

Connect Life Declaration Version 6.0 dated 04/05/2022

Annexure to Electronic Application

Customer Declaration

Electronic Proposal Number: _____

I/We	confirm that I/We have submitted the above referred electronic
proposal to buy SBI	Life (name of product) on my/our own accord.
I/We also confirm that	at (Name of Life Mitra/CIF) bearing code no
has explained the pr	oduct features, benefits with documentation/information to me/us. I/We have also read and reviewed the
•	m benefit illustration including health questionnaire and understood/answered the same and I/We am/are
satisfied with the pro	duct realtires.
	posal Authentication Code (PAC) sent on my mobile number: as confirmation
of the contents of the electronic application including answers to all the questions, statements and declarations & benefit illustration.	
I bereby declare and	confirm that I am making the premium payment towards this from my own/spouse's/parent's bank account
	vide EFT / Cheque No datedthrough/drawn on
	[Bank and Branch]
Name of the Life Assured (in case different from Proposer)	
Signatur	e of Proposer Date Date
	Declaration by Salas Representative
Declaration by Sales Representative	
This is to certify that I have read out and explained the contents of the proposal form and contents of this declaration to Mr./Mrs. and correctly recorded his answers to all questions in Proposal submitted through electronic application. I	
further declare that Mr./Mrs./ M/s has signed this in my presence after understanding contents	
of the proposal and this declaration.	
	Signature of the Life Mitra/CIF: Date:
Consent for Auto Debit of Renewal Premiums	
By signing the auto debit instructions below, I give my unconditional consent to debit the premiums for my SBI Life Policy from my	
bank account as per the mandate. I understand and agree that the premium amount to be debited from my account may vary due to taxes and other statutory levies as may be applicable from time to time and authorize the debit of such changed premium from	
my account up to the maximum amount mentioned in the mandate.	
I wish to have my premium debited on preferred account hit date \overline{D} \overline{D} of every month instead of the due date.	
(# Please specify date above, only if you prefer debit other than due date)	
· ····································	
SBILife Apne liye. Apno ke liye.	UMRN: For office use Date: DDMMYYYY
Tick (✓)	Sponsor Bank Code : For office use Utility Code : For office use
	I/We hereby authorize : SBI LIFE INSURANCE COMPANY LIMITED to debit (tick ✓) ✓ SB/ CA/ CC/ SB-NRE/ SB-NRO/ Other
Modify Cancel	Bank Account Number:
With Bank :	IFSC : Or MICR : X X X X X X X X X X
an amount of Rupees :	
Frequency :	Monthly XQuarterly XHalf Yearly Yearly As & when presented Debit Type Fixed Amount Maximum Amount
Reference 1 :	Proposal Number Phone No. : S T D I I
Reference 2 :	
Period	I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest
From D M M Y Y Y Y Y Schedule of charges of the bank.	
OR ✓ Until Cancelled Name : 1. Primary Account Holder 2. Joint Account Holder 1 3. Joint Account Holder 2	

This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorizing the User entity / Corporate to debit my account, base on the instructions as agreed and singed by me. 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.