

Application No.

XG100677

COMMON PROPOSAL FORM

IN CASE OF UNIT-LINKED POLICY THE INVESTMENT RISK IN
INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER.For Regular/Limited Premium
Not applicable for policies sourced
through Online modes

Signature of Proposer

Important Guidelines: 1. This form is to be filled by the proposer him/her self. 2. If the proposer is unable to fill the form due to inability to read or understand English language, help of a person other than the insurance advisor/Reliance Nippon Life Insurance Company Limited (RNLIC) employee or insurance intermediaries may be used. 3. For details on risk factors, terms and conditions please refer the product brochure before concluding a sale. 4. Premium paid for offline policies through banking instruments, of which cheques should be only "Account Payee", shall be subject to realization 5. For offline policies cash should be deposited with RNLIC branch only. Cash handed over to the RNLIC Advisor or any unauthorised employee is at the customer's own risk. 6. Enclose proof of mailing & permanent address (both) if different & attach complete address details. 7. Enclose self attested address proof, identity proof & income proof, PAN Card copy as applicable. 8. Enclose signed cancelled cheque/self attested passbook copy. 9. Premium for policies sourced through online modes shall be paid through online mode only and subject to credit in to RNLIC account.

1. PERSONAL DETAILS OF LIFE TO BE INSURED

Full Name	F I R S T																										L A S T																								
Father's Name	F I R S T																										L A S T																								
Mother's Name	F I R S T																										L A S T																								
Gender	<input type="checkbox"/> Male		<input type="checkbox"/> Female		<input type="checkbox"/> Transgender		Date of Birth										D		D		M		M		Y		E		A		R																				
Marital Status	<input type="checkbox"/> Single		<input type="checkbox"/> Married		<input type="checkbox"/> Widower		<input type="checkbox"/> Divorcee																																												
Education	<input type="checkbox"/> Post Graduate & above		<input type="checkbox"/> Graduate		<input type="checkbox"/> Diploma		<input type="checkbox"/> 12th Pass		<input type="checkbox"/> Others		SPECIFY																																								
Annual Income ₹	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>																								
Residence of Life Assured for Tax Purposes in Jurisdiction(s) outside India	<input type="checkbox"/> Yes		<input type="checkbox"/> No		(If "YES" then mandatorily to fill the FATCA/CRS declaration)																																														
Purpose of Insurance	<input type="text"/>																																																		
Bank	<input type="text"/>																	Branch																	<input type="text"/>																
Account No.	<input type="text"/>																	IFSC code																	<input type="text"/>																
Bank Account Proof	<input type="checkbox"/> Cancelled Cheque		<input type="checkbox"/> Passbook Copy		<input type="checkbox"/> Citizenship with country code		<input type="checkbox"/> IN- Indian		<input type="checkbox"/> Others (ISO 3166 Country Code)		<input type="text"/>																																								
Residential Status	<input type="checkbox"/> Resident Individual		<input type="checkbox"/> NRI		<input type="checkbox"/> PIO		<input type="checkbox"/> Foreign National																																												
Employee No. (Salary Deduction Scheme)	<input type="text"/>																																																		
CKYC Number (Mandatory for KYC update request)	<input type="text"/>																																																		
PAN Card Number	<input type="text"/>																	(Please provide Form 60 if PAN Card is not available)																																	
Occupation Type	<input type="checkbox"/> S - Service		<input type="checkbox"/> Private Sector		<input type="checkbox"/> Public Sector		<input type="checkbox"/> Government Sector																																												
	<input type="checkbox"/> B - Business/Self employed		<input type="checkbox"/> Professional		<input type="checkbox"/> Proprietor		<input type="checkbox"/> Partnership		<input type="checkbox"/> Director																																										
	<input type="checkbox"/> O - Others		<input type="checkbox"/> Retired		<input type="checkbox"/> Housewife		<input type="checkbox"/> Student		<input type="checkbox"/> Machine operator		<input type="checkbox"/> Farmer		<input type="checkbox"/> Landlord																																						
			<input type="checkbox"/> Working in coal mines		<input type="checkbox"/> Armed forces		<input type="checkbox"/> Unemployed		<input type="checkbox"/> Others		<input type="text"/>																																								
Name of Employer	F I R S T																										L A S T																								
Nature of Duties/Job Description	<input type="text"/>																																																		
Address Type	<input type="checkbox"/> Residential/ Business		<input type="checkbox"/> Residential		<input type="checkbox"/> Business		<input type="checkbox"/> Registered Office		<input type="checkbox"/> Unspecified																																										
Proof of Address (tick any one)	<input type="checkbox"/> Passport		<input type="checkbox"/> Driving License		<input type="checkbox"/> Voter Id Card		<input type="checkbox"/> Bank Certificate		<input type="checkbox"/> Electricity/ Telephone Bill																																										
	<input type="checkbox"/> Employer Certification		<input type="checkbox"/> Others		<input type="text"/>																																														
Identity Proof (Select any one)	<input type="checkbox"/> A- Passport Number		<input type="text"/>																																																
	<input type="checkbox"/> B- Voter ID card		<input type="text"/>																																																
	<input type="checkbox"/> C- PAN Card		<input type="text"/>																																																
	<input type="checkbox"/> D- Driving Licence		<input type="text"/>																																																
	<input type="checkbox"/> Z- Others (any document notified by the central government)		<input type="text"/>																																																
	Identification No.		<input type="text"/>																																																
Age Proof (tick any one)	<input type="checkbox"/> Defence ID Card		<input type="checkbox"/> Valid Passport		<input type="checkbox"/> Driving Licence		<input type="checkbox"/> PAN Card		<input type="checkbox"/> Others		SPECIFY																																								
Ayushman Bharat Health Account (ABHA) no.	<input type="text"/>		(ABHA) no.		<input type="text"/>																																														
Details of communication Address/Usual place of residence *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	<input type="text"/>		Mobile		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>																								
Landline	STD ISD Code		L A N D L I N E		<input type="text"/>		E-mail		EMAIL ADDRESS																																										

