



Policy/Application Number

Date / /

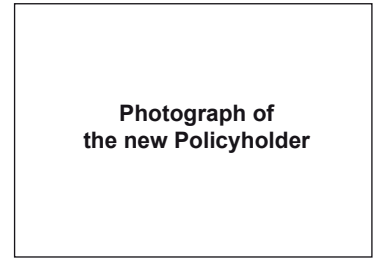
**For Office Use Only**

Received By \_\_\_\_\_

(Please mention above Employee  Bank Staff  Name & Designation)

Date & Time of Receipt/ \_\_\_\_\_

Date & Time of Dispatch of Request \_\_\_\_\_



**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



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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)