

RELIANCE

NIPPON LIFE
INSURANCE

Application No.

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, Aadhaar 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		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 ₹			Source of Funds/Income																									
Purpose of Insurance																												
Bank														Branch														
Account No.														IFSC code														
Bank Account Proof	<input type="checkbox"/> Cancelled Cheque <input type="checkbox"/> Passbook Copy		Citizenship with country code	<input type="checkbox"/> IN- Indian <input type="checkbox"/> Others (ISO 3166 Country Code)																								
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)																												
CKYC Number (Mandatory for KYC update request)																												
Aadhaar/Enrollment Number														PAN Card Number														
(For Aadhaar Number, please specify the last 4 digits only)																												
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"/> O - Others (<input type="checkbox"/> Professional <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Machine Operator <input type="checkbox"/> Farmer <input type="checkbox"/> Armed Forces <input type="checkbox"/> Unemployed <input type="checkbox"/> Working in Coal Mines <input type="checkbox"/> Landlord) <input type="checkbox"/> B - Business <input type="checkbox"/> N - Not Categorized																											
Nature of Duties/Job Description																												
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"/> UID (Aadhar) <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																											
Identity Proof (Select any one)	<input type="checkbox"/> A- Passport Number															Passport Expiry Date												
	<input type="checkbox"/> B- Voter ID card																											
	<input type="checkbox"/> C- PAN Card																											
	<input type="checkbox"/> D- Driving Licence															Driving Licence Expiry Date												
	<input type="checkbox"/> E- UID (Aadhaar) (Last 4 digits only)																											
	<input type="checkbox"/> Z- Others (any document notified by the central government)																											
	Identification No.																											
Age Proof (tick any one)	<input type="checkbox"/> Bank Certification <input type="checkbox"/> Defence ID Card <input type="checkbox"/> Employer Certification <input type="checkbox"/> Others		SPECIFY																									
	<input type="checkbox"/> Valid Passport <input type="checkbox"/> Aadhaar Card <input type="checkbox"/> Driving Licence <input type="checkbox"/> PAN Card <input type="checkbox"/> Others		SPECIFY																									

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						Mobile	M O B I L E 1					M O B I L E 2															
Landline	STD ISD Code L A N D L I N E					E-mail	EMAIL ADDRESS																				

2. PERSONAL DETAILS OF PROPOSER (to be filled only if different from Life to be Insured)

[illegible]

3.	Nominee's Name	<input type="text"/>	Mr.	<input type="text"/>	Ms.	<input type="text"/>	F	I	R	S	T									L	A	S	T																						
4.	Date of Birth	<input type="text"/>	D	<input type="text"/>	M	<input type="text"/>	M	<input type="text"/>	Y	E	<input type="text"/>	A	<input type="text"/>	R	Relationship of the Nominee with the Life to be Insured																														
5.	Appointee's Name (If Nominee is a minor)	<input type="text"/>	Mr.	<input type="text"/>	Ms.	<input type="text"/>	F	I	R	S	T									L	A	S	T																						
6.	Appointee's signature											7.	Appointee's Date of Birth	<input type="text"/>	D	<input type="text"/>	M	<input type="text"/>	M	<input type="text"/>	Y	E	<input type="text"/>	A	<input type="text"/>	R																			
8.	Relationship with the Nominee	<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"/>																							
9.	Address Proof, if different from Proposer (tick any one)	<input type="checkbox"/>	Electricity/Telephone Bill	<input type="checkbox"/>	Passport	<input type="checkbox"/>	Employer Certification																																						
		<input type="checkbox"/>	Bank Certificate	<input type="checkbox"/>	Driving Licence	<input type="checkbox"/>	Voter ID Card	<input type="checkbox"/>	Others	<input type="text"/> SPECIFY																																			
10.	Identity Proof (tick any one)	<input type="checkbox"/>	Driving Licence	<input type="checkbox"/>	Voter ID Card	<input type="checkbox"/>	Passport	<input type="checkbox"/>	PAN Card	<input type="checkbox"/>	Bank Certification	<input type="checkbox"/>	Defence ID Card	<input type="checkbox"/>	Employer Certification																														
		<input type="checkbox"/>	Others	<input type="text"/> SPECIFY																																									
11.	Address of the Nominee (Appointee, if Nominee is Minor)	<input type="text"/>	F	<input type="text"/>	L	<input type="text"/>	A	<input type="text"/>	T	<input type="text"/>	N	O.			<input type="text"/>	B	<input type="text"/>	U	<input type="text"/>	I	<input type="text"/>	L	<input type="text"/>	D	<input type="text"/>	I	<input type="text"/>	N	G																
		<input type="text"/>	R	<input type="text"/>	O	<input type="text"/>	A	<input type="text"/>	D	<input type="text"/>	N	A	<input type="text"/>	M	<input type="text"/>	E	/	N	O.	<input type="text"/>		<input type="text"/>	C	<input type="text"/>	I	<input type="text"/>	T	<input type="text"/>	Y	/	V	<input type="text"/>	I	<input type="text"/>	L	<input type="text"/>	L	<input type="text"/>	A	<input type="text"/>	G	<input type="text"/>	E		
		<input type="text"/>	S	<input type="text"/>	T	<input type="text"/>	A	<input type="text"/>	T	<input type="text"/>	E																																		
12.	Nominee/Appointee Contact Landline	STD ISD Code	<input type="text"/>	L	<input type="text"/>	A	<input type="text"/>	N	<input type="text"/>	D	<input type="text"/>	L	<input type="text"/>	I	<input type="text"/>	N	<input type="text"/>	E	<input type="text"/>			Mobile	<input type="text"/>	M	<input type="text"/>	O	<input type="text"/>	B	<input type="text"/>	I	<input type="text"/>	L	<input type="text"/>	E	<input type="text"/>										
	Nominee/Appointee E-mail	<input type="text"/> EMAIL ADDRESS																																											

