RELIANCE NIPPON LIFE

COMMON PROPOSAL FORM

IN CASE OF UNIT-LINKED POLICY THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER.

Application No.

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.

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Mktg/Common Proposal Form/Version 2.62/Nov 2018

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

25. Parents' insurance details - Total Sum Assured ₹						App	olicable	for life	e Insu	Jred	<18 y	ears	old						
26. Name of Husband/Parent (applicable for female L.A.)	F	I R	S	Т												LA	A S	Т	
27. Total Sum Assured on life of Husband/Parent (All Policie	s)																		
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29. Are you currently or do you intend to live or travel outsid																			
If yes, please provide full details of countries to be visited																			1
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30. b. Do you consume or have you consumed any form of all If yes, please specify Beer Wine		liquor e: rd liquor		-			Hard Lic Duratior		r 2 gl	asse Yea		eer/v	vine p	er w	eek.]		
31. Please specify your height in cm Weight	in Kg																		
32. Are you currently taking any medication or drugs, other than you suffered from any illness, disorder, disability or injury du (including chest x-rays, gynecological investigations, pap sn	ring the	e past 5	years	which h	nas requir	ed an	iy form o	f med	ical o						nave]		
33. Do you have : congenital/birth defects, pain or problems in the been incapable of working/attending the school during the las	2 years	s for moi	re thai	n 5 days	or are yo	u curr	ently inco	ipable	of wo	orkin	g/attei	nding	schoo	?	· ·				
34. Do you suffer from any medical ailments eg: diabetes,high b blood disorder, Heart Problems, Hepatitis B, Tuberculosis, Ps	, ychiatri	c Disord	er, De	pressio	n, ĤIV AIC	S or c	a related	infecti	on?					roke,	, any]		
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36. Have you ever suffered from drug or alcohol addiction or be	en advi	sed by c	a doct	or to rec	duce your	alcoh	ol/drug	intake	?										
37. For female applicants: Are you currently pregnant? If yes, ple	use ans	wer the	followi	ing]		
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IF YOU HAVE ANSWERED YES, TO ANY OF THE QUES		BETWI																	
Life to be Insured/Proposer Question	No.				etails requ ate of dia														

38. Whether the Life to be Insured/Proposer/Nominee(s)/Appointee(s)/Premium payor is/are Politically Exposed Person(s)*

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

No

*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

I understand and agree that the statements in this proposal form shall be the basis of the contract between me and Reliance Nippon Life Insurance Company Limited ("the Company"). Lagree that I will inform the Company if between the date of this proposal and the date of issuance of the policy about any change in the Life to be Insured's general health, occupation, financial position or if any other proposal or application to any other Insurance Company on the Life to be Insured's life is declined/postponed or accepted other than the standard terms so that the Company may consider the terms of acceptance. I agree that the Insurance protection shall only be provided effective from the date of acceptance of risk by the Company. I declare that I have answered the questions in the proposal form and have duly signed it after understanding its contents and terms and conditions. I further declare that the statements in this proposal are true and I have disclosed all information which might be material to the Company while issuing the policy contract. I declare that the premiums paid have not been generated from the proceeds of any criminal activities/ offences and I shall abide by and conform to the Prevention of Money Laundering Act, 2002 or any other applicable laws. 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

Yes

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

I hereby authorize the Company to conduct screening/confirmation/ reconfirmation of overall status of the Life to be Insured including the health status through medical examinations, if required, which may include Laboratory tests, Cardiac, Radiological investigations and other medical tests including blood tests to detect bacterial/viral/fungal infections. I hereby give my consent to undergo HIV1/2 test by ELISA method. I am aware that this test is only for screening purposes and not confirmatory for HIV/AIDS.

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 associ-ates/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.

