

**Mandate for Electronic Fund Transfer**

To,  
The Head-Group Operations.  
SBI Life Insurance Company Ltd.  
Central Processing Centre,  
1<sup>st</sup> floor, Kapas Bhavan, Plot No 3A,  
Sector No 10, CBD Belapur,  
Navi Mumbai-400 614

Sub:- Authorization for Transfer of claim amount through EFT. Policy No\_\_\_\_\_

We, the Trustees/Authorised signatory of \_\_\_\_\_ (Trust name/ Master Policy Holder) hereby advise you to effect the transfer for the claim proceeds to the below mentioned account details through Electronic Fund Transfer (EFT).

Please find below the Bank account number details.

Master Policy Number	
Name of the Trust	
Bank Name	
Branch Name	
A/c No	
Account Type	
IFSC no. / RTGS no.	

A copy of the cancelled / Photo Copy of the cheque leaf is attached for your reference.

Attested by Trustee :

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

Place : \_\_\_\_\_

(Trust /Company Seal and Address)

Witnessed by:

Signature : \_\_\_\_\_

Name & Address: \_\_\_\_\_

Date : \_\_\_\_\_

Place : \_\_\_\_\_