13.	Application No.	Product Name	Plan Option	Policy Term (Yrs)	Premium Payment Term (Yrs.)	Sum Assured (₹)	Sum Assured on Death (₹)	Installment Premium (₹)	GST (₹)	Total Premium Instalment Premium +GST (₹)	Fund Name	Allocation (%)
		Base Plan Name									Life Equity Fund 3	
		Rider Name									Life Pure Equity Fund 2	
		Rider Name									Make in India Fund	
		Rider Name									Life Balanced Fund 1	
		Rider Name									Life Corporate Bond Fund 1	
		Total Installment Premium (₹)									Life Money Market Fund 1	
	The treatment of vesting benefits under Pension products are as per IRDAI approved product F&I, IRDAI Regulation/Government / Pension guidelines issued from time to time										Smart Pension Fund 1	

The treatment of vesting benefits under Pension products are as per IRDAI approved product F&U, IRDAI Regulation/Government / Pension guidelines issued from time to time

- 14.** Investment Option ☐ Self Managed Option ☐ Target Maturity Option ☐ Life Stage Option ☐ Trigger Portfolio Option

15. Systematic Transfer Plan ☐ (Only available under Self-Managed Option for Reliance Nippon Life Prosperity Plus UIN: 121L134V01)

16. Premium Payment Type ☐ Regular ☐ Single ☐ Limited

17. Premium Payment Details Cash/Cheque/DD No. Date Drawn on

18. Death benefit option (If Applicable) ☐ Option I ☐ Option II

19. Premium Frequency ☐ Yearly ☐ Half Yearly ☐ Quarterly ☐ Monthly

20. 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 or Premium payor only to be used for paying premiums for all premium payment frequencies. 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. Online payments made by third party credit/debit cards, e-wallets, net banking are not allowed.

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

22. 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

23. 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: ☐ Yes ☐ No

Life to be Insured/Proposer	Family Member	Exact cause of death or details of illness, e.g.: Heart Attack, Diabetes, Cancer, etc.	If alive, Current Age	If deceased Age at Death

24. Are you currently insured or applying for Life Insurance Cover, Critical Illness Cover, Accident Benefit Cover, not covered above? ☐ Yes ☐ No
If yes, please give full details below, with present status and terms of acceptance of all existing policies held/proposals applied for by the Life to be Insured

Name of Life to be Insured/Proposer	Name of Company	Contract/ Proposal No.	Basic Sum Assured	Sum Assured under Rider	Risk Commencement Date	Present Status & terms of acceptance
						<input type="checkbox"/> Declined <input type="checkbox"/> Postponed <input type="checkbox"/> Rated Up <input type="checkbox"/> Reject <input type="checkbox"/> Inforce <input type="checkbox"/> Lapsed <input type="checkbox"/> Applied

Additional sheets with relevant details signed by Life to be Insured may be added if space is insufficient.

