



**Form No. 443 (Rev-2023)**  
**Proposal Form for LIC's Jeevan Dhara-II**  
 (A Non-Linked, Non-Participating, Individual,  
 Savings, Deferred Annuity Plan)

Recent  
Photograph  
of  
Annuitant/  
Primary  
Annuitant

Recent  
Photograph of  
Secondary  
Annuitant

Division :

Branch :

Instructions to fill up Proposal Form:

1. This form is to be completed in BLOCK LETTERS by the Proposer and the Annuitant.
2. This form contains 3 sections namely **Section I:** Details of Proposer/Annuitant, **Section II:** Details of Premium Payment & Annuity Opted and **Section III:** Declaration .
3. Please read all the questions carefully and fill up the details truthfully.
4. Please ensure that you affix your signatures in all the places as required.
5. If the Proposer or Annuitant signs this proposal in vernacular or puts his/her thumb impression upon it, then the respective declaration must be completed.
6. 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.
7. The Proposer and the Annuitant must countersign any cancellation or alterations made in this form. White ink must not be used.

**To be filled by Agent/ Intermediary**

1. D.O./CLIA/Chief Organizer/ Intermediary Agency Code No& Mobile Number:
2. Agent's/Specified Person's/DSA's/Sup Agent's Name, Code No & Mobile number:
3. Licence No/Registration No
4. Date of Expiry (DD/MM/YYYY):

**For Office Use Only:**

Inward No: \_\_\_\_\_ Date (DD/MM/YYYY) \_\_\_\_\_  
 Proposal No: \_\_\_\_\_ Amt of Deposit (Rs.): \_\_\_\_\_ B.O.C No: \_\_\_\_\_ Date (DD/MM/YYYY): \_\_\_\_\_

**Section – I**

**Details of Proposer/Annuitant/Primary Annuitant/ and Secondary Annuitant**

<b>A. Particulars of Proposer/Annuitant/Primary Annuitant (in case of joint life annuity option)</b>				
<b>1</b>	Customer ID			
<b>2</b>	C KYC number ( Central KYC Registry number)			
<b>3</b>	Name of the person proposing to purchase the Annuity	Prefix Mr./Mrs./Ms/Mx.:	First Name _____	Middle Name _____ Last Name _____
<b>4</b>	Relationship with - Annuitant / Primary Annuitant -Secondary Annuitant			
<b>5</b>	Father's Full name	First Name	Middle Name	Last Name
<b>6</b>	Mother's Full Name	First Name	Middle Name	Last Name
<b>7</b>	Gender	Male / Female / Transgender		
<b>8</b>	Marital Status			
<b>9</b>	Spouse's Full name			
<b>10</b>	Date of Birth (DD/MM/YYYY)	____ / ____ / ____		
<b>11</b>	Age	_____ Years		
<b>12</b>	Place/ City of Birth			
<b>13</b>	Nature of Age Proof			

	Submitted	
14	Nationality	
15	Citizenship	
16	<b>Permanent Address as per Proof of Identity (Proof of Identity must be any one of the following: 1) Aadhar 2) Driving License 3) Voter Id 4) Passport</b>	
	House No../Building Name / Street	
	Town/ Village / Taluka	
	City/District	
	State &Country	
	PIN Code	
	Tel. No. with STD Code	
17	<b>Correspondence / Current Address, if different from the above</b>	
	House No. / Building Name / Street	
	Town/ Village / Taluka	
	City/District	
	State &Country	
	PIN Code	
	Tel. No. with STD Code	
18	Residential status	Resident Indian / Non Resident Indian / Foreign National of Indian Origin
	Whether holding valid Overseas Citizen of India card (OCI card)	Y/N
19	<b>Address outside India (Applicable only for NRI/FNIO)</b>	
	House No. / Building Name / Street	
	Town/ Village / Taluka	
	City/District	
	State &Country	
	PIN Code	
20	<b>KYC&amp; PMLA</b>	
A	Are you Income Tax Assessee	Y/N
B	Permanent Account Number (PAN)(Please provide Form 60, if PAN is not available)	
C	Are You Registered under GST, if yes give GSTIN :	
D	ID details(* In case of Aadhaar only last four digits are to be given as Id number)	
	Proof of Identity	1) Aadhar 2) Driving License 3) Voter Id 4) Passport
	ID number *	
	Expiry date of ID(DD/MM/YYYY)	
E	Proof of Correspondence Address Submitted	
21	<b>Occupation</b>	
A	Present Occupation	
B	Nature of duties	
C	Annual Income (Rs.)	
D	Source of Income	

