

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

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, identify 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

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Mother's Name	F	T	R	S	Т																									L	А	S	Т	
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NOMINEE / APPOINTEE DETAILS

9. Premium Payment Details Cash/Cheque/DD No.

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Proposer^						
Name of Company	Contract/ Proposal No.	Basic Sum Assured	Sum Assured under Riders	Reason		
3. Parent's insurance details - For minor lives/student lives	s (major) -Total	Sum Assured ₹				
4. Name of Husband/Parents (applicable for all non earnin	3		R S T		L A S	Т
5. Spouse Insurance/Parents Insurance (applicable for all	non earning liv	es/Female lives)	FIRS	T	L A S	
LIFESTYLE QUESTIONS AND PERSONAL MEDICAL HIS						Proposer^
6. Are you currently or Do you intend engaging in any haz underground or offshore, using explosives, flying other mountaineering or any other dangerous activity?				S,	YES NO	YES NO
7. Are you currently or do you intend to live or travel outsic If yes, please provide full details of countries to be visite	le of India for n d and purpose	nore than 6 months? of visit and duration	(Life Insured as w	rell as Proposer^)		
8. Have you smoked or consumed tobacco or nicotine proc	lucts in any forr	m? If Yes, please spec	ify			
For Life Insured Cigarettes e-Cigarettes Be	edis Gutkh Tobac	Cigars Qty p	er day	Ouration Years		
For Proposer^ Cigarettes e-Cigarettes Be	edis Gutkh Tobac		er day	Ouration Years		
Do you consume or have you consumed any form of alco	hol?					
For Life Insured, If yes, please specify Beer	Wine	Hard liquor Qty per	week	Duration Years		
For Proposer^, If yes, please specify Beer	Wine	Hard liquor Qty per	week	Duration Years		
0. Do you consume or have you consumed any form of Naro	cotics, e.g. Hero	oine, Cocaine, Cannab	is/Ganja, LSD, etc	?		
1. Life Insured - Please specify your height in cm Proposer^ - Please specify your height in cm	Weight in					
Are you currently taking any medication or drugs, other than ot prescribed by a doctor, or have you suffered from any il has required any form of medical or specialized examination or blood tests), consultation, hospitalization or surgery?	lness, disorder,	disability or injury during	ng the past 5 years	s which		
3. Do you have : congenital/birth defects, pain or problems in the physical disability and have you been incapable of working/at are you currently incapable of working/attending school?						
4. Do you suffer from any medical ailments - diabetes, high bl. Kidney, Liver Disease, Stroke, any Nervous system disorder, Hepatitis B, Tuberculosis, Psychiatric Disorder, Depression, I	any disorder of	digestive system, Abno	ormality of thyroid,	any blood disorder, Heart Problems,		
5. Is any surgery planned or are you currently aware or have be within the near future? (Other than for medical examination	peen advised, the s that may arise	nat you may need to se e from this application)	ek medical advice			
6. Have you ever suffered from drug or alcohol addiction or be	een advised by a	a doctor to reduce you	alcohol/drug inta	ke?		
7. For female applicants: Are you currently pregnant? If yes, plea Number of months pregnant Expected delivery of		M M Y E A	R			
IF YOU HAVE ANSWERED YES, TO ANY OF THE QUESTION Life to be Insured Question	n No.	Complete details requ	uired: For Question	E DETAILS HERE n Nos. 26 to 37, please provide details prescribed, name and address of the		

rendered by the company for this proposal or resulting policy(s).

I authorize Reliance Nippon Life Insurance Company Limited and/or its representative to call me/us and/or notify me on all services

me/us by the Advisor/Sales Manager"

No

Yes

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

(Not applicable for policies sourced through Online mode)

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

tuses or tables of the insurer. Please refer to our website or contact our office for the details under the above mentioned Section 41.

