



PSA000101

**POLICY BENEFIT
DISCHARGE FORM**

LIFE INSURANCE

Policy/Application Number

Date

For Office Use OnlyReceived By

Signature

(Please mention above Employee ☐ Bank Staff ☐ Name & Designation)Date & Time of Receipt/ Date & Time of Dispatch of Request Received
Stamp

Please update your latest Bank Account details with us.

Change in Contact Details① Mobile* ☎ Residence Ph. Please tick this box, if you want us to contact you on the above mentioned contact number for future communication purpose. ☐✉ Email CKYC No.

* Details are mandatory to be filled.

Request for Vesting Benefit

I, the Policyholder would like to avail the below mentioned option to receive the Vesting Benefit (Please tick ✓ any one of the option below)

☐ Option 1: Utilise the entire payout benefit to purchase annuity product offered by Canara HSBC Life Insurance Company Limited.Annuity Provider Company Name ☐ Option 2: Utilise the payout benefit to purchase annuity product offered by "Canara HSBC Life Insurance Company Limited" and from other insurer to the extent of max 50% of total payout value and remaining with Canara HSBC Life Insurance Company Limited of the entire proceeds.Annuity Provider Company Name Percentage (%) of other insurer (Note:- Percentage (%) should not be more than 50% of payout value)☐ Option 3: Receive the payout benefit as a lumpsum payment (Max up to 60% of the total benefit payout) and utilise the remaining amount to purchase annuity product from "Canara HSBC Life Insurance Company Limited".Percentage (%) of payout to be received as Lumpsum payment (Note:- % should not be more than 60% of payout value)☐ Option 4: Receive up to a maximum of 60% of the payout benefit as a lumpsum payment and utilise the remaining amount to purchase annuity product basis below optionsPercentage (%) of payout to be received as Lumpsum payment (Note:- % should not be more than 60% of payout value)

40% of payout benefit after taking lumpsum can be utilised to purchase Annuity from Canara HSBC Insurance Company Limited.

Purchase annuity from other insurer can be exercised up to the extent of 50% (of the remaining 40% after taking lumpsum payout) and remaining 50% with Canara HSBC Life Insurance Company Limited

Annuity Provider company Name Percentage (%) of amount to be utilised to buy Annuity

Note - The minimum Annuity amount which can be purchased from Canara HSBC Life Insurance Company is XXXXXXXXXXXX

Please note that you have an option to make revision in the selected annuity option or annuity provider by providing the revised details at least 90 days prior to the vesting date of the policy.



PSA000101

I would like to opt for payout through Electronic Mode (applicable for payment to the Policyholder)

I hereby request you to transfer the payment towards _____ directly to the following bank account as per the details furnished below and supported by the relevant document submitted along this form.

Bank Account Holder Name:

Bank Name:

Bank Branch Address:

Bank Account Type: Savings ☐ Current ☐

(Is the selected account NRE : Yes ☐ No ☐

In case of NRE account, it is mandatory that Source of Premium is obtained from customer for each premium paid towards the policy, either if customer wants his entire money to be credited into NRE account or if money has to be split between NRE & NRO accounts.)

Bank Account Number:

MICR Code:

(9 digit number available on your cheque book. Correct code to be provided if the 9 digit number available on the copy of cancelled cheque starts with '000')

IFSC Code:

(11 digit number available on your cheque book; attestation by the Bank in case if this is not printed on the cancelled cheque)

PAN Card Number:

***As per the new section 194DA, introduced in the Finance Bill 2014; PAN Card details are required for tax deductions for the transactions not exempted under section 10 (10D) of the Act. If the PAN details are not provided it will attract tax deductions at a much higher rate of 20%.**

Resident Status¹ Resident ☐ Non-Resident ☐

Country of Residence:

(Mandatory to provide for Non-resident status & depending on the Country of Residence, further document may be raised/required)

List of supporting documents submitted along with this form (tick ☒ as applicable)

A copy of 'Cancelled' cheque ☐ Self attested copy of passbook ☐
(Account number and account holder name should be 'printed') (Account number and account holder name should be 'printed' on the passbook)

