Survival Benefit Payout Form

Policy No. | | | | | | | | |
Date D D M M Y Y Y Y

Name of Policyholder FIRST LAST
Bank Name
Bank Account No. Bank Branch
IFSC Code MICR Code
PAN

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, "As per Section 194DA of Finance (No. 2) Act 2019, wef 1-Sep-2019, TDS will be applicable @ 5% where valid PAN is available and TDS @ 20% will be applicable in case No/Invalid PAN detail is available. This TDS deduction will be applicable, when the aggregated payout under all life insurance policies which do not comply with the conditions of Section 10(10D) of the Income Tax Act, exceed a sum of Rs. 1.00 Lakh in a financial year. TDS will be deducted at the time of payment on the income component. In case of NRI policy holders/beneficiaries, TDS on such payouts will be withheld u/s 195 of the Income Tax Act,1961.
Please consult your tax advisor for more details."

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 FIRST LAST FLAT NO.
BUILDING
ROAD NAME / NO.
LANDMARK 1
DISTRICT/TALUKA
LANDMARK 2
CITY/VILLAGE
STATE Pincode
STD ISD Code LANDLINE MOBILE 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. IRDAI Registration No: 121. Registered Office: Reliance Centre, 5th floor, Off Western Express Highway, Santacruz East, Mumbai, Mumbai-City District, Maharashtra-400055. 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.

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.

CIN: U66010MH2001PLC167089

Survival Benefit Communication/Version 1.6/Mar2020