Policy No.

Loan Application

RELIANCE NIPPON LIFE INSURANCE

Please grant me an advance of maximum Rs.						availat	ole by w	ay of l	oan c	igains	t the above	polic	y No	. and	l I ag	ree to	pay th	e
interest at the rate of 8.25% per annum compounded every mont	th.																	
I am aware of the terms & conditions on which the loan will be ad	lvanced	l am c	also aw	are tha	t the s	aid term	s & cor	ditions	s hav	e alre	ady been ei	ndors	sed o	n the	e pol	icy.		
(a) The policy duly assigned in your favor and the receipt for the lo	oan amo	unts a	re retur	ned he	rewith	duly cor	npletec	OR (b) The	receip	ot is returne	d her	ewith	n dul	y cor	nplete	ed.	
FORM OF ASSIGNMENT FOR POLICY LOAN																		
I (Name of the Policyholder), F I R S T			M	I D	D	LE					L	А	S	Т		do he	ereby a	ssign
the benefits and the amount payable under the Policy Number											Date	D	D	M	M	Y	ΥY	Y
issued by Reliance Nippon Life Insurance Company Limited on my li	life, assu	ring a	sum of	Rs.														

(Basic Sum Assured) to Reliance Nippon Life Insurance Company Limited in consideration for the Policy Loan of Rs. granted by Reliance Nippon Life Insurance Company Limited.

S	gna	ture	of th	ne Lif	e As	sure	d/ Po	olicyl	nolde	er																				C	ate	D	D	M	M	Y	Y	Y	Y
Corre	espoi	nder	nce A	ddre	ss/ l	Jsua	l plac	e of	resid	ence]		F	L	А	Т		Ν	О.	
	В	U		L	D		Ν	G														R	0	А	D		Ν	А	M	E	/	Ν	О.						
																						L	А	Ν	D	M	А	R	К		1								
	D		S	Т	R		С	Т	/	Т	А	L	U	К	А							L	А	Ν	D	Μ	А	R	К		2								
			Т	Y	/	V		L	L	А	G	Е						S	Т	А	Т	Е									Pi	n Co	de						
PRE	FIX	L	А	Ν	D	L		N	Ε						Μ	0	В		L	Ε]							AAIL /	4DD	RESS						
PAN	Num	ber	provi	ded		Nc	, [Yes		PAI	NU	mber																										

	0	Signo	ature	of th	ne W	itnes	s																														
am	е		F		R	S	Т										Μ		D	D	L	Е												L	А	S	Т
ddı	ess]		F	L	А	Т		Ν	О.
	В	U		L	D		Ν	G													R	0	А	D		Ν	А	M	Е	/	Ν	О.					
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			S	Т	R		С	Т	/	Т	А	L	U	К	А						L	А	Ν	D	Μ	А	R	К		2							
	С		Т	Y	/	V		L	L	А	G	Е					S	Т	А	Т	Е									Pi	n Co	de					
	FIX	L	A N D L I N E I M O B I L E EMAIL ADDRESS																																		

Declaration for vernacular

I hereby declare that I have fully explained/ translated the contents mentioned in the Loan Application form to

Name of the Policyholder		F		R		S	Т								\mathbb{M}		D	D	L	E		L	A	S	Т	
and I further declare that I	no /ch	o /the	s, fu	llvur	dor	ctoo	d tha	mo	anin	a tha	ro of															

and I further declare that he/she/they fully understood the meaning there of.

