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ROYAL INSURANCE CORPORATION OF BHUTAN LIMITED  
THIMPHU: BHUTAN

RICB OFFICE.....

**REGISTRATION FORM FOR ANNUITY PLAN**

**1. PARTICULARS OF THE PROPOSER.**

NAME:	CITIZENSHIP CARD NO. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	GENDER Male Female
DATE OF BIRTH:  AGE:	MARITAL STATUS Single Married	NATIONALITY: Bhutanese Others
CONTACT NO:	EMAIL:	MONTHLY INCOME:
CONTACT ADDRESS:	OCCUPATION:	NATURE OF WORK:
PERMANENT ADDRESS: Village: Gewog: Dzongkhag:	Thram No: House No: TPN #:	Name of Bank: Acct. #:

**2. CHILDREN DETAILS – FOR PARENT(S) BUYING THE SCHEME FOR THEIR CHILDREN.**

NAME OF THE CHILD:	DATE OF BIRTH: Age:	GENDER: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
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**3. DETAILS OF ANNUITY PLAN (CHOOSING YOUR PLAN)**

<b>PLAN OPTIONS:</b> FIXED ANNUITY FOR LIFE LIFE ANNUITY WITH GUARANTEED PERIOD <input type="checkbox"/> 5 YRS <input type="checkbox"/> 10 YRS <input type="checkbox"/> 15 YRS <input type="checkbox"/> 20 YRS <input type="checkbox"/> 25 YRS LIFE ANNUITY WITH ANNUITIES INCREASING AT 5% p.a. LIFE ANNUITY WITH RETURN OF CAPITAL (ROC) FIXED TERM ANNUITY Term : Maturity Option : <b>ADDITIONAL OPTIONS</b> Life Insurance Sum Assured: <input type="text"/>	<b>ANNUITY TYPE</b> Immediate Deferred <b>ANNUITY DRAWDOWN AGE:</b> <input type="checkbox"/> 50 YRS <input type="checkbox"/> 55 YRS <input type="checkbox"/> 60 YRS <input type="checkbox"/> 65 YRS MONTHLY ANNUITY INSTALLMENT: <input type="text"/> Under the Immediate Annuity Plan, I would like to opt for Spouse & Children benefit: <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>PREMIUM FREQUENCY:</b> Single lump sum Monthly Quarterly Half-yearly Yearly SSS
		<b>PREMIUM DETAILS</b> Annuity Premium: Life Insurance Premium: <b>TOTAL :</b>
		<b>ANNUITY PAYMENT OPTION</b> <input type="checkbox"/> Immediate. <input type="checkbox"/> Mode of Payment: <input type="checkbox"/> Deferred.



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**4. Nominees** (In case of death before annuity drawdown has begun, opted for Return of Capital or Spouse and Children contingent benefit)

SL. No.	Name	Relationship	CID No.	Date of Birth	Share in (%)

**5. Guardian's detail in case the nominee is a minor:**

Guardian's name	Relationship	CID No.	Date of Birth

**6. Family History:**

- i. Has any of your relations living or dead suffered from any hereditary diseases like diabetics, insanity, asthma, cancer, leprosy, dementia, etc.....

**Personal Health Statement:**

- ii. What has been your usual state of health? .....
- iii. 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.....
- iv. Did you ever have any operation, accident or injury? .....
- v. Do you or have you ever used alcoholic drinks, narcotics or any other drugs? If so, what? Also state quantity consumed per day.....
- vi. Do you smoke/consume tobacco in any form? .....
- vii. AIDS/HIV related information of self/family members.....

**7. Existing Life Insurance details:**

Name of the company	Policy No.	Name of the policy	Sum Assured (S.A)

**8. DECLARATION**

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 insurance 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.

Signed in ..... (Place) date...../...../..... (DD/MM/YEAR)

**Signature of Proposer**

**Signature of witness**

**Signature of Sales Executive**

**Name.....**

**Name.....**

**CID No.....**

**CID#.....**

**Mobile #.....**