

Loan Application

Policy No.

Please grant me an advance of maximum Rs. available by way of loan against the above policy No. and I agree to pay the interest at the rate of 8.5% per annum compounded every month.

I am aware of the terms & conditions on which the loan will be advanced. I am also aware that the said terms & conditions have already been endorsed on the policy.

(a) The policy duly assigned in your favor and the receipt for the loan amounts are returned herewith duly completed OR (b) The receipt is returned herewith duly completed.

FORM OF ASSIGNMENT FOR POLICY LOAN

I (Name of the Policyholder), F I R S T M I D D L E L A S T do hereby assign the benefits and the amount payable under the Policy Number Date D D M M Y Y Y Y issued by Reliance Nippon Life Insurance Company Limited on my life, assuring 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.

Signature of the Life Assured/ Policyholder

Date D D M M Y Y Y Y

Correspondence Address/ Usual place of residence

F L A T N O.

B U I L D I N G R O A D N A M E / N O.

L A N D M A R K 1

D I S T R I C T / T A L U K A L A N D M A R K 2

C I T Y / V I L L A G E S T A T E Pin Code

PREFIX L A N D L I N E M O B I L E EMAIL ADDRESS

PAN Number provided No Yes PAN Number

Signature of the Witness

Name F I R S T M I D D L E L A S T

Address F L A T N O.

B U I L D I N G R O A D N A M E / N O.

L A N D M A R K 1

D I S T R I C T / T A L U K A L A N D M A R K 2

C I T Y / V I L L A G E S T A T E Pin Code

PREFIX L A N D L I N E 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 I R S T M I D D L E L A S T

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

Signature of the Declarant

Name	F	I	R	S	T	M	I	D	D	L	E	L	A	S	T									
Address												F	L	A	T	N	O.							
	B	U	I	L	D	I	N	G					R	O	A	D	N	A	M	E	/	N	O.	
													L	A	N	D	M	A	R	K	1			
	D	I	S	T	R	I	C	T	/	T	A	L	U	K	A	L	A	N	D	M	A	R	K	2
	C	I	T	Y	/	V	I	L	L	A	G	E	S	T	A	T	E	Pin Code						
PREFIX	L	A	N	D	L	I	N	E	M	O	B	I	L	E	EMAIL ADDRESS									

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)

BANK ACCOUNT DETAILS

Policy Holder Name as per Bank Records	F	I	R	S	T	L	A	S	T																							
Bank Name																Branch																
Bank Account No																				IFSC 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

RECEIPT FOR THE LOAN ADVANCE

Rs.

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 Place

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 Date

D	D	M	M	Y	Y	Y	Y
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I,

F	I	R	S	T
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M	I	D	D	L	E
---	---	---	---	---	---

L	A	S	T
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 do hereby acknowledge receipt of an amount of

Rs.

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 (In words)

towards Policy Loan against the Policy Number

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 paid to me by Reliance Nippon life insurance company limited

Please affix Re. /Revenue stamp

If the signature is in vernacular language, please complete the following declaration

I hereby declare that I have fully explained/ translated the contents mentioned in the Declaration to

Grid for name: F I R S T M I D D L E L A S T

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)

Date DDMMYYYY

Name & Address of the Declarant

Grid for name: F I R S T M I D D L E L A S T

Correspondence address/Usual place of residence

Grid for address: F I R S T L A S T F L A T N O.

Grid for address: B U I L D I N G R O A D N A M E / N O.

Grid for address: L A N D M A R K 1

Grid for address: D I S T R I C T / T A L U K A L A N D M A R K 2

Grid for address: C I T Y / V I L L A G E S T A T E Pin Code

Grid for address: PREFIX L A N D L I N E M O B I L E EMAIL ADDRESS

I hereby confirm that I have been explained the content in

Grid for language: (Language) and have understood the same.

Signature of the Policyholder

Date DDMMYYYY

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: mlife.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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Customer Acknowledgment

We acknowledge the receipt of the Loan Application Form for your Reliance Nippon Life Insurance Policy No. [Grid]

on: [Date Grid] Your Service Request Number is [Grid]

Signature

Branch Stamp

Name of the CCE: [Grid] F I R S T M I D D L E L A S T

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