

RENEWAL PREMIUM AUTO DEBIT MANDATE FORM

	NACH 🔲	ECS	Direct Debit	SIEFT CMP**	SIEFT**		Individual	RiNn Raksha	
			_	SFRVICE AC	CCEPTANCE				
Polic	cy / Loan Account N	lumber							
			onsent to dehit my he	elow mentioned account	t for the premiums for S	SBIT ife Policies			
	I hereby authorize SBI Life Insurance Co. Ltd. (Company) 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 authorize you to debit such changed premium from my account as may be requested by SBI Life even if it exceeds the maximum amount mentioned in the mandate.								
		l also declare that the particulars given above are true, correct and complete and that I may be contacted by the Company to verify the above 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 endeavor to activate this Facility within 30 days from the date of receipt of this ma ndate 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 directly. 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 we pay all the renewal premiums due till the date of activation.								
	mandate, it shall be	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 emy 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 to time to ensure that this mandate works smoothly and effectively.							
E.	I understand and accept that the transaction will be effected on the due date or preffered account hit date, if opted, or the next working day of the bank. 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. 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 discharge the responsibility expected of me as a participant under this scheme.								
	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 withinthe 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								
G.	payment is not hor one or more succe	hereby agree that the Company may levy penalty charges of Rs 150/- per transaction (or such other amount as specified by Company from time to time), if the payment is not honored on the due date of premium as per the mandate given. I also understand that the Company reserves the right to withdraw the facility if one or more successive payments/instructions are not received / honored. 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.							
H.	If I wish to revoke the above 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 effective from the next premium due date.								
	Preferred account policy. All policy be done at point (E) at	hit date is for the help of th	the purpose of premi be applicable as per bit request is not hon ons is applicable for o	the premium due date n	erred Account hit date, nentioned in the policy on the preferred accou miums.	if opted, will no document. Allo unt hit date, no e	t alter the premiu ocation and/or ur	m payment due dates of the itization of premiums will be e Period is allowed. Late fee	
Г	_	•		h preprinted name in pr	roof of my bank accou	⊥ · · · unt.			
**SIEFT CMP mode is available only for account holders of State Bank of India & SIEFT mode is available only for account holders of other State Bank Group banks *Preferred account hit date has to be greater than the premium due date and not later than 12 days for Monthly & 27 days for non									
	hly frequency		Registered & Corporate	Office: Natraj, M.V Road & W.	√estern Express Highway Ju	A. II. : /5			
·-}<	Central Processing C	enter: Kapas Bha Toll	avan, Plot No. 3A, Sector Free No.: 1800 22 9090 (No.10, CBD Belapur, Navi Mu (Between 9.00 am to 9.00 pm)	umbai - 400 614. IRDAÍ R) Visit: www.sbilife.co.in •	egistration No	. 111 · CIN: U99999	9. Tel.: (022) 61910000. MH2000PLC129113 PS-61/Ver 01/07.15 ENG	
*	Central Processing C	enter: Kapas Bha Toll	avan, Plot No. 3A, Sector Free No.: 1800 22 9090 (f f i c e	USE	egistration No E-mail: info@sbilife	Date:	MH2000PLC129113 PS-61/Ver 01/07.15 ENG M M Y Y Y Y Y	
·· }	SBI Life INSURANCE With US, You're Sure Tick (✓)	UMRN :	avan, Plot No. 3A, Sector Free No.: 1800 22 9090 (f f i c e For office use	USE	egistration No E-mail: info@sbilife	Date:	PS-61/Ver 01/07.15 ENG M M Y Y Y Y Y r office use	
