

Bank Account Proof Cancelled Cheque Passbook Copy Citizenship with country code IN- Indian Others (ISO 3166 Country Code)

Nationality Indian NRI Others

Employee No. (Salary Deduction Scheme)

CKYC Number (Mandatory for KYC update request)

Aadhaar/Enrollment Number PAN Card Number

Identity Proof A- Passport Number Passport Expiry Date

B- Voter ID card C- PAN Card

D- Driving Licence Driving Licence Expiry Date

E- UID (Aadhaar)

Z- Others (any document notified by the central government) Identification No.

Bank Certification Defence ID Card Employer Certification Others

Relationship of the Proposer with Life to be Insured

Details of communication Address/Usual place of residence (if different from Life Insured) *C/o.

F I R S T	L A S T
B U I L D I N G / H O U S E	R O A D N A M E / N O.
D I S T R I C T / T A L U K A	L A N D M A R K
C I T Y / V I L L A G E	S T A T E

Pincode Mobile

Landline E-mail

Proof of contactability (tick any one) Residence Landline Telephone Bill Mobile Postpaid Bill Any other contact proof

NOMINEE* / APPOINTEE DETAILS (*For more than one nominee details, fill up the Nomination Form)

3. Nominee's Name Mr. Ms.

4. Date of Birth Relationship of the Nominee with the Life to be Insured

5. Appointee's Name (if Nominee is a minor) Mr. Ms.

6. Appointee's signature 7. Appointee's Date of Birth

8. Relationship with the Nominee

9. Address of the Nominee (Appointee, if Nominee is Minor)

F L A T N O.	B U I L D I N G
R O A D N A M E / N O.	C I T Y / V I L L A G E
S T A T E	P I N C O D E

Nominee/Appointee Contact Landline Mobile

E-mail

PLAN DETAILS (Questions 10 - 12)

10. Plan Option chosen Silver Option Gold Option Little Star Option

Policy Term (Yrs)	Basic Sum Insured (₹)	Installment Premium (₹)	GST (₹)	Total Premium (₹) (Installment Premium & GST)

12. Premium Frequency Yearly Half Yearly Quarterly Monthly

PAYMENT DETAILS (QUESTIONS 13 - 14)

13. Premium Payment Details Cash/Cheque/DD No. Date Drawn on

14. Mode of Deposit Cash Cheque Auto Debit Credit Card Debit Card Net Banking ECS/ NACH E-Wallet

Note: Quarterly and Monthly frequencies are allowed only through ECS/NACH/Auto Debit/Debit Card/Credit Card. Debit Card/ Credit Card of Proposer or Premium payor only to be used for paying premiums for all premium payment frequencies. First two months premium will be collected in advance for monthly frequency. The Goods and Services Tax will be charged on the installment premium at the rate declared by the Government from time to time. Online payments made by third party credit/debit cards, e-wallets, net banking are not allowed.

15. Do you want to receive all communications through electronic medium in place of receiving physical copy? Yes No

DECLARATION FOR SIGNING IN VERNACULAR OR FOR UNEDUCATED PERSONS (Not applicable for policies sourced through Online modes)

I (declarant), hereby declare that I have fully explained the questions and contents of the proposal form to the proposer in _____ language, and I have truthfully recorded the answers given by the proposer. The proposer has signed the proposal/affixed the thumb impression below after fully understanding the contents thereof." I (proposer), certify that the contents of the form and documents have been fully explained to me by (full name of declarant): _____ and I have understood the significance of the proposed contract.

Signature / Thumb Impression of the Proposer

Name
Mobile No.
Date
Address

Signature of the Declarant

Name
Mobile No.
Date
Address**PROHIBITION OF REBATE (SECTION 41 OF THE INSURANCE ACT, 1938, AS AMENDED FROM TIME TO TIME)**

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the Policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer. 2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees. Please refer to our website or contact our office for the details under the above mentioned Section 41.

PHOTOGRAPHS AND PERMANENT ADDRESS OF PROPOSER/LIFE TO BE INSURED

1) Please Affix/Upload Recent photograph (Taken in Last 6 months) and mention Permanent address of Proposer, where Proposer is different from Life to be Insured .
2) In the event Life to be Insured and Proposer are same persons the following needs to be filled in by the Life to be Insured .

Permanent Address															Signature / Thumb Impression of Proposer/Life to be Insured														
F L A T N O															B U I L D I N G														
R O A D N A M E / N O															C I T Y / V I L L A G E														
S T A T E															P I N C O D E														

Affix/upload
Recent photograph
(Taken in Last 6 months)

Applicable only for policies sourced through Online modes: This Insurance proposal is authenticated through OTP sent to on mobile no _____ on _____ This is an auto generated application form submitted on _____ date, _____ time and does not require any customer signature.

