

Mandate for Direct Credit of Policy Payouts

(To be filled by the customer who wants to avail Direct Credit)

I _____ hereby authorize SBI Life Insurance Co. Ltd to directly credit the Policy Payouts in My Bank A/c the details of which are given below:

Bank A/c No: _____ Bank Name: _____
(Minimum 11 digit account number)

IFSC Code: _____ Branch Name: _____

Type of Account: _____ MICR Code: _____

I hereby confirm that (Select if Applicable):

- Premium under the Policy have been paid from the above account through the ECS.
- Cancelled cheque attached with pre-printed name of the Policyholder.

In case above conditions are not applicable then attestation by the banker is Mandatory:

ATTESTATION

We hereby certify that the account details mentioned above are correct and as per our records.

Bank Authorized Signatory: _____

Full Name with designation: _____

Bank Stamp: _____

SERVICE ACCEPTANCE

- I understand and accept that the transaction will be effected according to the details given above and agree to accept the responsibility as a beneficiary under the above facility.
- I will not hold SBI Life responsible for any incorrect information provided above.

Policyholder Signature: _____

Policyholder Name: _____

Policy No: _____

Please note that Direct Credit will be processed subject to the availability of this facility with your Banker. Before requesting, please confirm it from your Banker.