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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

PROPOSAL FORM FOR DEFERRED ANNUITY

| 1. General Details | | | |
|----------------------|--|------------------|------------|
| Branch | | Date of Proposal | dd/mm/yyyy |
| Sales Executive Name | | SE/DO Code | |

| 2. Annuity option | |
|---|---|
| Life Annuity <input type="checkbox"/> | Joint life Annuity <input type="checkbox"/> |
| Life Annuity Guaranteed for 10 years <input type="checkbox"/> | Joint life Annuity Guaranteed for 10 years <input type="checkbox"/> |
| Vesting Age (50/55/60/65) : | Mode of Payment: Single/Mly/Qly/Hly/Yly |
| Annuity installment premium: Nu. | Life Insurance S.A: Nu. Insurance installment premium: Nu. |

| 3. Details of Annuitant | | |
|-------------------------|------------|--------------------|
| Details | Proposer | Joint-Life Annuity |
| Full Name | | |
| Date of Birth | dd/mm/yyyy | dd/mm/yyyy |
| Valid CID No. | | |
| Age proof | | |
| Mobile No. | | |
| e-mail ID | | |

| 4. Nominee/s | | | | | |
|--------------|------|--------------|---------|---------------|---------|
| Sl No | Name | Relationship | CID No. | Date of Birth | Share % |
| | | | | dd/mm/yyyy | |
| | | | | | |
| | | | | | |
| | | | | | |

| 5. Personal Health Declaration | | |
|---|-----|----|
| 1. What has been your usual state of health? | | |
| 2. Has any of your relations living or dead suffered from any hereditary disease like diabetics, insanity, asthma, cancer, leprosy, etc. | Yes | No |
| 3. Have you ever suffered or are you suffering from: diseases like diabetics, insanity, asthma, cancer, leprosy, dementia, tuberculosis, Blood Pressure, Heart disease, kidney failure, tumors, any disease of ear, nose, throat or eye | Yes | No |
| 4. Did you ever have any operation, accident or injury? | Yes | No |



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| | | |
|--|-----|----|
| 5. Do you or have you ever used alcoholic drinks, narcotics or any other drugs? If so, what? Also, state quantity consumed per day... | Yes | No |
| 6. Do you smoke/consume tobacco in any form? | Yes | No |
| 7. AIDS/HIV related information of self/family members | Yes | No |
| If "Yes" describes fully each ailment giving its nature, the number of attacks, dates, duration, severity, treatment of doctors consulted giving reference to the questions below: | | |

| 6. Existing Life Insurance details: | | | |
|-------------------------------------|------------|--------------------|-------------------|
| Name of the Company | Policy No. | Name of the Policy | Sum Assured (S.A) |
| | | | |
| | | | |
| | | | |

| 7. Standing Instruction (provide your bank details for the Standing Instruction (SI) deduction) | | | |
|---|------------|------------------------|------------|
| Debit Client A/c No. | | Credit to RICB A/c No. | |
| Bank Name | | Bank Name | |
| Account Holder's Name | | CID No | |
| Start Date | dd/mm/yyyy | End Date | dd/mm/yyyy |

| 8. If the premium is paid by a person other than the policyholder | | | |
|---|------------|-------------------------------|-----------------------------|
| Name | | CID No. | |
| Date of Birth | dd/mm/yyyy | Mobile No | |
| Occupation | | Designation | |
| Permanent Address | | Working / Residential Address | |
| **Politically Exposed Person (PEP)/Linked to PEP (required as per RMA AML/CFT Regulations): <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Signature of account holder |



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Declaration

| Sl No | Question | YES | NO |
|-------|--------------------------------|-----|----|
| 1 | Do you want to receive SMS? | | |
| 2 | Do you want to receive e-mail? | | |

I declare and warrant that the answers given in this application are true, correct and complete and I accept full responsibility for them, whether written by me or by anyone else on my behalf. I agree that this application and other written answers, statements, information or declarations made by me or on my behalf shall form the basis of the contract of annuity between me and RICBL and if anything, untrue, incorrect or incomplete is stated, the annuity policy issued shall not be valid. I agree that there shall be no liability upon RICBL until a policy has been issued and delivered to me and the first premium has been paid in full. I declare that I have understood the rules of the annuity scheme and agree to comply with it.

Furthermore, I/We hereby give my full consent to the Corporation for sharing my personal information including the policy details with Royal Monetary Authority for Credit Information Bureau or any statutory authorities established by the laws of the Kingdom or required by the laws of the Kingdom.

| | | | |
|----------------------|--|---|---|
| Signature of witness | | Signature or thumb impression of the proposer | Signature or thumb impression of the Joint Life Annuity |
| Name | | | |
| CID No. | | | |
| Mobile No. | | | |
| Address | | | |

FOR OFFICIAL USE BY RICB

| | | | |
|------------------|--|------------------------|--|
| RICB Branch Name | | Date of submission | |
| Proposal Number | | KYC completed (Yes/No) | |

Verified by (EID No. & Signature):