



## Auto-Vesting Form



PSA000101

12. a) Country of Residence					
b) Country of birth			c) City of Birth		
d) Citizenship			e) Nationality		
f) Tax Residency Country					
g) Tax Identification Number					

(TIN number mandatory for other than Indian)

13. a) Occupation	<input type="checkbox"/>	Salaried	<input type="checkbox"/>	Retired	<input type="checkbox"/>	Housewife	<input type="checkbox"/>	Student	<input type="checkbox"/>	Business Owner	<input type="checkbox"/>	Other (specify) _____
b) Exact nature of occupation/duties												
c) Organization/Employer Name												
d) Nature of industry of the Employer/Organization												
e) Office Address – Country												
f) Office Address - City												

14. 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 \_\_\_\_\_

15. Does your nature of work involve any association with Money services businesses\*/State run lotteries/Casinos/Gaming activity/Gambling/Horse jockey/Jockey club Not for profit organization/Trusts/Charities/Non Government Organizations/ Organizations involved in promoting social, religious, humanitarian cause/real estate /Jewelry/Precious or semi Precious stones 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 \_\_\_\_\_

16. a. e- Insurance Account Number (eIA) \_\_\_\_\_

b. Name of the Insurance Repository to which eIA is linked.  CAMS  CDSL  KARVY  NSDL

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  CAMS  CDSL  KARVY  NSDL

### Details of Nominee:

Title	Name of Nominee	Date of Birth	Relationship to Life to be Assured	Gender	Contact Number

If any of the nominee is Minor (age below 18 years), then:

Title	Name of Nominee	Date of Birth	Relationship to Life to be Assured	Gender	Contact Number

### Bank details of new Policyholder for receiving refund or payments

I hereby request you to transfer all refunds / payments arising from the stage of proposal until the completion of tenure of the policy, directly to the bank account, details of which are provided herein below.

Note - Please submit relevant supporting documents along with the below details

Name of the account Holder					
First Name					
Middle name					
Last name					
Bank Name					
Account No.					
IFSC Code					
Branch Address					
Account Type	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> NRE	<input type="checkbox"/> NRO	

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### Preference for Renewal Premium Payment

Cheque/Demand Draft  Standing Instructions/NACH  Credit Card  Others \_\_\_\_\_

### Declaration by the new Policyholder

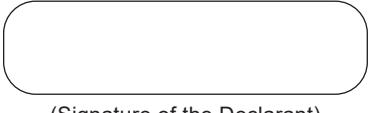
- I, \_\_\_\_\_ daughter/son of \_\_\_\_\_ am the Life Assured under the Application/Policy bearing number \_\_\_\_\_. I understand that as per the automatic vesting feature in the Policy, I shall be recognized as the Policyholder with effect from \_\_\_\_\_.  

- I have provided my specimen signatures, the same may be updated against the above mentioned Insurance Policy.
- I/We authorize the Company to seek/ store or/and to share my KYC details from/ with (i) Governmental and/or Regulatory Authority, (ii) Insurance Repositories (iii) CERSAI/UIDAI (iv) reinsurers/group companies/hospital or diagnostic centers/other insurance companies or third parties for underwriting assessment, claim investigation/ settlement, KYC authentication, policy servicing purpose and such like purposes.
- I declare that the premiums paid/ payable are/will be not generated from the proceeds of any illegal means/criminal activities / offences and I shall abide by and conform to the Prevention of Money Laundering Act, 2002 or any other applicable laws. I agree and declare that I will notify the Company of any change in the occupation, residential/ financial position, status of other life insurance policy, general health of the Life to be Assured or in any of the statements made in the proposal form subsequent to submission of this proposal to the Company but before the commencement of risk or issuance of policy whichever is earlier. I confirm that all information / documents sent by me either by post or through email ID mentioned in this form or uploaded through the "Company" website shall be taken as valid documents

(Signature of the New Policyholder)

### Declaration, if this form is signed in Vernacular/Thumb Impression:

I \_\_\_\_\_ Son/Daughter of \_\_\_\_\_, adult and residing at \_\_\_\_\_ do hereby declare on solemn affirmation that I have read out and fully explained the contents of the form in \_\_\_\_\_ language to the applicant and he/she has understood the significance thereof. I have truthfully and correctly recorded



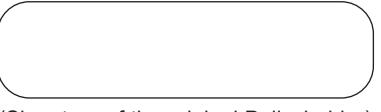
the replies given by him/her and that the applicant has affixed the signature/thumb impression above, after fully understanding the contents thereof.

I \_\_\_\_\_ (New Policyholder) hereby declare that I have understood the questions and answers of the form as explained by Declarant.



Declaration to be signed by original Policyholder  
(To be signed in cases where Original Policyholder is to remain the Payor under the Policy)

I declare that I am the original Policyholder under the Policy number mentioned above and that there is no change in the details already provided to the Company. Also, I shall continue to pay the future premium under the policy as new policyholder is unable to pay the same, for the reason \_\_\_\_\_.  
(Note: In cases where there is a change in details of the Original policyholder, who wishes to continue as pay or OR Payor is different from original policyholder than a separate Payor questionnaire is to be filed)



(Signature of the original Policyholder)

**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

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 SMS at 7039004411

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