

## Maturity - Direct Mandate Form Swarnaganga/Swadhan

To  
The Manager (Claims Department)  
SBI Life Insurance Company Ltd.  
7th Level (D Wing) & 8th Level, Seawoods Grand Central, Tower 2, Plot No.  
R-1, Sector 40, Seawoods, Nerul Node, Navi Mumbai - 400706.

I \_\_\_\_\_ (Name of Life Assured / Assignee)

Group Member ID /PF No \_\_\_\_\_ have the below policy with you, understand that the policy is due for maturity.

☐ Old Swarnaganga ☐ New Swarnaganga ☐ Swadhan (Put Tick mark wherever applicable)

Master Policyholder Name: \_\_\_\_\_

Master Policy No: \_\_\_\_\_

Date of Birth of Life Assured: 

D	D	M	M	Y	Y	Y	Y
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I authorize SBI Life insurance Co.Ltd. to directly Credit the claim proceeds to my Bank Account, as per details given below:

### (\*Mandatory Fields)

Account No\*: \_\_\_\_\_

Bank Name\*: \_\_\_\_\_

IFSC Code No\*: \_\_\_\_\_ Branch Code No: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Email Id (if any): \_\_\_\_\_

Name of the Life Assured: \_\_\_\_\_

I have enclosed – (Put Tick mark wherever applicable)

☐ Cancelled Cheque OR ☐ Copy of Bank Account Statement / Pass Book

Signature of Bank Manager with Stamp\*

Full Name with designation: \_\_\_\_\_

Date: 

D	D	M	M	Y	Y	Y	Y
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Signature/Thumb Impression of Life Assured

(If the policy holder is an illiterate or signing in vernacular language, his/her thumb impression/signature must be attested by gazette officer, notary, his banker with his official of SBI Life not below the Rank of AM after explaining the contents of this application)

Name and designation: \_\_\_\_\_

Address: \_\_\_\_\_

**\*Disclaimer** - Please note that the direct transfer of the Claim proceeds to bank account to be made only if otherwise possible and allowed by banks as per banking regulations, Direct Credit will be possible only if either a cancelled pre-printed cheque leaf is attached or above stated account details are attested by branch manager of the bank where the bank account is being maintained. SBI life will not be responsible and liable for any losses occurring due to incorrect account details provided by Nominee/assignee/trustee.

Signature

**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, NREGA job 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.