RELIANCE NIPPON LIFE INSURANCE

A RELIANCE CAPITAL COMPANY

Survival Benefit Payout Form

Policy No.

Date D D M M Y Y Y Y

Name of Policyholder F I R S T L A S T

Bank Name

Bank Account No. Bank Branch

IFSC Code MICR Code

PAN Aadhar No.

Payment will be credited to the given bank account except in the case where the banks are not participating in Electronic Clearing

Residential status: Indian ☐ Non Resident Indian (NRI) ☐ Country, if NRI _____

Residence for Tax purposes in Jurisdiction(s) outside India ☐ Yes ☐ No

(If "Yes" then mandatory to fill the FATCA/CRS declaration)

Terms & Conditions

1. Reliance Nippon Life Insurance shall not be liable for the losses due to delayed electronic credit, or credit to wrong account due to incorrect or incomplete information provided by the customer
2. In the event the credit is not affected by your banker for any reason, RNLIC reserves the right to make payment through cheque/DD
3. The payment shall be processed as per the Terms & Conditions as mentioned in the policy contract and will be binding
4. For NRE a/c, payment may be credited through cheque
5. Please note that w.e.f 01.10.2014, as per Section 194DA under Finance (No.2) Act, 2014, 1% TDS on receipt of PAN or 20% TDS on non-receipt of PAN is applicable if the sum payable in the financial year is Rs. 1,00,000 and above, which is not falling under Section 10(10D) of the Income Tax Act . Please consult your tax advisor

I understand and agree to all the Terms & Conditions as referred above.

_____

Signature of the Claimant/Assignee/Policyholder

Date D D M M Y Y Y Y

Contact Number

If signature is in vernacular/left thumb impression, please complete the following declaration

I hereby declare that I have explained/translated the contents mentioned in the pay out form in detail and I further declare that he/she/they fully understood the meaning thereof.

_____

Signature of the Declarant

Date D D M M Y Y Y Y

Correspondence Address/ Usual place of residence F I R S T L A S T F L A T N O.

B U I L D I N G R O A D N A M E / N O.

L A N D M A R K 1

D I S T R I C T / T A L U K A L A N D M A R K 2

C I T Y / V I L L A G E S T A T E Pincode

STD ISD Code L A N D L I N E M O B I L E EMAIL ADDRESS

I hereby confirm that I have been explained the contents in _____ (language) and have understood the same.

_____

Signature of the Claimant/Assignee/Policyholder

Date D D M M Y Y Y Y

Reliance Nippon Life Insurance Company Limited (formerly known as Reliance Life Insurance Company Limited). IRDAI Registration No: 121. Registered Office: H Block, 1st Floor, Dhirubhai Ambani Knowledge City, Navi Mumbai, Maharashtra 400710. 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: rnlife.customerservice@relianceada.com. 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.

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CIN: U66010MH2001PLC167089

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