Signature of the Declarant

Nam	ie		F		R	S	Т											Μ		D	D	L	Е						L A S T										
Add	ress																															F	L	А	Т		Ν	О.	
	В	U		L	D		Ν	G														R	0	А	D		Ν	А	Μ	E	/	Ν	О.						
																						L	А	Ν	D	Μ	А	R	К]								
	D		S	Т	R		С	Т	/	Т	А	L	U	К	А							L	А	Ν	D	Μ	А	R	К		2								
	С		Т	Y	/	\vee		L	L	А	G	Е						S	Т	А	Т	Е									Pi	n Co	de						
PRE	FIX	L	А	Ν	D	L		Ν	E						Μ	0	В		L	E									EMAIL ADDRESS										
													_											-															

Residential status:	Indian	Non Resident Indian (NRI) (Country, if NRI	
-		urisdiction(s) outside India	Yes	

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

BANK ACCOUNT DE	TAILS	S																							
Policy Holder Name as	s per	Ban	ık Re	cord	S	F	R	S	Т												L	А	S	Т	
Bank Name																	Branch	1							
Bank Account No																IFS	C Code	•							

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

Signature of the Life Assured/Policyholder

RE	CEIP	PT FC	DR 1	THI	E L(N A	DV/	ANC	E															
Rs.														Ρ	lace										Date D M M Y Y Y
I,		F			R	S		Т							M)	D	L	E					L A S T do hereby acknowledge receipt of an amount
Rs.																									(In words)
towo	ards (Polic	cy Lo	ban	n ag	jains	st tl	ne P	olic	y Nu	mbe	er													paid to me by Reliance Nippon life insurance company limited

Please affix Re. I/Revenue stamp

	If the signature	is in vernacular l	anguage, ple	ease complete the follo	wing declaration
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I here	eby d	eclar	e tha	t I ha	ve ful	ly exp	olaine	ed/tro	anslat	ed th	ne cor	ntents	s mer	ntione	ed in t	he D	eclar	ation	to							
	F		R	S	Т						\mathbb{M}		D	D	L	Е						L	А	S	Т	

and I further declare that he/she/they fully understood the meaning there of.

Signature of the Declarant

(Declarant should not be an employee/advisor of Reliance Nippon Life Insurance Co. Ltd)

																									Do	ate	D	D	M	M	Y	Y	Y	Y		
Na	me & A	ddres	s of th	ne Dec	larant				F		R	S	Т							M																
Со	rrespo	ndeno	ce ad	dress	/Usuc	ıl plac	e of r	eside	nce					F		R	S	Т				L	А	S	Т			F	L	А	Т		Ν	Ο.		
	В	U		L	D		Ν	G											R	0	А	D														
]		L	А	N	D	\sim	A	R	К	1									
	D		S	Т	R		С	Т	/	Т	А	L	U	К	А]		L	А	N	D	\sim	А	R	К	2									
	С		Т	Y	/	\vee		L	L	А	G	E]		S	Т	А	Т	E			Pin	Code	э								
۱h	ereby o	onfirr	n tha	t I hav	ve bee	n exp	laine	d the	conte	ent in		_												(Lar	nguag	ge) ai	nd ha	ve u	nders	tood	the s	ame.				

Signature of the Policyholder

Date D D M M Y Y Y Y

0

Reliance Nippon Life Insurance Company Limited. IRDAI Registration No. 121. Registered & Corporate Office: Unit Nos. 401B, 402, 403 & 404, 4th Floor, Inspire-BKC, G Block, BKC Main Road, Bandra Kurla Complex, Bandra East, Mumbai - 400051. India. T +91 22 6896 5000. For more information or any grievance, 1. Call us between 8 am to 8 pm, Monday to Saturday (except public holidays) on our Toll-Free Number - 1800 102 1010 or 2. Visit us at www.reliancenipponlife.com 3. Email us at: rnlife.customerservice@relianceada.com. 4. Chat with us on our WhatsApp number (+91) 7208852700. 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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Ŭ	c	Customer Acknowledgment		Ũ	
We acknowledge the receipt of the	Loan Application Form for your Reliance Nippo	on Life Insurance Policy No.			
on: D D M M Y Y	Y Y Y Y Your Service Req	quest Number is			
Signature		Branch Stamp			y ç
Name of the CCE:	I R S T M	I D D L E		L	AST

Kindly note that you can check the status of your Service request any time at <u>https://customer.reliancenipponlife.com/customer/</u> or call our toll free number 1800-102-1010 between 8 AM to 8 PM, Monday to Saturday.