

**Authority to Debit SBI Bank account for annual premium under Swarna Ganga**  
(To be filled by Policyholder and all fields are mandatory)

Master Policy No.  Master Policy Holder Name State Bank of India

PF Index No. \_\_\_\_\_

**BANK ACCOUNT DETAILS**

<b>Bank Name</b>	<b>State Bank of India</b>										<b>Branch Code</b>		
<b>SB Account Number</b>													

I have enclosed the Proof of bank account document to this effect

- Original cancelled cheque leaf with preprinted name *or*
- Bank attested photocopy of passbook/account statement (With transactions not older than one month)

**Declaration:**

I \_\_\_\_\_, hereby give my unconditional consent to debit premiums for the above SBI Life Policy through my designated bank account mentioned above on each due date. I also declare that the particulars given above are correct and complete. I understand and accept that the transaction will be effected as per the direct debit cycle of SBI Life. If the transaction is delayed or not effected at all for incomplete or incorrect information or for any other reason I shall not hold SBI Life Insurance Company Limited responsible. Further I agree to discharge the responsibility expected of me as a policy holder of SBI Life.

It will be my responsibility to ensure that there are sufficient clear funds in the designated bank account for effecting the transaction. In case of rejection of the transaction by the Bank or closing/ shifting of the account, or failure to debit the account for whatever reasons, premium amount shall be paid through normal payment modes together with interests and any other late payment levies as applicable. I hereby authorise SBI Life Insurance Company to debit the revised premium due to change in Service Tax or due to change in frequency of payment or change in terms and conditions of the Policy. I also agree that in case the premiums are not received by SBI Life for any reason whatsoever, SBI Life will not be liable to responsible for settling the benefits under the Policy. If I wish to revoke the above authorization / or for any change in bank account details, I undertake to serve SBI Life Insurance Company Limited an advance notice of 30 days in writing. I hereby declare and agree to abide by the terms and conditions of the Master Policy.

Signature of Witness/Bank Official  
Name .....  
Address:.....  
Bank Seal:.....

Signature of Member  
Name:.....  
Address:.....  
Mobile No.....  
Email id .....

**GOPS/SG/DD/Ver 1.3 15<sup>th</sup> Apr 2019**

**SBI Life Insurance Company Limited**