☐

OR

Self-attested copy of Bank Statement and Transfer of fund letter ☐ (Mandatory)

(Mandatory in case of NRE payment; statement reflecting transactions of the premium paid from NRE account)

- I hereby declare that the Bank account particulars furnished are true, correct and complete in all aspects.
- I understand and agree that the submission of this form does not mean that the request will be acceded.
- If the transaction is delayed or not effected at all for any reasons due to incomplete or incorrect information, I shall not hold the Company responsible in any manner whatsoever.
- I understand and agree that, under the circumstances where in the electronic payment is not possible, the Company reserves the right to use any alternative payout option as per applicable laws.
- 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.

Signature of Policyholder/Assignee:

I fully understand the meaning and scope of this Policy Servicing request and I am submitting the completed form of my own volition.

Name of Policy holder/Assignee: _____

Date :

Signature/Thumb Impression of Policy Holder

POLICY BENEFIT DISCHARGE FORM



PSA000101

Vernacular Declaration (to be filled if this form is signed in Vernacular/affixed thumb Impression)

Applicable when the Proposer is illiterate or suffering from disability due to which writing is restricted or the proposer has signed in vernacular language. If this declaration is applicable and if not fulfilled, we shall be constrained to reject this request form. Note: Must be declared by someone other than the bank's staff or representative of the company.

I hereby declare that I have explained the contents of this form to the Policyholder Mr/Mrs/Ms _____
in _____ language and that the Policyholder has affixed the thumb impression(s)/signed in language other than English in my presence after fully understanding the contents thereof.

Date : _____ Place : _____ Name of Declarant _____ Signature of Declarant _____

- An individual is a resident, if he satisfies any of the two conditions below:-
 - He is in India in the relevant financial year for 182 days or more; OR
 - He is in India for 60 days or more in the relevant financial year AND 365 days or more during four years immediately proceeding relevant financial year

Instruction & Disclaimer:

- Product specific requests/funds will be allowed, only if it is applicable under the respective terms & conditions of the Policy. Please refer to the terms and conditions of the Policy for details. The formats for additional documentation can be downloaded from our website.
- I understand and agree that the submission of this form does not mean that the request will be acceded.
- Processing of the requests will be initiated on receipt of this form at any of our Company's Offices. In case of Unit Linked Policies, for the requests impacting the funds of the Policy, if application is received before 3:00 pm on a business day, NAV of same day will be applicable. If received after 3:00 pm, next business day NAV will be applicable.
- Register now on our website to avail the benefits of various options for on-line servicing of your Policy.
- The original form will be submitted back to the customer incase request taken through Distributor App.
- Kindly fill the form in English.
- In the event of any disagreement in interpreting the language English version will prevail

The SFIN (Segregated Fund Index Number) for: Equity Fund is ULIF00116/06/08EQUITYFUND136, Equity II Fund is ULIF00607/01/10EQUITYIIFND136, Growth Fund is ULIF00216/06/08GROWTHFUND136, Growth II Fund is ULIF00707/01/10GROWTHIIFND136, Growth Plus Fund is ULIF00913/09/10GROWTHPLFND136, Balanced Fund is ULIF00316/06/08BLNCEDFUND136, Balanced II Fund is ULIF00807/01/10BLNCIDIIFND136, Balanced Plus Fund is ULIF01013/09/10BLNCIDPLFND136, Debt Fund is ULIF00409/07/08INDEBTFUND136, Debt Plus Fund is ULIF01115/09/10DEBTPLFUND136, Liquid Fund is ULIF00514/07/08LIQUIDFUND136, NAV Guarantee Fund series 1 is ULIF01215/04/11NAVGFUND136 PLFUND136, Liquid Fund is ULIF00514/07/08LIQUIDFUND136, NAV Guarantee Fund series 1 is ULIF01215/04/11NAVGFUND136, India Multi-Cap Equity Fund is ULIF01816/08/16IMCAPEQFND136, Pension Growth Fund is ULIF01405/11/15PENS-GROFND136, Emerging Leaders Equity Fund is ULIF02020/12/17EMLEDEQFND136.

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