

DIRECT CREDIT MANDATE

I/We my Bank Account, as per det	hereby authorize SBI Life insurance Co. Ltd. to directly credit the claim proceeds of ₹ w:															to																			
Account No:																																			
Bank Name																																			
Branch Name															[Br	and	L									L							_
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Type of Account																IFS	SC (Coc	le l	No:															
Please enclose copy of PAN	Car	d and	l pro	ovide	e yo	our I	PAN	her	e:																										
Residential status (NRI)		Yes	; [1	No	lf	Yes,	Co	untr	y of	Re	esio	deno	ce:																					
Policy Holder's Name:					1																														
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Email ID:	_																_				Ρŀ	eas	e a	tta	ch a	any	on	ne c	of th	ne f	ollo	win	g		
Contact number:																		Cancelled Cheque with pre-printed name of account holder																	
Policy holder's Signature] e	olf	۸++	oct	od	Cal		DR/			ass	sho	ok			
Policy Number:]] 3	en	All	551	eu	CO		DR/			a53	500	JK			
Date:	D	D	M	N	1	Y	Y	Y	Y																ent by					mo	onth	tra	nsad	ctior	n,
Place:																																			

Aadhaar Consent:

I, < Name of the Customer> , hereby give my voluntary consent to SBI Life Insurance Company Limited (SBI Life) and authorise the Company to obtain necessary details like Name, DOB, Address, Mobile Number, Email, Photograph through the QR code available on my Aadhaar card / XML File shared using the offline verification process of UIDAI. I understand and agree that this information will be exclusively used by SBI Life only for the KYC purpose and for all service aspects related to my policy/ies. I have duly been made aware that I can also use alternative KYC documents like Passport, Voter's ID Card, Driving licence, NREGAjob card, letter from National Population Register, in lieu of Aadhaar for the purpose of completing my KYC formalities. I understand and agree that the details so obtained shall be stored with SBI Life and be shared solely for the purpose of issuing insurance policy to me and for servicing them. I will not hold SBI Life or any of its authorized officials responsible in case of any incorrect information provided by me. I further authorize SBI Life that it may use my mobile number for sending SMS alerts to me regarding various servicing and other matters related to my policy/ies.

<u>*Disclaimer</u> - Please note direct transfer to be made only if otherwise possible and allowed by banks as per banking regulations, EFT will be possible only if either a cancelled pre-printed cheque leaf is attached or self attested copy of bank passbook/statement with 3 months latest transactions. SBI life will not be responsible and liable for any losses occurred due to incorrect account details provided by policyholder.

SBI Life Insurance Company Limited: Registered and Corporate Office: Natraj, M.V. Road & Western Express Highway Junction, Andheri(East), Mumbai- 400 069. Tel.: (022) 61910000. Central Processing Center: 7th Level (D-Wing) & 8th Level, Seawoods Grand Central, Tower 2, Plot No. R-1, Sector-40, Seawoods, Nerul Node, Navi Mumbai- 400 706. Tel.: (022) 66456000. IRDAI Registration No. 111. CIN: L99999MH2000PLC129113. Toll Free No. 1800 267 9090 (From 9.00am to 9.00pm). Visit: www.sbilife.co.in E-mail: info@sbilife.co.in