<b>B</b>	<b>Particulars of Primary and Secondary Annuitant, if applicable:</b>		
<b>Particulars</b>	<b>Annuitant/Primary Annuitant (If different from Proposer)</b>		<b>Secondary Annuitant (in case of joint life annuity option)</b>
1	Name	Prefix First Name Middle Name Last Name	Prefix First Name Middle Name Last Name
2	Relationship with Primary / Secondary Annuitant		
3	Father's Full name		
4	Mother's Full Name		

5	Gender	Male / Female / Transgender	Male / Female / Transgender
6	Marital Status		
7	Spouse's Full name		
8	Date of Birth(DD/MM/YYYY)	____/____/____	____/____/____
9	Age	Years	Years
10	Place/ City of Birth		
11	Nature of Age Proof Submitted		
12	Nationality		
13	Citizenship		
14	<b>Permanent Address as per Proof of Identity (Proof of Identity must be any one of the following: 1) Aadhar 2) Driving License 3) Voter Id 4) Passport</b>		
	House No./Building Name / Street		
	Town/ Village/ Taluka		
	City/ District		
	State & Country		
	PIN Code		
	Tel. No.with STD Code		
15	<b>Correspondence / Current Address, if different from the above</b>		
	House No./Building Name / Street		
	Town/ Village/ Taluka		
	City/ District		
	State & Country		
	PIN Code		
	Tel. No.with STD Code		
16	<b>Residential status</b>	Resident Indian / NRI / FNIO	Resident Indian / NRI / FNIO
	Whether holding valid Overseas Citizen of India card (OCI card)	Y/N	Y/N
17	<b>Address outside India ( Applicable only for NRI/FNIO)</b>		
	House No./Building Name / Street		
	Town/ Village		
	City/ District		
	Stae & Country		
	PIN Code		
18	<b>KYC&amp; PMLA</b>		
A	Are you an Income Tax Assessee ?	Y/N	Y/N
B	Permanent Account Number (PAN) (Please provide Form 60, if PAN is not available)		
C	Are You Registered under GST ? If yes, give the GSTIN :		
D	ID details(* In case of Aadhaar only last four digits is to be given as Id number)		
	Proof of Identity	1) Aadhar 2) Driving License 3) Voter Id 4) Passport	1) Aadhar 2) Driving License 3) Voter Id 4) Passport
	ID number *		
	Expiry date of Id (DD/MM/YYYY):		
E	Proof of Correspondence Address Submitted		
19	<b>Occupation</b>		

A	Present Occupation		
B	Nature of duties		
C	Annual Income (Rs.)		
D	Source of Income		

<b>C Others</b>				
		<b>Proposer/ Annuitant/ Primary Annuitant</b>	<b>Annuitant/ Primary Annuitant (If different from Proposer)</b>	<b>Secondary Annuitant (In case of joint life annuity option)</b>
1	Have you ever been or are currently being investigated, charge sheeted, prosecuted or convicted or having pending charges in respect of any criminal/civil offences in any court of law in India or abroad? If yes, give details.			
2	Are you a Politically Exposed Person OR are you a family member or close relative of Politically Exposed Person? [As per RBI guidelines PEPs are the individuals who are or have been entrusted with prominent public functions by a foreign country].			
3	<b>Tax Residency</b> Is your country of Tax Residency outside India ? Y/ N <b>If yes, fill the Self Certification Form</b>			
I hereby declare that the detail furnished above is true and correct to the best of my knowledge and belief and I undertake to inform you of any change therein immediately. In case the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.				

