

A graphic overlay in the bottom left corner. It features a dark blue banner with "Bandhan Life" in white, a red speech bubble containing the text "Saral PENSION" in white, and decorative white starburst symbols. The graphic is set against a white circular background.

Bandhan Life

Saral
PENSION

A Non-Linked Non-Participating Individual Single Premium Immediate Annuity Plan | UIN:138N078V01

Bandhan Life Saral Pension (UIN: 138N078V01)

A Non-Linked Non-Participating Individual
Single Premium Immediate Annuity Plan

Please affix recent photograph of the Annuitant/ Primary Annuitant and signature across

Please affix recent photograph of the Secondary Annuitant (if Joint life option is opted) and signature across

TO BE FILLED BY THE SALES REPRESENTATIVE

Sourcing Channel:

- Corporate Agent
 Broker
 IMF
 Web Aggregator
 Other (Give Details): << >>

Details of Life Advisor/ Relationship Manager/ Specified Person

Code: << >>

Quote Number

Contact Number: << >>

<< >>

INSTRUCTIONS FOR COMPLETING THIS PROPOSAL FORM

1. This form is to be completed in BLOCK LETTERS by the Policyholder.
2. All material facts to be disclosed to the Insurance Company. In case of any doubt as to whether a fact is material or not, the fact should be disclosed.
3. If the Policyholder signs this proposal in vernacular or puts their thumb impression upon it, then the respective declaration must be completed.
4. Answers should be legible. Questions should be answered in 'Yes' or 'No'. (Strokes / Dots / Dashes / leaving the questions unanswered will not be accepted). Details need to be provided in case of affirmative answers.
5. The Policyholder must countersign any cancellation or alterations made in this form. White ink must not be used.
6. The Policyholder is advised to use the facility of nomination, available in the form.

e-Insurance Account (eIA) Details (to be filled by the policyholder)

1. If you have an eIA, please provide the following details:
 - a. Name of the Insurance Repository: << ----- >>
 - b. eIA number:
 - c. Name as appearing in eIA: << ----- >>

<< Ayushman Bharat Health Account (ABHA) Details

<< Do you have the ABHA number? >> << Yes/No >>

<< If yes, please provide the ABHA Number >> << _____ >>

<< I/We hereby authorize and give my/our consent to Company to collect my/our personal and information/data available in my/our Ayushman Bharat Health Account>>>>

Note: If you wish to obtain a physical copy of your policy contract, please reach out on customer.service@bandhanlife.com

SECTION 1: PERSONAL DETAILS

| | Particulars | Annuitant /Primary Annuitant details | Secondary Annuitant details (If Joint Life option is opted) |
|------|--|---|---|
| 1.1 | Title | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs./ Ms. <input type="checkbox"/> Other () | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs./Ms. <input type="checkbox"/> Other () |
| | First Name | | |
| | Middle Name | | |
| | Last Name | | |
| | Maiden Name (for female lives only) | | |
| 1.2 | Father's First Name | | |
| | Middle Name | | |
| | Last Name | | |
| | Mother's Name | | |
| 1.3 | Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender |
| 1.4 | Date of birth | DD/ MM/YYYY | DD/ MM/YYYY |
| 1.5 | Age Proof Submitted (Any one as specified for Proposed Plan) | | |
| 1.6 | Nationality | | |
| 1.7 | Resident Status | <input type="checkbox"/> Indian Resident <input type="checkbox"/> NRI <input type="checkbox"/> Foreign National (i.e. Person of Indian origin holding valid and unexpired PIO card) <input type="checkbox"/> Foreign National (Overseas Citizen of India i.e. Person holding Dual Citizenship and holding valid and unexpired OCI card) | <input type="checkbox"/> Indian Resident <input type="checkbox"/> NRI <input type="checkbox"/> Foreign National (i.e. Person of Indian origin holding valid and unexpired PIO card) <input type="checkbox"/> Foreign National (Overseas Citizen of India i.e. Person holding Dual Citizenship and holding valid and unexpired OCI card) |
| 1.8 | Country of Residence | | |
| 1.9 | Marital Status | | |
| 1.10 | Identification Proof (Any one) | | |
| 1.11 | PAN | << _____ >> | << _____ >> |
| 1.12 | Address for Communication | | |
| | Landmark/Area | | |