10. Death benefit option (If Applicable) ☐ Option I/A ☐ Option II/B
11. Premium Frequency ☐ Yearly ☐ Half Yearly ☐ Quarterly ☐ Monthly
12. Option to receive Accrued CRB at end of PPT* (For Deferred Income Variant only) ☐ Immediate Payout ☐ Convert into Paid Up Addition
13. Option to receive Cash Bonus* ☐ A - Immediate Payout ☐ B - Convert into Paid Up Addition (if 'B' is chosen, then upto attained age (in years) _____)
14. Opt for Accumulation of Survival Benefits# ☐ Yes ☐ No
15. Opt to convert Survival Benefit into PUA* ☐ Yes ☐ No (If Yes, then upto attained age (in years) ____)
16. Opt for Flexi-Wallet ☐ Yes ☐ No
17. 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 only to be used for paying premiums for all premium payment frequencies, where applicable. 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.

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

*Applicable for RNL Smart Zindagi Plus only
*Applicable for RNL Smart Total Advantage Return only

ANNUITY DETAILS (Mandatory incase of Pension Product)

19. Annuity Payout Option ☐ Life Annuity ☐ Life Annuity with return of purchase price Life Annuity guaranteed for ☐ 5 years ☐ 10 years ☐ 15 years and payable for life thereafter
- Annuity Payout Mode ☐ Annual ☐ Half Yearly ☐ Quarterly ☐ Monthly Annuity Payments by ☐ Post Dated Cheques ☐ Credit to your Saving Bank A/c

LIFE TO BE INSURED - FAMILY HISTORY

20. Have either of your parents or any brothers or sisters suffered from or died under the age of 60 due to any of the following conditions: Heart problems, diabetes, stroke, hypertension, raised cholesterol, cancer, or any hereditary disease? If yes, please give full details below:

Life Insured		Proposer^	
YES	NO	YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Life to be Insured

Relationship	Exact cause of death or details of illness, e.g.: Heart Attack, Diabetes, Cancer, etc.	If alive, Current Age	If deceased Age at Death

Proposer^

Relationship	Exact cause of death or details of illness, e.g.: Heart Attack, Diabetes, Cancer, etc.	If alive, Current Age	If deceased Age at Death

DETAILS OF LIFE INSURANCE POLICIES HELD/PROPOSALS APPLIED WITH LIFE INSURANCE COMPANIES (Including existing policies with Reliance Nippon Life Insurance Company Ltd.)

