

AUTO DEBIT FORM

INSTRUCTIONS FOR FILLING UP THE FORM –

1. This form is to be filled by the policyholder in BLOCK LETTERS in black or blue ink. 2. Please tick appropriate boxes as applicable. 3. Please strike out parts which are not applicable and write 'N. A.' Strokes of pen, dots and dashes will not be accepted. 4. The policyholder must sign any cancellation or alteration.

Authorisation to pay insurance premium amount through Direct Debit / ECS facility

I/We hereby authorise Birla Sun Life Insurance Co. Ltd. to debit my/our bank account by Direct Debit / ECS for collection of insurance premium.

Note: Direct Debit is currently available only for **Axis Bank / Bank of Baroda / Bank of India / Citibank / ING Vysya Bank / Kotak Mahindra Bank / Punjab National Bank / Corporation Bank / Union Bank of India / IDBI Bank.**

The Information in the form is subject to change without any prior notice.

1 POLICY HOLDER INFORMATION

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------|--|--|--|--|--|--|--|--|--|------------|--|--|--|--|--|--|--|--|--|-------------------|--|--|--|--|--|--|--|--|--|---------|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title | | | | | | | | | | First Name | | | | | | | | | | Middle Name | | | | | | | | | | Surname | | | | | | | | | |
| Telephone No. Update | | | | | | | | | | STD code | | | | | | | | | | Mobile No. Update | | | | | | | | | | | | | | | | | | | |
| Office No. Update | | | | | | | | | | STD code | | | | | | | | | | E-mail Update | | | | | | | | | | | | | | | | | | | |

2 POLICY DETAILS

| | | | | | | | | | | | | | | | | | | | |
|------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Application No. | | | | | | | | | | Amount to be debited | | | | | | | | | |
| Policy No. | | | | | | | | | | | | | | | | | | | |
| Frequency Of Premium Payment | | | | | | | | | | <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly | | | | | | | | | |
| Policy Term – From | | | | | | | | | | To | | | | | | | | | |

3 PARTICULARS OF BANK ACCOUNT (to be filled in CAPITAL letters)

| | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|
| a. Name of the Primary Account Holder : | | | | | | | | | | | | | | | | | | | |
| (As per cheque / bank records. ECS will be rejected in case of mismatch) | | | | | | | | | | | | | | | | | | | |
| b. Payor relationship with Policy Holder : | | | | | | | | | | <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Employer/Employee <input type="checkbox"/> Karta HUF | | | | | | | | | |
| c. Bank Name : | | | | | | | | | | | | | | | | | | | |
| d. Branch Address : | | | | | | | | | | | | | | | | | | | |
| e. 9 digit MICR code number of the bank and branch : | | | | | | | | | | (9 digit appearing after cheque no.) | | | | | | | | | |
| f. Account no (As appearing on the cheque book) : | | | | | | | | | | (Please provide complete bank account number as per core banking.) | | | | | | | | | |
| g. Account type : | | | | | | | | | | <input type="checkbox"/> Savings Account <input type="checkbox"/> Current Account | | | | | | | | | |
| h. Account Operation : | | | | | | | | | | <input type="checkbox"/> Singly <input type="checkbox"/> Jointly <input type="checkbox"/> Either or Survivor | | | | | | | | | |
| i. Preferred Draw Date: | | | | | | | | | | <input type="checkbox"/> 1st <input type="checkbox"/> 8th <input type="checkbox"/> 15th <input type="checkbox"/> 22nd | | | | | | | | | |
| (The preferred draw date should not be exceeding 8 days from issue date. This will be provided at the sole discretion of the Company) | | | | | | | | | | | | | | | | | | | |

4 ☐ Yes, I have attached an original blank cancelled cheque/bank statement with pre-printed details of my name and account number

5. Declaration: I agree and understand that my bank shall be informed of this authorisation as per the details filled by me. I also understand that the above instructions can be withdrawn / cancelled after due intimation by giving advance notice of two months and with the written consent to Birla Sun Life Insurance Company for the payment of premiums due. I hereby agree to the deduction of the actual premium due. I also agree to any deduction of service tax, other charges and interest as and when required over and above the amount mentioned as premium. I hereby declare that the particulars given are correct and complete. I shall not hold Birla Sun Life Insurance Company Limited 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 companies control. If there is any delay in the Company obtaining the credit for such amount or if the Company does not obtain for such amount for which the above mandate is issued, I will be responsible and liable for the consequences and not hold the Company liable or responsible. This mandate shall be treated as the requisite authorisation by me to the representative carrying this ECS mandate form to get it verified and executed and the bank named in the mandate to debit my bank account with such amount as may be due as life insurance premium to be paid to the company. I agree to discharge the responsibility expected of me as a participant under the scheme.

| | | |
|--|--|--|
| Signature of policyholder (as per Birla Sun Life Insurance records) | Signature of primary bank account holder as per bank's record | Signature of joint bank account holder as per bank's record |
|--|--|--|

Note : Activation of Direct Debit/ ECS would take atleast 30 days.
Overwriting if any should be countersigned by bank account holder

FORTHE USE OF BANK ONLY

We hereby certify that the particulars furnished above are correct as per our record. We hereby declare that a copy of this form duly completed has been submitted to us.

| | | |
|-------------|------------|------------------------------|
| Branch Date | Bank Stamp | Authorised Signatory of Bank |
| | | |

Birla Sun Life Insurance Company Limited

Regd. Address : One Indiabulls Centre, Tower 1, 15th and 16th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400013.

