

SI EFT MANDATE

(To be filled by Policy Holder in triplicate and certified by the Branch)

To
The Branch Manager,
State Bank of
..... Branch,

Date:

Proposal No.

Dear Sir,

I have an insurance policy with **SBI Life Insurance Co. Ltd.** and wish to effect the payment of renewal premium through Standing Instruction facility (SI Facility). I would request you to accept this mandate to debit my Account Number (mentioned below) with your branch, as per the mode of the policy (i.e. monthly/quarterly/ half-yearly/annual). Please treat this as an authorization to debit my account for the same. I also request you to certify that the following information relating to the bank account is correct.

1. Name of Account Holder : _____
2. Name of the Policy Holder : _____
3. Policy Number : _____
4. Mode of the Policy : Monthly / Quarterly / Semi-Annual / Annual
5. Due Date/s : _____ of the every Month for Monthly Mode or the due Month in case of other modes.
6. Particulars of the Bank account
 - a. Bank Name : _____
 - b. Branch Name : _____
 - c. Account Number : _____
7. Premium Amount : _____

I hereby declare that the particulars given above are correct and complete. I am aware of the Standing Instruction payment option. I agree to discharge my responsibility expected of me as a participant under the option. I also give my consent to deduct the premium as per the variations in the premium amount in future due to change in Service Tax as per Government directives.

I also understand that the premium amount will be debited to my account mentioned above on the Due Date and in case the amount could not be debited to this account due to 'Insufficient Funds', for next 8 days attempts will be made to debit the account. In case the policy is not in force for whatsoever reasons, the SI facility will be deactivated and premiums will be paid by me directly to SBI Life.

I further declare and undertake that I shall not hold you as well as SBI Life liable if the policy is lapsed due to failure of the server / electronic system or for any reasons beyond the control of SBI in transmitting the premium via Electronic Fund Transfer.

Yours truly,

Signature of Account Holder

Signature of Policy Holder (If Account Holder & Policy Holder differ)

For Office use only

We certify that the Account details mentioned above are correct and as per records

Bank Authorized Signatory: _____

Full Name with Designation: _____

Bank Branch Code: _____

Bank's Seal: _____