

Master Policy No.

Master Policy Holder Name



Bajaj Allianz Life Insurance Company Ltd. GE Plaza, Airport Road, Yerawada, Pune - 411 006.

Enrollment Form for Group Annuity for

Scheme Option

For Group Annuity:

- Option1** - Life Annuity With Return of Purchase Price
- Option2**- Joint Life, Last Survivor Annuity With Return of Purchase Price
- Option3** - Life Annuity
- Option4** - Joint Life Last Survivor Annuity

Coverage Information

Purchase Price/ Annuity amt(in Rs)

Cheque / DD Date

Annuity Yearly Half Yearly Quarterly Monthly

Cheque / DD No.

Personal Details of the MAIN MEMBER

Title Mr./Mrs./Ms./Dr. Name
First Middle Last

Date of Birth Sex Male Female

Nationality

Age Place of Birth

Age Proof PAN

Preferred Language

Occupation

Door No. Building Name

Plot No./ Street Name

Landmark/ Area

Place

City/District

State Pin Code

Tel.

Mobile

E-mail

Address Proof Driving Licence Passport Voter ID

Ration Card Aadhar Card RECHS Card

Personal Details of JOINT LIFE MEMBER (If Joint life option is selected)

Title Mr./Mrs./Ms./Dr. Name
First Middle Last

Date of Birth Sex Male Female

Nationality

Age Place of Birth

Age Proof Birth Certificate SSC Certificate Driving License Passport PAN Other

Relation of Member to Counter Member

Occupation

Door No. Building Name

Plot No./ Street Name

Landmark/ Area

Place

City/District

State Pin Code

Tel.

Mobile

E-mail

Address Proof Driving Licence Passport Voter ID

Ration Card Aadhar Card RECHS Card

CURRENT MAILING ADDRESS

CURRENT MAILING ADDRESS

Name & Surname		Name & Surname		Place of Birth	Date of Birth	Relationship to Member
Place of Birth						
Date of Birth						
Relationship to Member						

If the Nominee is minor an appointee who shall identify the relationship with the Nominee
 Relationship to the nominee _____ Name of appointee _____
 I accept the appointment herein made
 Signature _____ Place _____

MICR Code _____
 Bank Name _____
 A/C Number _____

IFSC Code _____
 Branch _____

I hereby declare that the information provided in the above questionnaire is true to the best of my knowledge. I confirm that the answers I have given are, to the best of my knowledge, true, and that I have not withheld any material information that may influence the assessment or acceptance of this application. I agree that this form will constitute part of my application for insurance (s) and that failure to disclose any material fact known to me may invalidate my insurance (s).



Signature or Thumb Impression of Main Member

Signature or Thumb Impression of Joint Life Member

Date _____

If the signature herein is in vernacular then the proposed insured/proposer should declare below in his/her own handwriting (in the same language in which the Application is signed) that the replies were after and properly understanding the question and declarations mentioned above.

Signature or Thumb Impression of Main Member

Signature or Thumb Impression of Joint Life Member

Date _____

Signature of the witness

Name & Address of the witness

Date _____

I hereby declare that the contents of the Application form including the declarations have been explained to the proposer and replies have been recorded as per the Information provided by the Counter Member and all the answers have been read out and fully understood by and confirmed by the Counter Member

Signature of person filling up the Application form

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Master Policy Holder Signature and Seal

Date _____

Date _____

Document Checklist-Annuity Plan-wise list of documents to be submitted by the Annuity Applicant

Annuity Plan Selected	Documents Required per Annuity Plan under different options
Annuity for Life	<p>Four Sets of Claim form (in original) Self-Attested Copy of AAI Identity Card Self-Attested Copy of Last Pay Slip Self-Attested copy of PAN card of primary Annuitant Self-Attested copy of Aadhar card of primary Annuitant Cancelled Cheque (Printed name of the Annuitant) Photograph of primary Annuitant</p>
Life Annuity with Return of Purchase Price	<p>Four Sets of Claim form (in original) Self-Attested Copy of AAI Identity Card Self-Attested Copy of Last Pay Slip Self-Attested copy of PAN card of Primary Annuitant Self-Attested copy of Aadhar card of Primary Annuitant Cancelled Cheque (Printed name of the Annuitant) Photograph of primary Annuitant</p>
Joint Life Annuity	<p>Four Sets of Claim form (in original) Self-Attested Copy of AAI Identity Card Self-Attested Copy of Last Pay Slip Self-Attested copy of PAN card of primary Annuitant and secondary Annuitant Self-Attested copy of Aadhar card of primary Annuitant and secondary Annuitant Cancelled Cheque (Printed name of the Annuitant) Photograph of primary Annuitant and secondary Annuitant</p>
Joint Life Annuity with Return of Purchase Price	<p>Four Sets of Claim form (in original) Self-Attested Copy of AAI Identity Card Self-Attested Copy of Last Pay Slip Self-Attested copy of PAN card of primary Annuitant and secondary Annuitant Self-Attested copy of Aadhar card of primary Annuitant and secondary Annuitant Cancelled Cheque (Printed name of the Annuitant) Photograph of primary Annuitant and secondary Annuitant</p>

Note: It is mandatory to submit all the requisite documents pertaining to the Annuity plan selected. Please note incomplete documents will lead to rejection of Annuity forms by the Annuity Service Providers.