CONFIDENTIAL REPORT (To be completed by the Sales Personnel/Advisor after receiving the completed proposal form - Not applicable for policies sourced through Online modes)

Note: If the Proposer & Life to be Insured is related to the Advisor, this report should be countersigned by the Authorised Signatory

- Have you met the Proposer & Life to be Insured? Yes No
- Are you (Advisor/SM) related to the Life to be Insured? If Yes, to whom and what is the relationship? Yes Yes No
- Do you notice any disability, mental or physical deformity for any Life to be Insured? If Yes, give details Yes No
- Are you personally satisfied with the financial standing of the Proposer & Life to be Insured in relation to the proposed insurance? Please estimate the income of the Proposer. Yes No
- Have you verified all the documents submitted by life to be Insured / proposer? Yes No
- Is the Life to be Insured, presently, in good health? If No, give details Yes No
- How long have you known the Life to be Insured? Years Months

LIFE ADVISOR / EMPLOYEE CERTIFICATION (Not applicable for policies sourced through Online modes)

I certify that I have personally checked the identity of the Client/Life to be Insured and affixed his photograph. I certify that the client has understood the proposal form completely and the facts disclosed therein are true and correct to the best of my knowledge and belief, I have also verified the completeness of documentation. I further declare that to the best of my knowledge the premium amounts are not sourced from the proceeds of any criminal activities/offences listed in the Prevention of Money Laundering Act 2002 or under any other applicable laws. Should there be any adverse change in my opinion of the integrity or reputation of the applicant, I shall inform Reliance Nippon Life Insurance Company Limited immediately.

Signature of IRDAI Licensed Advisor/SP/AP
Name
SP/AP/Advisor Code
Date
PlaceSignature of Sales Personnel
Name
CA Exec/SM Code
Date
PlaceAuthorised Signatory
Name
SAP Code
Date
PlaceAuthorised Signatory
Name
Designation
Date
Place**FOR OFFICE USE ONLY**

FOS/Advisor Code				POS/Advisor Code				Inward Date				Proposal Date			
D D M M Y E A R				D D M M Y E A R				D D M M Y E A R				D D M M Y E A R			
Client No. of the Life to be Insured				Client No. of the Nominee				Client No. of the Proposer				Backdating Date (except ULIP)			
D D M M Y E A R				D D M M Y E A R				D D M M Y E A R				D D M M Y E A R			
Contract No.				Amount Deposited				Bank Code							
D D M M Y E A R				D D M M Y E A R				D D M M Y E A R				D D M M Y E A R			
Receipt No.				SDS Code				Occupation Code							
D D M M Y E A R				D D M M Y E A R				D D M M Y E A R				D D M M Y E A R			
CDA/CA/BM Code				CA Exec/SM Code				First Insurance with Reliance Nippon Life Insurance				Subsequent Insurance with Reliance Nippon Life Insurance			
D D M M Y E A R				D D M M Y E A R				D D M M Y E A R				D D M M Y E A R			
Simultaneous application number															

Reliance Nippon Life Insurance Company Limited. IRDAI Registration No: 121. Registered Office: H Block, 1st Floor, Dhirubhai Ambani Knowledge City, Navi Mumbai, Maharashtra 400 710. Corporate Office: Reliance Centre, 5th Floor, Off Western Express Highway, Santacruz East, Mumbai - 400 055. Trade logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited & Nippon Life Insurance Company and used by Reliance Nippon Life Insurance Company Limited under license. For more information or any grievance, I. Call us between 9am to 6pm, Monday to Saturday on our Toll Free Number 1800 102 1010 or 2. Visit us at www.reliancenipponlife.com or 3. Email us at: mlife.customerservice@relianceada.com or 4. Fax: 022 3303 5662.

Beware of Spurious / Fraud Phone calls: IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.

