Application Form for Annuity Card														٦		
<b>Life Insurance Corpo</b> Trust thy name is LIC	ration of India	<b>UTI BANK</b> Solutions for a Lifetime						AOF BARCODE								
		Annuity	Policy	No.												
Card Holder Name  Mr.  Ms.  Dr.    Date of Birth :																
Communication Address :	Off () E-ma		dits thro	ugh l	State	( )	/or e-	mail)								
					DE	BIT	CARE	) BAI	R CO	DE	(FOI	R CF	าบ บร	SE)	—	
Annuity Card No.																
Name as desired on the Annuity Card (Ma	ax 18 characte	ers)														
(Form of Declaration to be filled by a person who does not have a PAI Are you a tax assesses? YES / NO If yes, Details of Ward/Circle/Range where the last return Reason of not having PAN/GIR no. : Details of the documents being produced in support of ac I,do hereby decl Verified atdo hereby decl Verified atdo hereby decl Verified atdo hereby decl I understand that I shall be entitled to use the following fa 1. iConnect* 2 TELEBANKING * Kindly approach the branch in case any of these facilitie	d of Income tax Idress given ab are that what is 20 Application for Incilities by having	was filed : bove s stated abo 00 <b>Channel F</b> ang an Annuit	ve is true acilities y Card wi	o the I	pest of							_			_	
	SIGNATURE										Photograph For KYC					
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