

**LIFE INSURANCE CORPORATION OF INDIA,  
P&GS DEPARTMENT, \_\_\_\_\_ DIVISION.**

|                                    |                |
|------------------------------------|----------------|
| NAME, ADDRESS & DATE STAMP OF B.O. | INPUT ADV.NO : |
|                                    | -----          |
|                                    | POLICY NO. :   |
|                                    | -----          |
|                                    | AGENCY CODE :  |
|                                    | -----          |
|                                    | DEV.CODE :     |

NAME OF THE ANNUITANT AS IT SHOULD APPEAR ON CHEQUES:

NAME AND 4 LINE ADDRESS OF ANNUITANT WHERE CHEQUES TO BE SENT:

NAME :  
ADD1 :  
ADD2 :  
ADD3 :  
ADD4 :  
PIN :

| DATE OF COMMENCEMENT | PROSPECTUS PLAN | MODE OF ANNUITY | ANN. OPTION | AMOUNT OF ANNUITY INST | PURCHASE PRICE |
|----------------------|-----------------|-----------------|-------------|------------------------|----------------|
|----------------------|-----------------|-----------------|-------------|------------------------|----------------|

| DOB | AGE LAST BIRTHDAY | AGE ADMISSION CODE | SEX CODE | TITLE CODE | GUARANTEED INSURANCE SUM |
|-----|-------------------|--------------------|----------|------------|--------------------------|
|-----|-------------------|--------------------|----------|------------|--------------------------|

| NAME OF THE NOMINEE | RELATIONSHIP |
|---------------------|--------------|
|---------------------|--------------|

| *FOR OFFICE USE ONLY: | BOC NO | DATE | AMOUNT |
|-----------------------|--------|------|--------|
|-----------------------|--------|------|--------|

MISCELLANEOUS RECEIPT PARTICULARS

DATE OF CHEQUE REALIZATION :  
WHETHER ECS OPTED : Y/N

**P.Sr.Div.Manager.**