TERMS & CONDITIONS FOR ELECTRONIC CLEARING SERVICES (ECS)/DIRECT DEBIT/NACH

1. Definitions:

1.1. "Electronic Clearing Services (ECS)/National Automated Clearing House (NACH)" shall mean the mandate of the policyholder to automatically pay the premium (other than the First Premium) by debit to the bank account specified by the policyholder on the due date of payment of the premium or any such other date as may be decided by RNLIC. 1.2. "First Premium" shall mean the first premium towards policy along with application form. 2. "RNLIC" shall mean Reliance Nippon Life Insurance Company Limited, a Company registered with IRDAI for carrying out Life insurance business in India. 3. No extra cost will be charged to the Policyholder for this facility. 4. By opting for the Electronic (ECS/NACH) facility/facilities, as per T & C the Policyholder chooses to make the payment to RNLIC from the Policyholder's Bank Account through any authorized service provider that the Company may tie with from time to time. 5. The Policyholder agrees to abide by the terms & conditions of the ECS/NACH facility of Reserve bank of India (RBI). 6. On the Policyholder electing the option/mode to pay the Premium (other than First Premium and one time Top-up), the same, unless revoked and/or modified by him/her subsequently by a minimum 15 days prior written notice to RNLIC, shall be valid and binding on the Policyholder. 7. The Policyholder agrees that he/she shall remain liable for all the instructions and transactions that have been submitted by him/her or processed under his/her account prior to the date of Policyholder obtaining RNLIC's acknowledgment to the said Notice. 8. Any Outstanding amount prior to 30 days from mandate date should be paid by the customer through the normal mode of payment (Cash/Cheque/DD). In case of Regular Pension Plan, ECS/NACH deduction will be effected based on mandate irrespective of outstanding amounts are paid or not. 9. The debit to Policyholder's Bank Account shall be presented on Preferred debit date or next day (if the day happens to be holiday, next working day). The actual debit depends on banking clearance cycle. 10. I, authorize Reliance Nippon Life Insurance Company Limited, to represent the ACH/direct debit/ECS instruction for outstanding payments, in the event of debit failure. 11. The Policyholder agrees that in the event, where there is a ACH/direct debit/ ECS failure the company reserves the right to represent the instructions for outstanding payments. 12. The policyholder agrees that in the event, where there is a transaction failure, the company reserves the right to represent the instructions for outstanding payments. 13. Modification/Cancellation of ECS/Direct Debit facility: A written request shall be given to the company for any modification/cancellation of ECS/NACH facility and the same will be effected within a minimum of 3 weeks of the receipt of the request. The Company will not be responsible for any delays in effecting this which are beyond its control. 14. Only Annual Premium Paid Certificate will be issued instead of individual receipts for all premium paid through ECS/NACH. 15. No reminder notices for payment of Premium shall be sent during the terms of ECS/NACH. 16. The records of RNLIC and/or its authorized Service Provider, on the Premium (other than First Premium and one time Top-up) payments, maintained through computer systems or otherwise, shall be accepted as conclusive and binding for all purpose and shall be conclusive proof of the genuineness and accuracy of the same and binding for all purposes and can be used as evidence in any proceedings. 17. The Policyholder acknowledges that he/she is eligible to avail the facilities and agrees to provide true, accurate, correct and complete information as required by RNLIC and to keep the same updated and current at all times. Incorrect, incomplete, ambiguous forms will not be accepted. 18. At present, ECS facility is offered to the customer having bank accounts in the SELECTED cities. 19. The Policyholder agrees that the facilities will be available to him/her, subject to and upon receipt of confirmation by RNLIC and/or its authorized Service Provider from the Policyholder's Bank details furnished by him/her in this application. 20. The policyholder agrees that it shall be solely be his/her responsibility to schedule his/her premium (other than First Premium) payments in a manner that the Company receives the Premiums (other than First Premium and one time Top-up) within the due dates as specified in the relevant Policy Contract(S) and that in the event of a late payment he/she shall be liable for the late payment charges and other consequence as may be enforced by RNLIC. 21. The Policyholder expressly understands and agrees that if any one payment/instruction are not received/honored, RNLIC reserves the right to automatically cancel/withdraw the facilities forthwith without notice. 22. The policyholder further agrees that RNLIC and/or its authorized Service Provider shall not be responsible or liable if it is unable to effect any of his/her payment instructions owing to (a) incomplete, inaccurate, invalid or delayed submission of details by Policyholder (b) insufficient funds to cover Policyholder's transactions (c) Encumbrance or charge on Policyholder's account or (d) Events beyond the control of RNLIC and/or authorized Service Provider. 23. The Policyholder expressly understands and unconditionally agrees that he/she will not hold RNLIC and/or its authorized Service Provider disclaims all warranties of any kind whether express or implied including without limitation any representation or warranty regarding the use of the result of the facilities in terms of its correctness, accuracy, reliability, usefulness, completeness, continuity uninterrupted access, timeliness or otherwise. Policyholder expressly understands and unconditionally agrees that he/she assumes total responsibility and risk for his/her access and use of the facilities. 24. Policyholder expressly understands and unconditionally agrees that he/she will not hold RNLIC and/or its authorized Service Provider liable for any direct, indirect, punitive, incidental, special or consequential damages whatsoever, including but not limited to damages or losses resulting from (a) the use or performance or inability to use or non-performance of the facilities (b) the provision of failure to provide the facilities (c) the unauthorized access to or alteration of the transmission or data (d) such transactions that are carried out on the Policyholder's instructions in good faith (e) any loss or damage incurred or suffered by the Policyholder due to any defect, error, failure or interruption in the provision of the facilities or (f) any other matter related to the facilities. 25. The Policyholder agrees that the RNLIC and/or its authorized Service Provider may from time to time make alterations, additions or deletions to these terms and conditions and that these shall be binding upon Policyholder and take effect from such date as may be intimated by RNLIC and/or its authorized Service Provider. The Policyholder further agrees that he/she shall be deemed to have agreed, accepted and be bounded by such altered terms & conditions. 26. The Policyholder agrees that in event he/she is dissatisfied with any portions of the facilities or with the terms & conditions or alterations thereto, his/her sole and exclusive remedy is to discontinue the use of the facilities. 27. The Policyholder agrees that the laws of India shall govern this Agreement and in case of a dispute the matter will be settled as per the provisions of The Arbitration and Conciliation Act, 1996. The venue of Arbitration shall be in Mumbai and the language for Arbitration shall be English. 28. It is agreed by the Policyholder that the onus and liability to make all premium payments within the due dates specified in the relevant Policy Contract(s) vests solely and absolutely with the Policyholder. 29. In the event the Policyholder opts for premium frequency change. The ECS/NACH shall automatically align to the new premium dates. 30. The ECS/Direct Debit shall be discontinued in the event of receipt of information of death of the Life insured or maturity date or surrender or request for cancellation of the ECS/Direct Debit mandate.