Contact Details : 1-800-270-7000 (Toll Free) Website: www.birlasunlife.com Insurance is the subject matter of the solicitation.

Please collect stamped, signed and duly filled acknowledgement slip, which you can refer to for all your communication in regard to this request.

Declaration (For Direct Debit Option through CITIBANK N.A. or any other bank agent duly appointed by the beneficiary)

"I/We wish to inform you that I/We have registered for Direct Debit Facility for my/our payments to the below-mentioned beneficiaries by debit to our above mentioned bank account: For this purpose, I/We authorise CITIBANK N.A., and/or Bill Desk (authorised representative of CITIBANK NA) or any other bank agent duly appointed by the beneficiary to raise a debit on our above –mentioned account with your branch. I/We hereby authorise you to honor all such requests received through CITIBANK and/or through Bill Desk or other duly appointed bank or agent to debit my/our Account with the amount requested, for due remittance of the proceeds to the Beneficiary. I/We understand that the debit would be settled by electronic medium. I/We shall not dispute or challenge any debit raised under this mandate, on any ground whatsoever. I/We shall not have any claim against the bank in respect of the amount so debited pursuant to the Mandate submitted by me/us. I/We shall keep the Bank & CITIBANK, jointly and severally indemnified, from time to time against all claims, actions, suits, for any loss, damage. Costs, charges and expenses incurred by the bank and Citibank by reason of their acting upon the instructions issued by the above named authorised signatories/beneficiaries. This request for debit mandate is valid and may be revoked only through a written letter withdrawing the mandate signed by the authorized signatories/beneficiaries and acknowledge at your counters and giving reasonable notice to effect such withdrawal."

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| d | d | m | m | y | y | y | y |
|---|---|---|---|---|---|---|---|

Signature of primary bank
account holder as per bank's record
(Only if Account Holder differs from policy holder)

Signature of policyholder

Birla Sun Life Insurance Company Limited

Regd Office: One Indiabulls Centre, Tower 1, 15th and 16th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg,

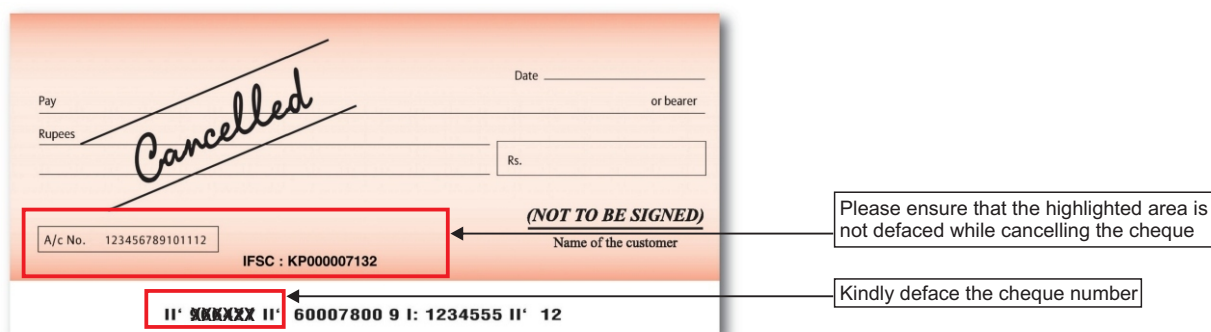
Elphinstone Road Mumbai - 400013. Contact us: 1-800-270-7000 (Toll Free)

www.birlasunlife.com Insurance is subject matter of the solicitation.

Note: Please produce this acknowledgement slip for any communication with regard to this request in future

IMPORTANT GUIDELINES

- 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 authorities can be accepted.
- Both the declarations need to be duly signed by policy owner
- Start date and End date in dd/mm/yyyy format needs to be mentioned on the form
- Premium amount as per the mode desired needs to be mentioned on the form (should not be rounded off).
- Correct account number and MICR code needs to be mentioned on the form
- The proprietor stamp needs to be affixed in the A/c holders signature field if the policy owner is the proprietor of the firm
- Any alteration on the form needs to be countersigned by the Bank A/c holder.
- Use of whitener on the form is strictly prohibited
- If the account holder is different from the owner of the policy, the relation between the two individuals needs to be mentioned.
- If a new (long) A/c number is given by the bank in lieu of the old A/c no due to the movement of the bank into Core Banking System, this new A/c no needs to be updated on the mandate form.
- Name and account number on the form should match with the name and account number on the cancelled cheque/passbook copy/bank statement.



Pay _____ Date _____ or bearer _____

Rupees _____ Rs. _____

Cancelled

A/c No. 123456789101112 IFSC : KP000007132

(NOT TO BE SIGNED)
Name of the customer _____

II' XXXXX II' 60007800 9 I: 1234555 II' 12

Please ensure that the highlighted area is not defaced while cancelling the cheque

Kindly deface the cheque number

Birla Sun Life Insurance Company Limited

Regn. No.: 109. Regd. Office: One Indiabulls Centre, Tower 1, 15th & 16th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400013.
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