



PSA000101

Auto-Vesting Form



LIFE INSURANCE

Policy/Application Number

Date

For Office Use Only

Received By _____

(Please mention above Employee ☐ Bank Staff ☐ Name & Designation)

Date & Time of Receipt/ _____

Date & Time of Dispatch of Request _____

Photograph of
the new Policyholder

Details of the new Policyholder (i.e. Life Assured under the Policy) after auto vesting of the Policy

(Please fill only those fields where there is a change from existing details of the Life Assured)

1. Full Name First Name
 Middle Name
 Last Name

2. a) Date of Birth / / b) Gender ☐ Male ☐ Female

3. Communication Address ☐ Current Residential Address ☐ Permanent Residential Address

4. Current Residential Address
 Area/Taluka/Tehsil City/District
 State Country
 Pin Code

5. Permanent Residential Address
 Area/Taluka/Tehsil City/District
 State Country
 Pin Code

6. Contact details
 Mobile with ISD Code
 Alternate Mobile with ISD Code
 Residence Ph with STD Code
 Email

7. CKYC number (If available)

8. PAN No.

(In case PAN is not submitted, FORM 60 to be furnished then copy of any one of the following documents to be submitted)

☐ Passport ☐ Driving License ☐ Voter ID Card ☐ NREGA Job card ☐ Letter issued by national population register

9. Father's Name First Name
 Middle name
 Last name

10. Mother's Name First Name
 Middle name
 Last name

11. Is Proposer ☐ Resident Indian ☐ NRI (Non Resident Indian) ☐ PIO (Person of Indian Origin) ☐ Foreign National

☐ Other (specify) _____

(Please fill NRI/PIO/Foreign National Questionnaire if applicable. In case of NRI/PIO/Foreign National, all correspondence and communication shall be sent to the address provided for such purpose in the NRI/PIO/Foreign National Questionnaire)

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 ☐ Salaried ☐ Retired ☐ Housewife ☐ Student ☐ Business Owner ☐ 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 ☐ Savings ☐ Current ☐ NRE ☐ NRO

Auto-Vesting Form



PSA000101

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

(Signature of the Declarant)

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.

(Signature of the New Policyholder)

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: 8th 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

✉ SMS at 7039004411

👉 Visit our website at www.canarahsbclife.com