<b>D Details of Nominee and Appointee to whom benefits, if any, are to be paid under the policy in case of death of the Annuitant/Primary Annuitant and Secondary annuitant (in case of Joint life annuity option)</b> (It is in the interest of the Annuitant to avail the facility of nomination)							
<b>Type of Nomination: Single / Multiple</b> 1. Please give % share in case of multiple nomination 2. In case of Minor Nominee please give Appointee details							
	Name and address of Nominee	% share	Age (in Yrs)	Relationship with the Annuitant/ primary Annuitant	If Nominee is minor/ handicapped dependant, Appointee's full name, age and address	Relationship to the nominee	Appointee's signature or Thumb impression as a token of consent
Id proof of Nominee/ Appointee							
Id Number							

Mobile number of the Proposer:  
E mail id of the Proposer:

Mobile number of the Annuitant/ Primary Annuitant:  
E mail id of the Annuitant/ Primary Annuitant:

**Signature or Thumb impression of the Proposer**

**Signature or Thumb impression of the Annuitant/ Primary Annuitant**

Mobile number of the Secondary Annuitant:

E mail id of the Secondary Annuitant:

**Signature or Thumb impression of the Secondary Annuitant**

**Section – II : Details of Premium Payment & Annuity Opted**

<b>A Premium Payment &amp; Annuity Option</b>				
1.	Mode of premium		Single/ Yearly / Half-yearly / Quarterly / Monthly	
	For SSS Policies : a. Paying Authority Code and Dept. No. b. Badge or SR No.			
2.	Please state either the Premium Instalment (in case of Regular Premium) or the Purchase Price (in case of Single Premium)			
	Instalment premium (In case of Regular Premium) (in Rs)			
	<b>OR</b>			
	Purchase Price (In case of Single Premium) (in Rs)			
3.	Mode of annuity instalment to be paid		Yearly / Half – yearly / Quarterly / Monthly	
4.	Deferment Period			
5.	Please indicate the type of annuity (Choose (✓) only one out of the given options).			
	<b>Premium Payment</b>	<b>Annuity Type</b>	<b>Annuity Option</b>	<b>Choose (✓)</b>
	<b>Regular Premium</b>	For Single Life	Option 1 – Life Annuity for Single Life	
			Option 2 – Life Annuity with Return of Premium for Single Life	
			Option 3 – Life Annuity with 50% Return of Premium after attaining age 75 years for Single Life	
			Option 4 – Life Annuity with 100% Return of Premium after attaining age 75 years for Single Life	
			Option 5 – Life Annuity with 50% Return of Premium after attaining age 80 years for Single Life	
			Option 6 – Life Annuity with 100% Return of Premium after attaining age 80 years for Single Life	
			Option 7 – Life Annuity with 5% Return after attaining age 76 to 95 years for Single Life	
	For Joint Life	Option 8 – Life Annuity for Joint Life		
		Option 9 – Life Annuity with Return of Premium for Joint Life		
<b>Single Premium</b>	For Single Life	Option 10 – Life Annuity with Return of Purchase Price for Single Life		
	For Joint Life	Option 11 – Life Annuity with Return of Purchase Price for Joint Life		
6.	Is this proposal being taken for the benefit of dependent person with disability (Divyangjan)? If yes, please state (Divyangjan is to be read in accordance with Section 2(r) of “The Rights of Persons with Disabilities Act, 2016”.)			
	Whether the dependent person with disability (Divyangjan) is a nominee? (under annuity option 10)			