OPTIONAL:		
I opt for issuance of the policy(s) in electronic form Note: A physical copy of policy(s) document will al		icy document (Except if issued to Insurance Repository)
I would like to receive my insurance policy(s) and	all the information related to the proposed	d 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	
I understand that this is a Regular/Limited premi	um payment policy and I would need to po	ay premiums for (in words) years
"I am aware that in order to enable the Company Insurance Company Ltd. requirements and the sa me/us by the Advisor/Sales Manager"		to undergo medicals as per Reliance Nippon Life Yes No
I authorize Reliance Nippon Life Insurance Compa	ny Limited and/or its representative to cal	Il me/us for this proposal or resulting policy(s) Yes No
Residence of Proposer for Tax Purposes in Jurisdia	tion(s) outside India Yes No	(If "YES' then mandatorily to fill the FATCA/CRS declaration)
The communication address provided above will (Not applicable for policies sourced through On	1	
Signature of Witness	Signature / Thumb Impression of Propos	er Signature / Thumb Impression of Life to be Insured
Name: Relationship with	Name: Mobile No.	Name: Mobile No.
Life to be Insured: Mobile No. Date: Address:	Date: Address:	ser Signature / Thumb Impression of Life to be Insured Name: Mobile No. Date: Address: does not require any customer signature. pplicable for policies sourced through Online modes) oposal form to the proposer inlanguage, and I have
Applicable only for policies sourced through Onl This is an auto generated application form submit		does not require any customer signature.
		pplicable for policies sourced through Online modes)
I (declarant), hereby declare that I have fully explait truthfully recorded the answers given by the propo		oposal form to the proposer inlanguage, and I have impression below after fully understanding the contents thereof."
I (proposer), certify that the contents of the form ar	nd documents have been fully explained to	o me by (full name of declaant):
	and I have unders	tood the significance of the proposed contract.
Not applicable for policies sourced through Online		
Signature / Thumb Impression of the Proposer	Signature of Declarant	
Name Mobile No.	Name Mobile No.	
Date	Date	
Address	Address	
PROHIBITION OF REBATE (SECTION 41 OF THE	INSURANCE ACT 1938 AS AMENDED F	

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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

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2. <i>A</i>	re y	ou (A	dvis	or/S	M) re	elate	d to	the	Life	to be	Insu	ureď	? If Yes	s, to	wh	om	and	who	at is	the r	elati	ons	hip?	Yes										Yes	No
3. C	o yo	u no	otice	any	disal	oility	, me	ntal	l or p	hysi	cal d	lefori	mity fo	r ar	ny Li	fe to	be	Insu	red	? If Y	es, g	ive	deta	ils										Yes	No
										ancic oser.		ndin	g of th	ne Pi	ropo	oser	& L	ife to	be	Insu	red i	n re	latio	n to	the	prop	ose	d ins	ura	nce?				Yes	No

5. Have you verified all the documents submitted by life to be Insured / proposer?

- 6. Is the Life to be Insured, presently, in good health? If No, give details
- 7. 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

Authorised Signatory Name Designation Date Place

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

Authorised Person Name Designation Date Place

Authorised Signatory Name SAP Code Date Place

Yes

Yes

No

No

	FOR	OFFI	CE	USE	ONLY
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Proposal Date	DD	Μ	Μ	Y	Y	Y	Y										lı	nwa	rd D	ate	D	D	Μ	Μ	Y	Y	Y	Y
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POS Advisor Code																												
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Bank Code																												
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Urban / Rural																												

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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: milfe.customerservice@relianceada.com or 4. Fax: 023 303 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 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 Bind was a biogeneous expressive understands and unconditionally agrees that he/she assumes total responsibility and risk for his/her access and use of the facilities. 24. Policyholder er expressly understands and unconditionally agrees that he/she will not hold RNLC and/or its authorized Service Provider liable for any direct, indirect, punitive, incidental, special 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. 25. The Policyholder agrees that the RNLC and/or its authorized Service Provider may from time to time make alterations, additions or of (f) any other matter related to the facilities. 25. The Policyholder agrees that the RNLC and/or its authorized Service Provider may from time to time make alterations, additions or of the facilities. 27. The Policyholder 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 shared to altered with any portions of the facilities or with the terms & conditions or alteration shall be English. 28. It is agreed by the Policyholder agrees that in event he/she is dissatisfied with any portions of the facilities or with the terms & conditions or altered with any portions of the facilities or the researce 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. 29. In the event the Policyholder offset for premium frequency change. The ECS/NACH shall automatically align 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. Policyhold-

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.

Date

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

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	
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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

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2018

Mktg/Common Proposal Form/Version 2.62/Nov

- 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.

D (Please mention DATE of the month on which you would like us to debit your premium. Example 05th or 23rd) Preferred Debit Date

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 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 signatorries 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 RNUC 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.

towards collection of premium payments. I understand and agree that the premium I authorize Reliance Nippon Life Insurance Company Limited to debit an amount of Rs. _ 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.

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 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 Thave 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