[illegible][illegible][illegible]

YES		NO	
1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16
17	18	19	20
21	22	23	24
25	26	27	28
29	30	31	32
33	34	35	36
37	38	39	40
41	42	43	44
45	46	47	48
49	50	51	52
53	54	55	56
57	58	59	60
61	62	63	64
65	66	67	68
69	70	71	72
73	74	75	76
77	78	79	80
81	82	83	84
85	86	87	88
89	90	91	92
93	94	95	96
97	98	99	100

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If yes, please indicate in which form	Cigarettes	e-Cigarettes	Beedis	Chew	Gutkha	Qty per day	Duration	Years
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If yes, please specify	Beer	Wine	Hard liquor	Qty per week	Duration	Years
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[illegible]

IF YOU HAVE ANSWERED YES, TO ANY OF THE QUESTIONS BETWEEN 28 and 37 PLEASE PROVIDE THE DETAILS HERE

Complete details required: For Question Nos. 28 to 37, please provide details including health condition, date of diagnosis, treatment prescribed, name and address of the doctor (if applicable)

☐ Yes ☐ No

Additional sheets with relevant details signed by life insured may be added if space is insufficient.

*Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions. PEP norms may also be applied to the accounts of the family members or close relatives of the above referred individuals.

DECLARATION BY LIFE TO BE INSURED /PROPOSER

In case of fraud, misrepresentation and concealment of material fact, the policy contract shall be treated in accordance with the Section 45 of Insurance Act 1938 as amended from time to time

I hereby declare that the details furnished above are true and correct to the best of my knowledge and I undertake to inform you for any changes therein immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby consent to receiving information from Central KYC Registry through SMS/ Email/ on the above registered number/email address

AUTHORIZATION BY LIFE TO BE INSURED /PROPOSER

In order to enable the Company to assess the risk under this proposal and any time thereafter, I hereby, authorize the past and present employer(s)/business associates/medical practitioner/hospital and medical source/any life and non-life insurance Company/organization to release to the Company the records of employment / business or other details as may be considered relevant for acceptance or otherwise of this proposal form. I agree that to underwrite the policy effectively, RNLIC may need to share my personal information with a specialist service provider, who would keep the said information in secure and confidential manner. Payments will be made to the provided bank a/c, unless the bank a/c particulars are changed/modified by my written communication to RNLIC. I also hereby agree and authorise the Company to access my data maintained by the Unique Identification Authority of India (UIDAI) for KYC verification and other eKYC services purpose.

I opt for issuance of the policy(s) in electronic format ☐ Yes ☐ No

I would like to receive my insurance policy(s) and all the information related to the proposed insurance policy(s) through insurance repository? ☐ Yes ☐ No

If yes, choose any one Insurance Repository: ☐ CAMSRep - CAMS Insurance Repository & Services ☐ NDML - NSDL Data Management Services limited
☐ KARVY ☐ CIRL - Central Insurance Repository Limited

If you already have an e-Insurance Account (e-IA) number, kindly provide

[illegible]

I understand that this is a Regular/Limited premium payment policy and I would need to pay premiums for _____ (in words) _____ years

"I am aware that in order to enable the Company to assess the risk, the Life Insured needs to undergo medicals as per Reliance Nippon Life Insurance Company Ltd. requirements and the same has been explained to me/us by the Advisor/Sales Manager"

I authorize Reliance Nippon Life Insurance Company Limited and/or its representative to call me/us for this proposal or resulting policy(s) ☐ Yes ☐ No

Residence of Proposer for Tax Purposes in Jurisdiction(s) outside India ☐ Yes ☐ No (If "YES" then mandatorily to fill the FATCA/CRS declaration)

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 (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 below after fully understanding the contents thereof."

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

and I have understood the significance of the proposed contract.

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)

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take 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. 2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees. 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

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

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 IRDAI Licensed 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	D	D	M	M	Y	Y	Y	Y	Inward Date	D	D	M	M	Y	Y	Y	Y
FOS Advisor Code																	
POS Advisor Code																	
Client Id of Proposer																	

Application No

Bank Code

Client ID

Contract No

Receipt No

Occupation Code

First Insurance with Reliance Nippon Life Insurance Company

☐ YES ☐ NO

Subsequent Insurance with Reliance Nippon Life Insurance Company

☐ YES ☐ NO

Urban / Rural

Reliance Nippon Life Insurance Company Limited. IRDAI Registration No: 121. Registered Office: H Block, 1st Floor, Dhirubhai Ambani Knowledge City, Navi Mumbai, Maharashtra 400 710. Corporate Office: Reliance Centre, 5th Floor, Off Western Express Highway, Santacruz East, Mumbai - 400 055. 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. 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 or 4. Fax: 022 3303 5662.

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

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, IRDAI Registration No: 121. Registered Office: H Block, 1st Floor, Dhirubhai Ambani Knowledge City, Navi Mumbai, Maharashtra 400 710. Corporate Office: Reliance Centre, 5th Floor, Off Western Express Highway, Santacruz East, Mumbai - 400 055. 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. 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 or 4. Fax: 022 3303 5662.

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 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

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Place

Signature

Date