| | | | |
|------|---------------------------------------|---|---|
| | City | | |
| | State | | |
| | Pin | | |
| | Telephone Number (with STD Code) | | |
| | Mobile Number | | |
| 1.13 | Permanent Address (if different) | | |
| | City | | |
| | State | | |
| | Pin | | |
| | Telephone Number (with STD Code) | | |
| | Mobile Number | | |
| 1.14 | Email Address | | |
| 1.15 | Address Proof Submitted (Any One) | | |
| 1.16 | Annual Income | | |
| 1.17 | Source of Income | | |
| 1.18 | Income Proof Submitted | | |
| 1.19 | Are You a Politically Exposed Person? | <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please provide details << ----- >> Politically Exposed Persons are individuals who are or have been entrusted with prominent public functions, e.g. Heads of States or Governments, Senior Politicians, Senior Government / Judicial / Military Officers, Senior Executives of State-owned Corporations, important Political Party Officials, etc. in domestic / foreign country. | <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please provide details << ----- >> Politically Exposed Persons are individuals who are or have been entrusted with prominent public functions, e.g. Heads of States or Governments, Senior Politicians, Senior Government / Judicial / Military Officers, Senior Executives of State-owned Corporations, important Political Party Officials, etc. in domestic / foreign country. |
| 1.20 | Relationship with Annuitant | NA | Please Specify Relationship With primary annuitant |

Nominee Details

| | | | |
|---|--|--|--|
| Name of Nominee | | | |
| Date of Birth of Nominee | | | |
| Age of Nominee | | | |
| Gender of Nominee | | | |
| Relation to the Life Assured | | | |
| % Share | | | |
| Mobile No. of Nominee | | | |
| Email Id of Nominee | | | |
| Present Address of Nominee | | | |
| Permanent Address of Nominee | | | |
| Bank Name and Branch Address of Nominee | | | |
| Account Number of Nominee | | | |
| IFSC Code | | | |
| MICR Code | | | |
| Name of Appointee (if Nominee is minor) | | | |
| Date Of Birth of the appointee | | | |
| Age of Appointee | | | |
| Gender of the appointee | | | |
| Appointee's Relationship with Nominee | | | |

Additional Details – Indicator for Residence/ Tax Status

| Particulars | Annuitant /Primary Annuitant details | | Secondary Annuitant details (If Joint Life option is opted) | |
|--|--------------------------------------|-----------------------------|---|-----------------------------|
| Place and Country of Birth | | | | |
| Are you a citizen of any other country also? (Dual/ Multiple) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you a resident (for tax purposes) of any country other than India? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | | |
|---|--|--|
| Do you hold a green card of US or any similar card for any other country? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|--|

If the answer to any/ all of the above is yes, please do fill all the details in the FATCA declaration.

SECTION 2: ANNUITY PLAN DETAILS

| Annuity Option | Annuity basis | Annuity Frequency |
|--|--|---|
| <input type="checkbox"/> Life Annuity with 100% Return of Purchase Price | <input type="checkbox"/> Purchase Price (₹) <<__>> | <input type="checkbox"/> Monthly <input type="checkbox"/> Half Yearly |
| <input type="checkbox"/> Joint Life Annuity with 100% Return of Purchase Price on death of Last Survivor | <input type="checkbox"/> Annuity Instalment (₹) <<__>> | <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly |
| Annuity value | <input type="checkbox"/> Up to 60% as cash lump sum and rest as Annuity (please specify %) << xx% >> <input type="checkbox"/> 100% of Vesting Amount as Annuity | |

SECTION 3: PREMIUM PAYMENT & BANKING DETAILS

| | | |
|-----|--|---|
| 3.1 | For existing policyholders of Bandhan Life pension plans | |
| | Policy Number of existing Bandhan Life pension plan | |
| 3.2 | For New customers | |
| | Source of purchase price | <input type="checkbox"/> Pension policy from other insurer <input type="checkbox"/> Self-funded <input type="checkbox"/> Others (please specify) << ----- >> |
| | Particulars of Amount deposited | |
| | Amount (₹) | |
| | Date of Deposit | << DD/MM/YYYY >> |
| | Mode of payment | <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Others (Please specify) << ----- >> Cheque/ Demand Draft no. << ----- >> |
| | Name of the Bank, Branch Address | |
| | Account Number | |
| | IFSC Code | |
| | MICR Code | |

SECTION 4: BANKING DETAILS FOR PAYMENT OF ANNUITY

| Particulars | Annuitant /Primary Annuitant details | Secondary Annuitant details (If Joint Life option is opted) |
|----------------------------------|--------------------------------------|---|
| Name of the Account Holder | | |
| Name of the Bank, Branch Address | | |
| Account Number | | |
| IFSC Code | | |
| MICR Code | | |

