RENEWAL PREMIUM AUTO DEBIT MANDATE FORM	<b>O</b> SBI Life
Proposal Number	Apne liye. Apno ke liye.
Policyholder Name:	

## Declaration from Customer:

I / we hereby give my unconditional consent to debit my below mentioned account for the premiums for SBI Life Policies.

A. I / We authorize SBI Life Insurance Co. Ltd. (Hereinafter referred as Company or SBI Life) and their authorized Service Providers to debit my Bank Account directly or through NACH for collection of due premium Instalment amount. Premium will be debited from my account according to my due/hit date. A maximum debit limit is set as a provision to avoid ANY debit failure due to future changes in premium/taxes, IF ANY. B. I also declare that the particulars given in the mandate form are true, correct and complete and that I may be contacted by the Company to verify the below information. I take full responsibility for the genuineness and correctness of the same and shall inform the Company of any changes there to. C. I understand and accept that SBI Life shall endeavour to activate this Facility within 30 days from the date of receipt of this mandate subject to receipt of confirmation of the above details from our bank and any premiums falling due during this period will need to be paid BY ME directly, ON MY OWN TILL MY MANDATE IS ACCEPTED AND ACTIVATED. In case the activation does not take place within 30 days of receipt of this mandate or the activation fails for any reason whatsoever, I shall not hold SBI Life responsible and I shall ensure that I WILL pay all the renewal premiums due till the date of activation. I shall not hold SBI Life responsible if the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, or non-availability of sufficient funds in my account or for any other reason beyond the Company's control. D. I understand and agree that this facility is given to me by SBI Life purely as a service gesture. I further understand and agree that though I have given this mandate, it shall be my primary responsibility to ensure that the premiums are received by SBI Life in time and I shall do all such acts which SBI Life may require me to do from time to time to ensure that this mandate works smoothly and electively. E. I understand and accept that the transaction will be elected on the due date or preferred account hit date, if opted, or the next working day of the bank IF THE HIT DATE OR DUE DATE HAPPENS TO BE A BANK HOLIDAY. The allocation and/or unitization of the premiums shall be based only on the date on which the amount is realized by the Company and not as on the date of debit to the account. For ULIP policies, the NAV applicable will be premium due date or premium received date, whichever is later. If the transaction is delayed or not elected at all for incomplete or incorrect information or for any other reason, I shall not hold the Company or its authorized service provider responsible. I agree to discharge the responsibility expected of me as a participant under this scheme. F. I hereby agree that the Company may re-attempt to debit the due premium instalment amount twice, within the grace period, in case of the failure of the transaction at 1st attempt. G I understand that it shall be my sole responsibility to schedule the renewal premium payments in a manner that the company receives the renewal premiums within the due dates as specified in the Policy Contract(s) and that in the event of a late payment I shall be liable for the late payment charges and other consequences as may be enforced by the company. H. I understand that the Company reserves the right to withdraw the facility if one or more successive payments are not honoured. The Company also reserves the right to withdraw the facility at its sole discretion at any time without giving any reason and without being liable to provide advance notice. I. If I wish to revoke the below authorization, I undertake to intimate SBI Life Insurance Co. Ltd. at least 15 days before the premium due date in writing else the same would be elective from the next premium due date. Preferred account hit date is for the purpose of premium payment only. J. Preferred Account hit date, if opted, will not alter the premium payment due dates of the policy. All policy benefits would be applicable as per the premium due date mentioned in the policy document. Allocation and/or unitization of premiums will be done AS MENTIONED at point (E) above. If the debit request is not honoured due to any reason on the preferred account hit date, no extension of Grace Period is allowed. Late fee as per product terms and conditions is applicable for delayed payment of premiums. I/We wish to avail to DD/NACH facility and herby express my unconditional consent to debit premium of my policy to above through participation in Direct Debit / NACH. I/We understand and agree that premium amount to be debited from my/our account may vary due to CHANGES IN THE APPLICABLE taxes and other statutory levies as may applicable from time to time. By opting for the elected facility/facilities, I elect to make the payment of renewal premium to SBI Life from the my bank Account through the service of any other payment utility site that SBI Life may tie up with from time to time. I understand and unconditionally agree that SBI Life and/or its authorized Service Provider disclaims all warranties of any kind whether express or implied including without Limitation any representation or warranty regarding the use of the facilities in terms of its correctness, accuracy reliability, usefulness, completeness, continuity uninterrupted access, timeliness or otherwise. I also understand and unconditionally agree that I SHALL assume total responsibility and risk for my access and use of the facilities.

I SHALL NOT HOLD SBI LIFE LIABLE OR RESPONSIBLE IN CASE THE DIRECT DEBIT MANDATE FAILS FOR ANY REASON WHATSOEVER INCLUDING BUT NOT LIMITED TO ANY FAILURE ON THE PART OF THE BANK OR INSUFFICIENCY OF FUNDS OR INOPERABILITY OF THE ACCOUNT ....

<ol> <li>Attached cancelled chq leaf with pre-printed name in proof of Customers Bank account.</li> <li>Overwriting not allowed.</li> <li>The numbers (Policy / Bank account / IFSC / amount ) written on mandate should be clearly identifiable. There should not be any ambiguity.</li> <li>Enter the details of mandate in Mandate Inward MIS</li> <li>Maximum term for mandate should be 40 years or Premium Payment Term, which ever is lower.</li> </ol> Please confirm below relationship of bank account holder given for mandate with P	Instructions for customer      Instructions for customer      Please ensure that all the details are properly filled up while signing     Mandate form.     Your signature above should match with your signature in your bank record.     In case of joint account, signatures of both the bank account holders are     required or signature of primary account holder is required     Maximum term for mandate should be 40 years or Premium Payment Term,     which ever is lower.
Instructions for SBI Life branches         1. Fill up all necessary fields on mandate properly.         2. Attached cancelled chq leaf with pre-printed name in proof of Customers Bank account.         3. Overwriting not allowed.         4. The numbers (Policy / Bank account / IFSC / amount ) written on mandate should be clearly identifiable. There should not be any ambiguity.         5. Enter the details of mandate in Mandate Inward MIS         6. Maximum term for mandate should be 40 years or Premium Payment Term, which ever is lower.         Please confirm below relationship of bank account holder given for mandate with P PolicyHolder         Parents       Spouse       Others (specific Colspans)         Sponsor Bank Code :       For office use	
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PolicyHolder     Parents     Spouse     Others (speci       SBLife Apre type. Aprox be type     UMRN :     F     o     f     f     i     c     e     u     s     e     u       Tick (v) V Create     Sponsor Bank Code :     For office use     For office use     use	Ify relationship) Date: DDMMYYYY Utility Code: For office use
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eference 1: Proposal Number Phone No.: eference 2: X X X X X X X X X X X X Email ID:	. <u>s t D</u>
	whom I am authorizing to debit my account as per latest schedule of charges of the bank
D D M M Y Y Y Signature : Sign as per bank records	Sign as per bank records Sign as per bank records
Maximum period of validity of this mandate is 40 years only     Name : 1.     Primary Account Holder     2.	Joint Account Holder 1 3. Joint Account Holder 2
his is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorizin y me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicatin uthorized the debit.	
WARE OF SPURIOUS PHONE CALLS AND FICTITIOUS/FRAUDULENT OFFERS DAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiu	ums. Public receiving such phone calls are requested to lodge a police complaint.