<b>B. Options available for payment of Death Benefit to nominee(s):</b> (Choose only one out of the given options).		
1	Lumpsum Death Benefit	
2	Annuitisation of Death Benefit (If the proposal is being taken for the benefit of Divyangjan and Purchase Price is less than the minimum Purchase Price allowed under the product, this option is compulsory.)	Whether annuitisation required for: Full / Part of the benefit amount payable.  If in part, please specify the percentage of benefit: _____
3	In instalment	
	i. Period to take Death Benefit in instalment (in years):	5/10/15
	ii. Whether option to take Death Benefit in instalment is required for	Full/ Part of the proceeds
	iii. If in part, specify the amount/percentage of benefit proceeds	Absolute Amount (Rs.): _____ Percentage of benefit proceeds: _____
	iv. Mode of Instalment payment	Yearly/ Half- yearly/ Quarterly/ Monthly

<b>C.</b>	Are you registered with LIC Portal: Y/N If not, Please visit our site <a href="http://www.licindia.in">www.licindia.in</a> and register yourself with LIC Portal after completion of this proposal to avail the benefit of e services.
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<b>D.</b>	<b>Details of policies with the Corporation (for availing the incentive for existing Policyholders/ Nominee/Beneficiary)</b>		
		<b>Annuitant / Primary Annuitant</b>	<b>Secondary Annuitant (In case of joint life annuity option)</b>
1.	Are you an existing Policyholder having an in-force policy with the Corporation:  If yes, mention the policy number(s):	Yes / No  _____	Yes / No  _____
2.	Has any of the policy with the Corporation on your life and/or on the life of any of your family members matured within one year before the submission of proposal under this product:  If yes, mention the policy number(s):  In case the above mentioned policy is on the life of family member, mention i. Name:  ii. Relationship with Annuitant / Primary Annuitant / secondary Annuitant.	Yes / No  _____  _____  <i>Grandparent / Parent / Spouse / Child</i>	Yes / No  _____  _____  <i>Grandparent / Parent / Spouse / Child</i>
3.	Are you a Nominee / Beneficiary under any of the policy with the Corporation where death claim has been paid within one year before the submission of proposal under this product:  If yes, mention the policy number(s):	Yes / No  _____	Yes / No  _____

\_\_\_\_\_  
Signature or Thumb impression of the Proposer

\_\_\_\_\_  
Signature or Thumb impression of the Annuitant/ Primary Annuitant

\_\_\_\_\_  
Signature or Thumb impression of the Secondary Annuitant

**Section-III : Declaration**

**DECLARATION BY PROPOSER AND THE ANNUITANT(S)**

I/We .....do hereby declare that the foregoing statements and answers are true and complete in every particular and do agree and declare that these statements and this declaration shall be the basis of the contract of annuity between me/us and the Life Insurance Corporation of India. In case of fraud, mis-statement and suppression of material facts the policy contract shall be treated in accordance with the Section 45 of Insurance Act, 1938 as amended from time to time.

Notwithstanding the provision of any law, I/We authorize the Corporation to share the information pertaining to my proposal to any Authorized Organization / Institution / Agency / and Governmental / Regulatory Authority for the sole purpose of investigation / risk mitigation / fraud control and/or claim settlement.

I/We undertake to inform the Corporation immediately of any changes in KYC documents such as residence. I also give my consent to share my data with Central KYC Registry and to receive phone calls, SMS/ E mail from Central KYC registry in this regard.

I/We hereby give my consent to receive phone calls, SMS/E mail on the above mentioned registered number/ E mail address from / on behalf of the Corporation with respect to my life insurance policy/regarding servicing of insurance policies/ notifying about the status of Claim.

I/We also understand that the premium and benefits under the policy are subject to taxes / duties/ charges in accordance with the laws as applicable from time to time.

Dated at.....on the .....day of.....20

Signature or Thumb impression of Witness.....

Name of Witness .....

Occupation .....

Address .....

.....

