFE** (Applicable only in case of Joint Life Last Survivor Annuity option is selected)

Name of Account Holder

IFSC Code  Account Number

MICR Code  Bank Name

Branch Name  Type of Account : Saving  Current  Other

**NOMINEE DETAILS INCASE DIFFERENT FROM EXISITING NOMINEE IN THE POLICY**

NOMINEE NAME:  RELATIONSHIP WITH POLICYHOLDER :

DOB:  GENDER :

Complete Address

State:  Pin Code

Mobile No.  Residence No. Office No.

Email Id:

**PLEASE NOTE**

1. Annuity amount as payable will be credited to the bank account number mentioned above.
2. New annuity plan will be issued based on the information available in the existing plan.

**DECLARATION BY THE POLICYHOLDER**

The maturity pay-outs against insurance policy are subject to TDS as per Section 194DA of Income Tax Act, for Non-Compliant Life Plans, TDS @ 1% where valid PAN is available or 20% in case of non-availability or invalid PAN No. (Applicable to Indian Resident) I hereby declare that the maturity pay-outs against insurance policy for Non-Compliant Life Plans are subject to TDS @31.20% as per Section 195 of Income Tax Act based on the information provided in NRI declaration form. (Applicable to NRI).

I authorize IndiaFirst Life Insurance Co. Ltd to contact me which overrides National Do Not Call Registration, if any.

I agree to receive the Maturity/Annuity/Vesting benefit payable under the terms and conditions of the Policy, after deduction of applicable charges (if any)

I, the above named Policyholder do hereby confirm that the above said information including Bank details are true and correct and I shall not hold Company responsible in any manner for any transaction effected by the Company due to incorrect bank account number or other details as provided by me.

I also agree to receive the entire vesting amount as a payout in a scenario where the annuity amount payable doesn't meet the minimum annuity criteria and I am aware of the tax implications therein.

I hereby declare that I agree to all the aforementioned conditions.

Signature of the Policyholder:

Place :

Date:

**DECLARATION FOR SIGNING IN VERNACULAR OR FOR UNEDUCATED PERSONS**

1. Vernacular Declaration by the person filling in the form ( In case form is filled up/signed in a language different from that of the Proposal Form) " I hereby declare that I have fully explained the above questions to the policyholder and I have truthfully recorded the answers given by the policyholder."

Name of the Declarant : \_\_\_\_\_ Relation with Policyholder : \_\_\_\_\_

Signature: \_\_\_\_\_

Address of the Declarant \_\_\_\_\_

" I certify that the contents of the form and documents have been fully explained to me by ( Name, Relations and occupation) Mr/Mrs : \_\_\_\_\_  
And I have understood the significance of the proposed contract."

\_\_\_\_\_  
Signature or thumb impression of the Policyholder

2. In case the Policyholder is illiterate, his thumb impression should be attested by a person of standing whose identity can easily be established, but unconnected with the insurer and this declaration should be made by him." I hereby declare that I have fully explained the above questions and the contents to the Policyholder in language, and that the Policyholder has affixed the thumb impression above after fully understanding the contents thereof."

Name of the Declarant : \_\_\_\_\_ Relation with Policyholder : \_\_\_\_\_

Signature: \_\_\_\_\_

Address of the Declarant \_\_\_\_\_

**IndiaFirst Life Insurance Company Ltd.,**  
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