## Life Insurance

## Aditya Birla Sun Life Insurance Company Limited



PROTECTING INVESTING FINANCING ADVISING

## Declaration

I hereby give my unconditional consent to debit my below mentioned account for the premiums of the below mentioned Aditya Birla Sun Life Insurance Company Limited (ABSLI) Policies ('premium') from the Bank Account as mentioned below. I hereby state that I am aware and agree, that the bank would debit my below account, of the latest schedule of charges with regards to the processing of this debit mandate.

- A. Preferred Draw Date 1st 8th 15th 22nd (Incase date is not chosen, policy issuance date will be considered as draw date)
- B. I hereby authorize Aditya Birla Sun Life Insurance Company Limited (ABSLI) (hereafter referred to as 'Company/ABSLI') and their authorized Service Providers to debit my Bank Account directly for collection of premium payments. 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 I authorize the Company to debit such changed premium from my account, if it exceeds the maximum amount mentioned in the mandate.
- C. I also declare that the particulars given below 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.
- D. I understand and accept that the Company shall endeavor to activate this facility or any change request made to this mandate, within 30 days from the date of receipt of this mandate subject to receipt of confirmation of the below details from my bank and any premiums falling due during this period will need to be paid directly by me to the Company. In case the activation does not take place within 30 days of receipt of the mandate or the activation fails for any reason whatsoever, I shall not hold Aditya Birla Sun Life Insurance Company Limited (ABSLI) responsible and I shall ensure that I pay all the renewal premiums due till the date of activation.
- E. I understand and agree that this facility given to me by the Company is purely as a customer 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 the Company in time and I shall do all such acts which the Company may require us to do from time to time to ensure that this mandate works smoothly and effectively.
- F. I understand and accept that the transaction will be effected on the due date, as opted by me in this mandate which should be prior to my policy/ies premium due date. I am aware that if the due date opted by me falls on a non working day, my account would be debited on the next working day of the bank. The allocation and/or unitization of the premiums shall be based only on the date and time on which the amount is realized by the Company and not as on the date of debit to the account. If the transaction is delayed or not effected 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 fulfill the responsibility expected of me including paying of premiums due as a participant under this service gesture.
- 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 as per terms & conditions of Policy contract.

Mandate Instruction Form Fo	r NACH/Direct Debit			
Create UMRN:		Da	te: D D M M Y Y Y	
X Modify Cancel Sponsor Bank Code	: ICICOTREA00	Utility Code:	ICIC00261000001992	
I/We hereby authorize Aditya B	irla Sun Life Insurance Company Limited (ABSLI)	to debit (tick ✓) SB (	CA CC SB-NRE SB-NRO OTHERS	
Bank a/c Number:				
with Bank (Name of	customer bank) IFSC:	0	MICR:	
an amount of Rupees			₹	
FREQUENCY: X Mthly X Qtly X H-Yrly X Yrly As & when presented DEBIT TYPE: X FIXED Amount Amount				
Reference 1	Application Number	Phone No.		
Reference 2	Policy Number	Email ID		
I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.				
PERIOD From DD MM Y Y Y Y	Signature Primary Account Holder	Signature of Account Holder	Signature of Account Holder	
To 3 0 1 2 2 0 9 9 Or X Until cancelled	1Name as in bank records2	Name as in bank records	3. Name as in bank records	

• This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity / corporate to debit my account, based on the instruction as agreed and signed by me

I have understood that I am authorised 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.

	Acknowledgement Slip	
Received a request for	against Policy number:	
Policy Owner :	Reference No.:	
Branch:	_ Received By:	Stamp/Seal of the branch

- If I wish to revoke the below authorization, I undertake to intimate the Company, at least 15 days before the premium due date in writing else the same would continue to be effective.
- I agree that any dishonors from my bank account would attract bank charges and other bank actions and the Company would not be held responsible for any such dishonors arising due to the action undertaken by the Company under this debit mandate.
- I agree and understand that processing of this mandate is subject to the Company's verification, compliance with AML and third party norms and my
- I agree that, inorder to receive an SMS on the information of the amount being debited from my account, I need to register with my bank for this facility.
- I wish to revive all my policies mentioned below which are not in 'inforce' stage and I authorize the company to deduct all outstanding premiums along with interest and other applicable charges (in case of non-unit linked products) for the purpose of revival. I undertake to comply with all formalities related to revival as may be prescribed by the Company. I also understand that Company reserves the right to refuse the revival of policy/ies, under which instance the premium received by the Company would be refunded without interest . The revival of the policy/ies would take effect only on it being specifically communicated by the Company to me.
- I agree that for unit linked policies, the premiums received by the Company before 3:00 pm, the NAV of the same day will be applied and for premiums received after 3:00 pm, the NAV of the next business day will be applicable.





- 1) Use of whitener/any alteration on the form is strictly prohibited.
- 2) All the fields are mandatory and should be properly filled.
- 3) Pre-Printed cancelled cheque in original is mandatory with this form. If original pre-printed cheque is not available, a bank statement or bank pass book with proper account details attested by branch can be accepted. The name and account number details on the form should match with those on the cancelled cheque/passbook copy/ bank statement.
- 4) Only Core banking account number would be accepted.
- If the policy holder is not the payor, self-attested valid address and photo ID proofs of the payor would be MANDATORY for updating the payment method.
- The amount fields need to carry Installment premium + 10% extra. Higher amount is to be written to accommodate any increase in premium due to 6) change in GST, scheduled increase as per product specification and change in frequency payment.
- The amount will get deducted as per the payment mode chosen by the policy holder.
- If the policy holder wishes to change the mode, s/he will need to submit a policy Service Request Form along with necessary documents.
- Re-presentment of transaction, if any, will be done only after obtaining the policy holders consent.
- 10) I/We hereby authorise that in the instance of a transaction failure towards an ECS request, Aditya Birla Sun Life Insurance Company Limited (ABSLI) can represent twice the transaction to my /our account for realising this premium.
- 11) The bank account details provided in this form will be used for future payouts if any. Please inform Aditya Birla Sun Life Insurance Company Limited (ABSLI) about any changes in the same.
- 12) I also agree to any deduction of GST, other charges and interest as and when required over and above the mentioned as premium.







Contact Us: 1-800-270-7000