Important Note:
1) Please read the terms & condition before completing this form.
2) Please ensure that this mandate form reaches the company at least 30 days prior to the next premium due date.
3) In case of applying for multiple policies, please fill separate mandate for each policy.

Authorization of customer to pay insurance premium of Reliance Nippon Life insurance Company Limited, through Direct Debit / ECS facility.

Instruction for filling up the Form:
1) This form is to be filled by the policyholder himself/herself in BLOCK LETTERS in black or blue ink.
2) Please tick box thus where appropriate.
3) Please strike out parts, which are not applicable and write 'N.A.' strokes of the pen, dots and dashes will not be accepted as replies.
4) The proposer must sign any cancellation or alteration.

Preferred Debit Date: [ Please mention Date of the month on which you would like us to debit your premium. Example: 05th or 23rd ]

Note: In case the preferred debit date is not opted, then the actual due date of the policy as per terms of the policy would be replaced as preferred debit date.

Yes, I have attached a blank cancelled cheque

AUTHORIZATION OF THE BANK ACCOUNT HOLDER FOR ELECTRONIC CLEARING SYSTEM (ECS) / DIRECT DEBIT / NACH (To be signed by the account holder)

I/we wish to inform you that I/we have registered for Direct Debit Facility for my/our payments to Reliance Nippon Life Insurance Company Limited (“RNLIC”) by debit to my/our aforementioned bank account. For this purpose, I/we authorize the Tech Process/ICICI Bank/HDFC Bank/ICICI Bank/Axis Bank/Standard Chartered Bank (Hereinafter “Service Provider” of the RNLIC) to raise a debit on my/our above mentioned account with your branch. I/we hereby authorize you to honor all such requests received through the Service provider to debit my/our Account with the amount requested, for due remittance of the proceeds to the RNLIC. I/we shall not dispute or challenge any debit raised under this mandate or any ground whatsoever. I/we shall not have any claim against my/our Bank in respect of the amount so debited pursuant to the Mandate submitted by me/us. I/we shall keep my/our Bank jointly and/or severally indemnified, from time to time against all claims, actions, suits, for any loss, damage, cost, charges and expenses incurred by my/our Bank by reason of their acting upon the instructions issued by the above named authorized signatories. This request for debit mandate is valid and may be revoked only through a written letter withdrawing the mandate signed by the authorized signatories and acknowledgment at RNLIC Branch and giving reasonable notice to effect such withdrawal. I/us authorize Reliance Nippon Life Insurance Company Limited to the Direct Debit/ECS instruction for outstanding payments, in the event of debit failure.

I agree and undersigned that my bank shall be informed of this authorization as per the details filled by me. I also understand that the above instruction can be withdrawn/cancelled after due intimation by giving an advance notice of two months and with the written consent to Reliance Nippon Life Insurance Company (“RNLIC”) for the payment of premiums due. I am also agreeable for deduction of Goods & Service Tax, other charges and interest as and when required over and above the amount mentioned as premium. I hereby declare that the particulars given are correct and complete. I shall not hold RNLIC responsible if the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, or non-availability of sufficient funds in my account or for any other reason beyond the companies’ control. If there is any delay in RNLIC’s obtaining the credit for such amount or if RNLIC does not obtain credit for such amount for which the above mandate is issued I will be responsible and liable for the consequences and not hold the RNLIC liable or responsible. This mandate shall be treated as the requisite authorization by me to the representative carrying this ECS/Direct Debit mandate form to get it verified and executed and the bank named in the mandate to debit my bank account which such amounts as may be due as life Insurance Premium to be paid to RNLIC. I agree to discharge the responsibility expected of me as a participant under the scheme.

I authorize Reliance Nippon Life Insurance Company Limited to debit an amount of ₹__________ towards collection of premium payments. I understand and agree that the premium amount to be debited may vary due to loading charges on underwriting, if any, and changes in statutory taxes applicable from time to time and authorize Reliance Nippon Life to debit such changed premium from my account as may be requested by Reliance Nippon Life.

FOR OFFICE (RNLIC) USE ONLY

<table>
<thead>
<tr>
<th>Policy Term Start date</th>
<th>Policy Term End date</th>
<th>Maximum Amount*</th>
</tr>
</thead>
</table>

*Maximum amount not to exceed 120% of premium amount

Name of Account Holder

Name of Account Holder

Name of Account Holder
Instructions to fill Mandate

1. 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) 2. Date is in DD/MM/YYYY format. 3. Sponsor bank IFSC/MICR code, left padded with zeroes where necessary. (Maximum Length-11 Alpha Numeric Characters) 4. Utility Code (Service Provider). (Maximum length-18 Alpha Numeric Characters) 5. Name of Service Provider. 6. Tick on box to select type of action to be initiated 7. Tick on box to select type of action to be initiated 8. Customer’s legal account number. (Maximum length-35 Alpha Numeric Character) 9. Name of Bank. 10. IFSC/MICR code of customer bank. (Maximum length-11 Alpha Numeric Characters for IFSC & 9 Numeric for MICR code) 11. Amount payable for service or maximum amount per transaction that could be processed in one go. 12. Utility Code (Service Provider). (Maximum length-18 Alpha Numeric Characters) 13. Name of Service Provider. 14. Tick on box to select type of action to be initiated 15. Amount payable for service or maximum amount per transaction that could be processed in one go. 16. Account number of customer in {country} format. 17. Account number of customer in {country} format. 18. Account number of customer in {country} format. 19. Account number of customer in {country} format. 20. Account number of customer in {country} format. 21. Account number of customer in {country} format. 22. Account number of customer in {country} format. 23. Account number of customer in {country} format. 24. Account number of customer in {country} format. 25. Account number of customer in {country} format. 26. Account number of customer in {country} format. 27. Account number of customer in {country} format. 28. Account number of customer in {country} format. 29. Account number of customer in {country} format. 30. Account number of customer in {country} format. 31. Account number of customer in {country} format. 32. Account number of customer in {country} format. 33. Account number of customer in {country} format. 34. Account number of customer in {country} format. 35. Account number of customer in {country} format. 36. Account number of customer in {country} format. 37. Account number of customer in {country} format. 38. Account number of customer in {country} format. 39. Account number of customer in {country} format. 40. Account number of customer in {country} format. 

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

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 authorised the debit.

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