21. Are you currently insured or have applied for Life Insurance Cover, Critical Illness Cover, Health Insurance Cover, Accidental Benefit Cover etc. If yes, please give full details below:

Life Insured		Proposer^	
YES	NO	YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Life to be Insured

Name of Company	Contract/ Proposal No.	Basic Sum Assured	Sum Assured under Rider	Risk Commencement Date	Status		
					<input type="checkbox"/> Inforce	<input type="checkbox"/> Lapsed	<input type="checkbox"/> Applied
					<input type="checkbox"/> Inforce	<input type="checkbox"/> Lapsed	<input type="checkbox"/> Applied
					<input type="checkbox"/> Inforce	<input type="checkbox"/> Lapsed	<input type="checkbox"/> Applied
					<input type="checkbox"/> Inforce	<input type="checkbox"/> Lapsed	<input type="checkbox"/> Applied
					<input type="checkbox"/> Inforce	<input type="checkbox"/> Lapsed	<input type="checkbox"/> Applied

Proposer^

Name of Company	Contract/ Proposal No.	Basic Sum Assured	Sum Assured under Rider	Risk Commencement Date	Status		
					<input type="checkbox"/> Inforce	<input type="checkbox"/> Lapsed	<input type="checkbox"/> Applied
					<input type="checkbox"/> Inforce	<input type="checkbox"/> Lapsed	<input type="checkbox"/> Applied
					<input type="checkbox"/> Inforce	<input type="checkbox"/> Lapsed	<input type="checkbox"/> Applied
					<input type="checkbox"/> Inforce	<input type="checkbox"/> Lapsed	<input type="checkbox"/> Applied
					<input type="checkbox"/> Inforce	<input type="checkbox"/> Lapsed	<input type="checkbox"/> Applied

22. Have you ever had an application refused, withdrawn, postponed, declined or offered with revised benefits/rated up or made any claim under any insurance policy. If yes, please give details below

Life Insured		Proposer^	
YES	NO	YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Life to be Insured

Name of Company	Contract/ Proposal No.	Basic Sum Assured	Sum Assured under Riders	Reason

The communication address provided above will be used for GST purposes.

(Not applicable for policies sourced through Online mode)

Signature of Witness

Name:
Relationship with
Life to be Insured:
Mobile No.
Date:
Address:

Signature / Thumb Impression of Proposer

Name:
Mobile No.
Date:
Address:

Signature / Thumb Impression of
Life to be Insured

Name:
Mobile No.
Date:
Address:

Applicable only for policies sourced through Online modes:

This is an auto generated application form submitted on date, _____ time _____ and does not require any customer signature.

DECLARATION FOR SIGNING IN VERNACULAR OR FOR UNEDUCATED PERSONS/ IF YOU HAVE AFFIXED A THUMB IMPRESSION (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 affixed the thumb impression or sign in the vernacular language below after fully understanding the contents thereof."

I (Proposer), certify that the contents of the form have been fully explained to me by (full name of declarant): _____

_____ and I have understood the importance of giving complete and accurate information to every question in the proposal form and the importance of each declaration in the proposal form.

Not applicable for policies sourced through Online mode

Signature / Thumb Impression of the Proposer
Name
Mobile No.
Date
Address

Signature of Declarant
Name
Mobile No.
Date
Address

PROHIBITION OF REBATE (SECTION 41 OF THE INSURANCE ACT, 1938, AS AMENDED FROM TIME TO TIME)

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out 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. Please refer to our website or contact our office for the details under the above mentioned Section 41.

POLICY NOT TO BE CALLED IN QUESTION AFTER THREE YEARS (SECTION 45 OF THE INSURANCE ACT, 1938, AS AMENDED FROM TIME TO TIME)

(1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later. (2) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based. (3) notwithstanding anything contained in sub-section(2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer:- Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive. (4) A policy of the life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of the revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of the fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued: Provided that the insurer shall have to communicate in writing to the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based: Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation. Mis-statement of or suppression of shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer, the onus is on the insurer to show that had the insurer been aware of the said fact no life insurance policy would have been issued to the insured. (5) Nothing in this section shall prevent the insurer from calling for proof of age at any time if is entitled to do so, and no policy shall be deemed to be called in question merely because the term of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal. Please refer to our website or contact our office for the details under the above mentioned Section 45.

