Life Insurance Division

Proposal Form for Deferred Life Annuity

1. General Details			
Branch		Date of Proposal	DD/MM/YYYY
Sales Executive Name		SE/DO Code	

2. Annuity option	
Life Annuity ☐	Joint life Annuity ☐
Life Annuity Guaranteed for 10 years ☐	Joint life Annuity Guaranteed for 10 years ☐
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. Existing Life Insurance details:			
Name of the Company	Policy No.	Name of the Policy	Sum Assured (S.A)

6.Standing Instruction (If the premium is to be deducted from the policyholder's account)			
From client A/C No.		To RICB A/C No.	
Bank Name		Bank Name	
Start Date	DD/MM/YYYY	End Date	DD/MM/YYYY

7. Standing Instruction (If the premium is to be deducted from the account of a person other than the policyholder)					
From client A/C No		Occupation		Working Address	
Bank Name		Monthly Income			
A/ C Holder Name		Source of Income		Permanent Address	
CID No		Start Date	DD/MM/YYYY		
Mobile No		End Date	DD/MM/YYYY		
**Politically Exposed Person (PEP)/Linked to PEP (required as per RMA AML/CFT Regulations):		Yes ☐	To RICB A/C No		Signature of A/C holder
		No ☐	Bank Name		

8. Personal Health Declaration (Applicable only if opting for life insurance)		
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
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		
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:		

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 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.

Customer Privacy Consent
I/We consent to RICBL collecting, using, storing, verifying, updating, and sharing my/our personal data and KYC details for services, due diligence, compliance, audit, and lawful business purposes.
I/We understand that RICBL will protect my/our data, share it only where required or permitted, retain it as needed, and allow access, correction, update, or withdrawal of consent, where applicable. Withdrawal will not affect legal, regulatory, contractual, claims, audit, or legitimate business processing.

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

FOR OFFICIAL USE BY RICB					
RICB Branch Name		Date of submission	DD/MM/YYYY	KYC completed	Yes ☐ No ☐
Verified by:	Signature				
	Name				
	EID No.				