\_\_\_\_\_  
**Signature or Thumb impression of the Proposer**

\_\_\_\_\_  
**Signature or Thumb impression of the Annuitant/ Primary Annuitant**

\_\_\_\_\_  
**Signature or Thumb impression of the Secondary Annuitant**

- 1. Declaration by the person filling in the form (In case form is filled up/signed in a language different from that of the Proposal Form or in case the Proposer/ Annuitant/ Primary Annuitant/ Secondary Annuitant is person with disability (PWD) where he/she is not able to fill the proposal form himself/ herself.)**

"I hereby declare that I have fully explained the above questions and contents of the proposal form to the Proposer/ Annuitant/ Primary Annuitant/ Secondary Annuitant and I have truthfully recorded the answers given by the proposer/ Annuitant/ Primary Annuitant/ Secondary Annuitant and the Proposer/Annuitant/ Primary Annuitant/ Secondary Annuitant has affixed the thumb impression/ signature as below after fully understanding the contents thereof."

Name of the Declarant: \_\_\_\_\_  
Address of the Declarant: \_\_\_\_\_

Signature: \_\_\_\_\_

"I certify that the contents of the form have been fully explained to me by (Name, Designation, occupation)  
Mr. / Ms: \_\_\_\_\_.

**Signature or Thumb impression of the Proposer \_\_\_\_\_**

**Signature or Thumb impression of Annuitant/ Primary Annuitant \_\_\_\_\_**

**Signature or Thumb impression of the Secondary Annuitant \_\_\_\_\_**

- 2. In case the Proposer/ Annuitant/ Primary Annuitant/ Secondary Annuitant is/are illiterate, the thumb impression of the Proposer/ Annuitant/ Primary Annuitant/ Secondary Annuitant should be attested by a person of standing whose identity can easily be established, but unconnected with the Corporation and this declaration should be made by him/her.**

"I hereby declare that I have fully explained the above questions and contents of the proposal form to the Proposer/ Annuitant/ Primary Annuitant/ Secondary Annuitant in \_\_\_\_\_ language, and that the Proposer/Annuitant/ Primary Annuitant/ Secondary Annuitant has affixed the thumb impression above after fully understanding the contents thereof."

Name of the Declarant: \_\_\_\_\_  
Address of the Declarant: \_\_\_\_\_

Signature: \_\_\_\_\_

### **SECTION 45 OF THE INSURANCE ACT, 1938**

(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 the 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 issuance of the policy or 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 writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and the materials on which such decision is based.

Explanation I - For the purpose of this sub section, the expression "fraud" means any of the following acts committed by the insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy :

- (a) The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
- (b) The active concealment of a fact by the insured having knowledge or belief of the fact ;
- (c) Any other act fitted to deceive ; and
- (d) Any such act or omission as the law specially declares to be fraudulent.

Explanation II – Mere silence as to facts likely to affect the assessment of the risk by the insurer is not fraud, unless the circumstances of the case are such that regard being had to them, it is the duty of the insured or his agent, keeping silence to speak, or unless his silence is, in itself, equivalent to speak.

(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 mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intension 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 disproving lies upon the beneficiaries, in case the policyholder is not alive.

Explanation: A person who solicits and negotiates a contract of insurance shall be deemed for the purpose of the formation of the contract, to be agent of the insurer.

(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 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 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 life 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 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.

Explanation – For the purposes of this sub-section, the mis-statement of or suppression of fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer, the onus is on the insurer to show that had the insurer been aware of the said fact no life insurance policy would have been issued to the insured.

(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.

**In accordance with the applicable provision of Section 41 of the Insurance Act, 1938:**

“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 or property 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”

Various Sections of the Insurance Act, 1938 applicable to LIC to apply as amended from time to time.