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

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

^Applicable for RNL Milestone Plan - Life Plus Option

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 Insurance Advisor/SP/AP
Name
SP/AP/Advisor Code
Date
Place

Signature of Sales Personnel
Name
CA Exec/SM Code
Date
Place

Authorised Signatory
Name
SAP Code
Date
Place

Authorised Signatory
Name
Designation
Date
Place

Authorised Person
Name
Designation
Date
Place

FOR OFFICE USE ONLY

Proposal Date	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>	Inward Date	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>																					
FOS Advisor Code	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>																							
POS Advisor Code	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>																							
Client Id of Proposer	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>																							
Application No																								
Bank Code																								
Client ID																								
Contract No																								
Receipt No																								
Occupation Code																								
First Insurance with Reliance Nippon Life Insurance Company	<div><input type="checkbox"/> YES <input type="checkbox"/> NO</div>																							
Subsequent Insurance with Reliance Nippon Life Insurance Company	<div><input type="checkbox"/> YES <input type="checkbox"/> NO</div>																							
Urban / Rural																								

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. 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 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

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 of the 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 account to be affected 8. Customer's legal account number, (Maximum length-35 Alpha Numeric Characters) 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 words. 12. Amount in figures, similar to the amount mentioned in words. (Maximum length-13 digit Numeric, in paise) 13. Service Provider generated consumer reference number 14. Service Provider generated Scheme/Plan reference number 15. Tick on box to select frequency of transaction 16. Validity of mandate with dates in DD/MM/YYYY format 17. Name of Customer/s and signature/s as well as seal of company (where required) (Maximum length of Name - 40 Alpha Numeric Characters) 18. Undertaking by customer 19. Permanent ID of customer e.g. PAN/Aadhaar No 20. Telephone no. with STD code of customer 21. 10 digit mobile number of customer 22. 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

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Place

Signature

Date

RELIANCE

NIPPON LIFE
INSURANCEREGISTRATION FORM CUM MANDATE FOR
ELECTRONIC CLEARING SERVICES (ECS)/DIRECT DEBIT/NACH

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 BLOCKLETTERS 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 abovementioned bank account: For this purpose, I/We authorize the Tech Process/ICICI Bank/HDFC Bank/SBI Bank/Axis Bank/Standard Chartered Bank (Hereinafter "Service Provider" of the RNLIC) to raise a debit on 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 acknowledge at RNLIC Branch and giving reasonable notice to effect such withdrawal. I/Us authorize Reliance Nippon Life Insurance Company Limited to represent 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 Rs. _____ towards collection of premium payments. I understand and agree that the premium amount to be debited may vary due to loadings 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

Policy Term Start date	Policy Term End date	Maximum Amount#

*Maximum amount not to exceed 120% of premium amount

Accountholder's Signature
(as per Bank records)

2nd Signature in case of Joint Holder
(as per Bank records)

Policy Holder's Signature
(If Account holder differs from policy holder)

RELIANCE

NIPPON LIFE
INSURANCE

Bank Mandate

(NACH/ECS/Direct Debit Mandate Form)

Date UMRN Sponsor Bank Code Utility Code

Tick(✓)

Create ☒
Modify ☐
Cancel ☐

I/We hereby authorize Reliance Nippon Life Insurance Company Ltd to debit (tick ✓) A/C type ☐ Savings ☐ Current ☐ Other

Bank A/C number

with Bank IFSC MICR

Amount in words ₹

Frequency ☒ Monthly ☒ Quarterly ☒ Half Yearly ☒ Yearly ☒ As & when presented

Debit type ☒ Fixed Amount ☒ Maximum Amount

Reference 1

Phone No

Reference 2

Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

Period	
From	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
To	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Or	<input checked="" type="checkbox"/> Until Cancelled

Signature of Account Holder

Signature of Account Holder

Signature of Account Holder

Name of Account Holder

Name of Account Holder

Name of Account Holder

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/ corporate to debit my account.
- 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 also agree to receive the information/communication/notice related to this policy through electronic mode.

Modified Version Dated : 24.05.2024