DECLARATIONS

1. I fully understand the nature of questions including health related questions and the importance of disclosing all material information to Bandhan Life Insurance Limited (“Company”) while answering such questions in this e-proposal / application form.
2. I understand and agree that by submitting this e-proposal / application form, I will be bound by such statements / disclosures of material facts in the same manner and to the same extent, as if I have signed and submitted a written proposal for insurance to the Company which shall form basis of the insurance policy.
3. I hereby declare and confirm that I am not prohibited / precluded by the laws of any country / jurisdiction to avail life insurance policies from insurance company registered in India.
4. I hereby declare and confirm that I am applying for this policy while I am in India.
5. I undertake to notify the Company of any change in the information furnished subsequent to the submitting of this e-proposal / application form and before the acceptance of risk by the Company as well as keep the company informed of any change related to the information provided by me post issuance of policy.
6. I understand that the contract of insurance shall only commence after the Company accepts this proposal through a written electronic communication via e-mail, SMS, or other mode.
7. << I/we hereby authorize Company to use/share the information/data, pertaining to my proposal and/or collected from my/our ABHA, with any other third party service provider for the purpose of insurance and or with any Governmental and/or Regulatory authority, for the sole purpose of proposal underwriting, policy servicing, for checking the authenticity of claims lodged or to comply with the applicable Law/ Regulations.>>
8. I understand that any mis-statement or suppression or non-disclosure of material information submitted or where the Company is not notified of any material changes, the Company reserves right to repudiate the claim or declare the policy void in accordance with Section 45 of the Insurance Act as amended from time to time.
9. I provide my consent to update my personal information including demographic information in my other policies (if any) with Bandhan Life Insurance Limited and all communication will be shared as per the details shared in this e-proposal / application form.
10. I hereby authorize the Company to provide information related to this proposal and resulting policy, through SMS/Email/WhatsApp or any other communication medium.
11. I confirm that all premiums under this policy will be paid from income sourced by me from bonafide sources. I also undertake to provide any information regarding the source of income when required.

12. I hereby irrevocably authorize any organization, institution or individual and third-party service providers that has any record or knowledge of my health or medical or financial status/history to disclose any such information upon request by and to the Company or any of its authorized representatives for the purpose of this proposal or the resulting policy.
13. I authorize the Company or any of its approved medical examiners or laboratories to perform the necessary medical assessment and test to underwrite and evaluate my health status in relation to application and claim arising therefrom or request/collect such information, from any doctor or hospital who/which at any time has attended to me or from any past or present employer concerning anything which affects my physical or mental health and seek information from any insurer to whom an application for insurance for me has been made for the purpose of underwriting the proposal and/or claim settlement. Further any personal information collected or held by the Company (whether contained in this application or otherwise obtained) may be held, used and disclosed by the Company to reinsurance companies, claims investigation agencies, credit/claim/fraud bureaus or service providers or repositories and relevant industry associations /federations for the purpose of underwriting or claims processing or for analysis.
14. I authorize medical practitioner, hospital employer or any other person to disclose to Bandhan Life Insurance Limited any information as may be considered relevant relating to my financial or health or employment, past or present or at any time as may be required in future including at the time of claim.
15. I am aware and agree that the Company has/may have tie-ups with various financial institutions, IRDAI approved agencies, credit rating agencies and other such entities and provide my consent to enable sharing/collecting/validating/verifying my/our KYC related documents/information, as available with the said institutions/agencies/ entities.
16. I/We acknowledge that my/our Aadhaar details voluntarily furnished to Bandhan Life Insurance Limited (Company) will be submitted to the UIDAI for the purpose of authentication. Upon authentication, UIDAI may share with the Company my/our demographic information (including photograph) and I/We voluntarily give my/our consent to the Company to use this demographic information (including photograph), for Identity and address proof verification (Know Your Customer), in connection with processing this Application form and for servicing the Policy issued thereafter. I/We understand that (a) There are other alternatives that can be submitted as proof of identification apart from Aadhaar, (b) Aadhaar information shall not be used for any purpose other than mentioned above, or as per requirements of law, and (c) My/our Biometric details will not be stored by the Company. I/We hereby declare/confirm that all the information voluntarily furnished by me/us are \ true, correct and complete. I/We will not hold Bandhan Life or any of its officials responsible in case of any incorrect information provided by me/us. The above terms of consent and purpose of collecting Aadhaar has been explained to me/us in my/our local language. I/We further provide my/our voluntary consent to the Company for verification of my/our physical copy of Aadhaar card/physical e-Aadhaar / masked Aadhaar /offline electronic Aadhaar xml to establish its genuineness through Quick Response (QR) code embedded in the Aadhaar card or through such other acceptable manner as per UIDAI.
17. Notwithstanding my registration with the NCPR or any Telecom Service Provider under Fully/Partially blocked category, I hereby consent to and authorize Bandhan Life Insurance Limited (hereinafter referred to as Company) to call or send SMS and/or send WhatsApp communication on the telephone number mentioned in this proposal form or any other telephone number as may be provided to the Company by me or contact me, through its representatives, for any matter (including ascertaining of feedback) relating to this proposal for insurance or any matter concerning the policy of insurance which may be issued pursuant to this proposal for insurance. I further authorize the Company to mail

all service related communications to the email id as mentioned in the application form (applicable only if email id provided).