<b>Agent's Report</b>	
a.	How long do you know the Annuitant / Primary Annuitant and Secondary Annuitant ?
b.	What is the approximate age of the Annuitants in your opinion ?
c.	Do you recommend the acceptance of the proposal ?
d.	Have you explained fully the terms and conditions of the plan to the Proposer ?
e.	Marks of identification of the Annuitant / Primary Annuitant and Secondary Annuitant
<p>I am satisfied with the identity of the party and on the basis of my independent enquiries, I hereby declare that the foregoing statements are true and correct to the best of my knowledge and belief.</p> <p>Further, I declare that the above proposal is secured by me and that I have fully explained the contents of the proposal form to the Proposer.</p> <p>Dated at.....on the .....day of.....20</p> <p>_____ Signature of the Agent</p>	

**MANDATE FORM**

(To be filled in separately for each policy)  
To receive payments through NEFT

1. (a) Policy No./BOC: \_\_\_\_\_ Date (DD/MM/YYYY): \_\_\_\_\_

(b) The mode of premium : Single / Yearly / Half-yearly / Quarterly / Monthly

Annuity (Rs.): \_\_\_\_\_ Date (DD/MM/YYYY): \_\_\_\_\_

(c) Premium Instalment (In case of Regular Premium) (Rs.) \_\_\_\_\_

OR

Purchase Price (In case of Single Premium) (Rs.) \_\_\_\_\_

(d) Name of Annuitant/Primary Annuitant: \_\_\_\_\_

2. Particulars of Bank A/c.

a. Bank Name: \_\_\_\_\_ Branch Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

b. Telephone No. of Annuitant/Primary Annuitant

(i) Mobile \_\_\_\_\_ (ii) Residence: \_\_\_\_\_

c. Annuitant/Primary Annuitant's E-Mail Address: \_\_\_\_\_

d. Account Type-(Saving Bank Account/Current Account/ Cash credit): \_\_\_\_\_

e. Account No. (as appearing on the Cheque Book): \_\_\_\_\_

f. IFSC code of the bank -----

g. Do you want to receive SMS/E-mail alert on payment of annuity to your A/C: Yes / No

(Enclose a Original cancelled cheque leaf with Annuitant's name printed on it **OR** If Annuitant's name is not printed on the original cheque leaf, then send original cancelled cheque alongwith the photocopy of the first page of the Annuitant's bank passbook showing Name, core banking A/C number and IFSC code.)

I, hereby, declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for the reasons of incomplete or incorrect information, I would not hold the Corporation responsible.

Date(DD/MM/YYYY): \_\_\_\_\_

\_\_\_\_\_  
Signature of the Annuitant/ Primary Annuitant



## LIC's JEEVAN DHARA - II

(A Non-Linked, Non-Participating, Individual, Savings, Deferred Annuity Plan)

**Form to be filled by the Annuitant(s) opting for Top-up Annuity in the policy**

**Division:**

**Branch:**

### Details of the Annuitant(s)

Policy Number	
Name of Annuitant / Primary Annuitant (in case of joint life annuity option)	
Name of Secondary Annuitant (in case of joint life annuity option)	
Mobile Number of the Annuitant / Primary Annuitant	
E mail id of the Annuitant/ Primary Annuitant	
Mobile number of the Secondary Annuitant	
E mail id of the Secondary Annuitant	

### Premium Payment & Annuity Option

1.	Additional Premium for Top-up Annuity (Purchase Price) (in Rs)			
2.	Mode of annuity instalment	Yearly / Half – yearly / Quarterly / Monthly (same as that of the base annuity)		
4.	Deferment Period			
5.	Please indicate the type of annuity (Choose (✓) only one out of the given options).			
	<b>Premium Payment</b>	<b>Annuity Type</b>	<b>Annuity Option</b>	<b>Choose (✓)</b>
	<b>Single Premium</b>	For Single Life	Option 10 – Life Annuity with Return of Purchase Price for Single Life	
		For Joint Life	Option 11 – Life Annuity with Return of Purchase Price for Joint Life	

Signature / Thumb Impression of the Annuitant/ Primary Annuitant

Signature / Thumb Impression of the Secondary Annuitant

Place:

Date:

Addendum to Proposal Form