Reliance Nippon Life Insurance Company Limited. IRDAI Registration No: 121. Registered Office: H Block, 1st Floor, Dhirubhai Ambani Knowledge City, Navi Mumbai, Maharashtra 400 710. Corporate Office: Reliance Centre, 5th Floor, Off Western Express Highway, Santacruz East, Mumbai - 400 055. Trade logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited & Nippon Life Insurance Company and used by Reliance Nippon Life Insurance Company Limited under license. For more information or any grievance, 1. Call us between 9am to 6pm, Monday to Saturday on our Toll Free Number 1800 102 1010 or 2. Visit us at www.reliancenipponlife.com or 3. Email us at: mlife.customerservice@relianceada.com or 4. Fax: 022 3303 5662.

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CIN: U66010MH2001PLC167089

Mktg/RNLIC Cancer Protection Plus Proposal Form/Version 1.0/Nov 2018

Instructions to fill Mandate

- UMRN is auto generated during mandate creation and is mandatory to be updated during amendment and cancellation of mandate (Maximum Length - 20 Alpha Numeric Characters)
- Date is in DD/MM/YYYY format
- Sponsor bank IFSC/MICR code, left padded with zeroes where necessary. (Maximum Length-11 Alpha Numeric Characters)
- Utility Code of the Service Provider. (Maximum length-18 Alpha Numeric Characters)
- Name of Service Provider
- Tick on box to select type of action to be initiated
- Tick on box to select type of account to be affected
- Customer's legal account number, (Maximum length-35 Alpha Numeric Characters)
- Name of Bank
- IFSC/MICR code of customer bank. (Maximum length-11 Alpha Numeric Characters for IFSC & 9 Numeric for MICR code)
- Amount payable for service or maximum amount per transaction that could be processed in words.
- Amount in figures, similar to the amount mentioned in words. (Maximum length-13 digit Numeric, in paise)
- Service Provider generated consumer reference number
- Service Provider generated Scheme/Plan reference number
- Tick on box to select frequency of transaction
- Validity of mandate with dates in DD/MM/YYYY format
- Name of Customer/s and signature/s as well as seal of company (where required) (Maximum length of Name - 40 Alpha Numeric Characters)
- Undertaking by customer
- Permanent ID of customer e.g. PAN/Aadhaar No
- Telephone no. with STD code of customer
- 10 digit mobile number of customer
- Mail ID of customer

I have understood that the bank where I have authorised the debit ,may levy onetime mandate processing charges as mentioned in their latest schedule of changes published by the bank.

I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/ Corporate or the bank where I have authorized the debit

I have understood that the bank where I have authorised the debit ,may levy onetime mandate processing charges as mentioned in their latest schedule of changes published by the bank.

I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/ Corporate or the bank where I have authorized the debit

Place

Signature _____

Date

D	D	M	M	Y	E	A	R
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