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 prospec-

(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 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 F	PERMANENT ADDRESS OF	F PROPOSER/LIFE TO BE INSURED
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- 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

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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 This is an auto generated application form submitted on date

and does not require any customer signature.

on mobile no

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CONFIDENTIAL REPORT (To be comp policies sourced through Online mo		fter receiving the completed proposal form - Not ap	plicable for
		uld be countersigned by the Authorised Signatory	
Have you met the Proposer & Life to		old be countersigned by the Authorised Signatory	Yes No
2. Are you (Advisor/SM) related to the	Life to be Insured/Proposer^? If Yes, to wh	om and what is the relationship?	Yes No
3. Do you notice any disability, menta	l or physical deformity for any Life to be Ins	ured/Proposer^? If Yes, give details	Yes No
4. Are you personally satisfied with the Please estimate the income of the F		o be Insured in relation to the proposed insurance?	Yes No
5. Have you verified all the documents	s submitted by life to be Insured/proposer?		Yes No
6. Is the Life to be Insured/Proposer^,	presently, in good health? If No, give detail	Is	Yes No
7. How long have you known the Life	to be Insured/Proposer^? Years	Months	
^Applicable for RNL Milestone Plan	· ·		
	TION (Not applicable for policies source	ed through Online modes) and affixed his photograph. I certify that the client has unde	
		knowledge and belief, I have also verified the complete urced from the proceeds of any criminal activities/offence	
		be any adverse change in my opinion of the integrity or re	
I shall inform Reliance Nippon Life Insu	rance Company Limited immediately.		
Signature of Insurance Advisor/SP/AP	Signature of Sales Personnel	Authorised Signatory	
Name	Name	Name	
SP/AP/Advisor Code Date	CA Exec/SM Code Date	SAP Code Date	
Place	Place	Place	
Authorized Cignatory	Authorised Person		
Authorised Signatory Name	Name		
Designation	Designation		
Date	Date		
Place	Place		

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: mlife.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.

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Proposal Date	D	D	M	M	Υ	Υ	Υ	Υ												ı	nwo	ırd [Date	D	-	D	M	Μ	Υ	Υ	Υ	Υ
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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.

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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 lift 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 it's 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.

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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 changes 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

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 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

Place											Signature	Date	D	D	Μ	M	Υ	Е	А	R

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NIPPON LIFE **INSURANCE**

REGISTRATION 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) Incase 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	D D	(Please mention DATE of the month on which you would like us to debit your premium. Example 05th or 23rd)
Note: In Case the prefe	rred 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 attach	ned a blan	k cancelled cheque
ALITHODIZATION	E TI IE DA	ANY ACCOUNT HOLDER FOR ELECTRONIC CLEARING CYCTEM (ECC) / DIRECT DEDIT / MACH /T. h

IORIZATION 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 issues 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.

Lagree and undersigned that my bank shall be informed of this authorization as per the details filled by me. Lalso 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	2nd Signature in case of Joint Holder	Policy Holder's Signature
(as per Bank records)	(as per Bank records)	(If Account holder differs from policy holder)

(as per Bank record	s) 	(as per Bank re	ecords) 	(If Account holder differs from policy holder)
Reliance	NIPPON LIFE INSURANCE		nk Mandate ect Debit Mandate Form)	Date D D M M Y E A R
	UMRN	FOR OFFIC	E U S E O N L Y	
Tick(✔)	Sponsor Bank Code	S C B L 0 0 3 6 0	0 1 Utility Code S C B L 0	0 0 1 0 0 0 0 0 0 3 0 5 7
Croato	e hereby authorize Relian	ce Nippon Life Insurance Compai	ny Ltd to debit (tick 🗸) A/C type 🔃 !	Savings Current Other
Bank A/C number				
with Bank		IFSC		MICR
Amount in words				₹
Frequency X Monthly	X Quarterly X Half	rearly X Yearly As & where	n presented Debit type	• X Fixed Amount Amount
Reference 1 P O L	I C Y N O.		Phone No	
Reference 2 A P P	L I C A T I C	N N O.	Email ID	

Lagree for the debit of mandate processing charges by the bank whom Lam authorizing to debit my account as per latest schedule of charges of the bank.

Period														
From	D	D	M	M	Υ	E	Α	R						
То														
Or	/	Un	til Co	ance	elled									

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/amen'd 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