18. I also understand and confirm that my contact details or other information, may be shared on confidential basis, with any service provider/third party agency with whom the Company has tie-ups/arrangements, for processing of this proposal or servicing of the resulting policy, and such other information also be shared if required or permitted by any law, rule or regulation or at the request of any public or regulatory authority or if required for the purpose of preventing fraud.

19. I undertake to declare and disclose any changes in tax jurisdiction within 30 days from the date of such change that may take place in the information provided in this proposal form or any annexure or documents related thereto, or any changes in any certification under FATCA/CRS and provide fresh self-certification along with documentary evidence.

20. I hereby agree that the address on the Officially Valid Document/Address Proof submitted by me and/or verified by Insurer through government repositories/ third parties contains the recent address details which shall serve as my permanent address for the KYC purposes. In case of any mismatch, I shall contact customer care to get the same updated.

21. For online sale - I authorize the Company to collect, store, communicate and process information relating to the e-proposal/application and policy post issuance for the purpose of insurance as per the Company's cookie consent statement and privacy policy.

I/We hereby give my consent to all the declarations mentioned above. Yes No

In case you tick as 'No', please send us your objections to customer.care@bandhanlife.com

Electronic Signature of Annuitant/ Primary Annuitant

Name of Annuitant/ Primary Annuitant:

In case Joint Life is opted

Signature of Secondary Annuitant

Name of the Secondary Annuitant:

Place:

Date:

<<Vernacular Declaration by Life Assured/Annuitant:

I agree that the product has been applied by me and the contents of this e-proposal /application form, product benefits, terms & conditions, sales literature have been fully explained to me in << _____ >> language by Mr./ Ms.<< _____ >> and I have fully understood the risk factors and terms & conditions of the product. I also declare that I have understood the nature of questions and importance of disclosing all material information. The replies in the e-proposal/application form have been recorded as per the information provided by me and after the same, I am affixing my signature/thumb-impression.>>

<<Declaration by agent/ intermediary to be submitted if proposal is signed in vernacular or bears the thumb impression of the Life to be Assured/Annuitant

I have explained the contents of this proposal to the Life to be assured and all other documents incidental to availing the insurance policy from Bandhan Life Insurance Limited in _____ language, as per his or her choice and that the contents have been fully understood by him/her. I have accurately recorded the Life to be assured's replies to the questions in the e-proposal/application form. I have read out the replies recorded by me to the Life to be assured and he or she has confirmed that they are correct. The thumb impression/signature of the life to be assured is affixed in my presence.>>

<<Other declarations:

I declare that the information provided in this << e-proposal/ application >> is true and complete including the financial capacity to determine that the premium is within the financial capacity. Should there be any change in my opinion I shall immediately inform Bandhan Life Insurance Limited. I have also inspected the original identification documents submitted and the << e-proposal /application >> form. I certify that the applicant has made no statement that are inconsistent with the illustration and the premium are not sourced from proceeds of any criminal activities/ offences as per PMLA Act 2002 and such other laws in force. >>

<<Name of the declarant _____

Signature of the person making the declaration _____

Address of declarant _____

Thumb impression of the life assured/ signed in vernacular language

Place _____ Date _____>>

<< Electronic Signature/ Thumb Impression of Life Assured/Proposer >>

Extract of Section 41 of Insurance Act, 1938 as amended from time to time: 'No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer'.

Extract of Section 45 of Insurance Act 1938 as amended from time to time: Fraud, Misrepresentation and forfeiture would be dealt with in accordance with provisions of Section 45 of the insurance Act 1938 as amended from time to time. Some provisions of the Section have been reproduced for reference:

1. No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e, from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of rider to the policy, whichever is later.
2. A policy of life insurance may be called in question at any time within three years from the date of

commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud Provided that the insurer shall have to communicate in written to the insured or the legal representative or nominees or assignees of the insured the grounds and materials on which such decision is based. 3. Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the misstatement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer. Provided that in case of fraud the onus of the disproving lies upon the beneficiaries, in case the policyholder is not alive. 4. A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of the insurance is based Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the ground of fraud, the Premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation. 5. Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

Registered Office: Bandhan Life Insurance Limited (formerly Aegon Life Insurance Company Limited) Regd. A - 201, 2nd Floor, Leela Business Park, Andheri-Kurla Road, Andheri East, Mumbai, 400059. | Toll Free No.:1800 209 90 90 (9am to 7 pm, Mon to Sat) e-mail: customer.care@bandhanlife.com | Website : www.bandhanlife.com

Corporate Identity No. : U66010MH2007PLC169110 IRDAI Reg. No 138