···}	SBI Life	UMRN : Sponsor B	avan, Plot No. 3A, Sector Free No.: 1800 22 9090 (f f i c e	USE	egistration No E-mail: info@sbilife	Date:	MH2000PLC129113 PS-61/Ver 01/07.15 ENG M M Y Y Y Y Y	
*	SBI Life INSURANCE WITH US, YOU'RE SUITE Tick (✓) Create	UMRN : Sponsor B	avan, Plot No. 3A, Sector Free No.: 1800 22 9090 (f f i c e For office use	USE	egistration No E-mail: info@sbilife Utility Code :	Date : D D FO	PS-61/Ver 01/07.15 ENG M M Y Y Y Y Y r office use	
	SBI Life INSURANCE WITH US, YOU'RE SUITE Tick (✓) Create Modify Cancel ith Bank:	UMRN : Sponsor B I/We herek Bank Acco	avan, Plot No. 3A, Sector Free No.: 1800 22 9090 (f f i c e For office use E INSURANCE COMPANY LIM	USE	egistration No E-mail: info@sbilife Utility Code :	Date : D D FO CC/ SB- or MICR :	PS-61/Ver 01/07.15 ENG M M Y Y Y Y Y r office use	
an	SBI Life INSURANCE WITH US, YOUTE SUFF Tick (V) Create Modify Cancel ith Bank:	UMRN : Sponsor B I/We herek Bank Acco	avan, Plot No. 3A, Sector Free No.: 1800 22 9090 (f f i c e For office use E INSURANCE COMPANY LIM IFSC: in words	Nisit: www.sbillife.co.in •	egistration No E-mail: info@sbilife Utility Code : SB/ CA	Date : □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	MH2000PLC129113 PS-61/Ver 01/07.15 ENG M M Y Y Y Y r office use NRE/ SB-NRO/ Other	
an Fre	SBI Life INSURANCE WITH US, YOU'RE SUITE Tick (✓) Create Modify Cancel ith Bank:	UMRN : Sponsor B I/We heret Bank Acco	avan, Plot No. 3A, Sector Free No.: 1800 22 9090 (f f i c e For office use E INSURANCE COMPANY LIM IFSC: in words f Yearly Yearly As	Nisit: www.sbillife.co.in •	egistration No E-mail: info@sbilife Utility Code : SB/ CA	Date : □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	PS-61/Ver 01/07.15 ENG M M Y Y Y Y Y r office use	
an Fre Re	SBI Life INSURANCE WITH US, YOU'RE SURE Tick (✓) Create Modify Cancel ith Bank: a amount of Rupees equency:	UMRN : Sponsor B I/We heret Bank Acco	avan, Plot No. 3A, Sector Free No.: 1800 22 9090 (f f i c e For office use EINSURANCE COMPANY LIM IFSC: in words f Yearly Yearly Asumber Phon	U S e	egistration No E-mail: info@sbilife Utility Code : SB/ CA	Date : □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	MH2000PLC129113 PS-61/Ver 01/07.15 ENG M M Y Y Y Y r office use NRE/ SB-NRO/ Other	
an Fre Re Re	SBI Life SBI Life INSURANCE WITH US, YOU'RE SUITE Tick (✓) Create Modify Cancel ith Bank: a amount of Rupees equency: eference 1:	UMRN : Sponsor B I/We heret Bank Acco	avan, Plot No. 3A, Sector Free No.: 1800 22 9090 (F	f f i c e For office use E INSURANCE COMPANY LIM IFSC: in words f Yearly Yearly Asumber Phon umber Emai	U S e	egistration No E-mail: info@sbilife Utility Code : SB/ CA	Date : □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	MH2000PLC129113 PS-61/Ver 01/07.15 ENG M M Y Y Y Y r office use NRE/ SB-NRO/ Other	
an Fre Re Re	SBI Life SBI Life INSURANCE WITH US, YOUTE SUITE Tick (V) Create Modify Cancel ith Bank: a amount of Rupees equency: eference 1: eference 2: Period From D M	UMRN : Sponsor B I/We herek Bank Acco	avan, Plot No. 3A, Sector Free No.: 1800 22 9090 (F O r O Bank Code : SBI LIF Dunt Number : Hall Vinder FORM No. 1800 22 9090 (O Grant Number FORM No. 1800 22 9090 (O Grant Number FORM No. 1800 22 9090 (O Grant Number FORM No. 1800 22 9090 (O Grant Number FORM No. 1800 22 9090 (O Grant No. 3A, Sector FORM No. 1800 22 9090 (O Grant No. 3A, Sector FORM No. 1800 22 9090 (O Grant No. 3A, Sector FORM No. 1800 22 9090 (O Grant No. 3A, Sector FORM No. 1800 22 9090 (O Grant No. 3A, Sector FORM No. 1800 22 9090 (O Grant No. 3A, Sector FORM No. 1800 22 9090 (O Grant No. 3A, Sector FORM No. 1800 22 9090 (O Grant No. 3A, Sector FORM No. 1800 22 9090 (O Grant No. 3A, Sector FORM No. 1800 22 9090 (O Grant No. 3A, Sector FORM No. 1800 22 9090 (O Grant No. 1800 22 9090 (O Gra	f f i c e For office use E INSURANCE COMPANY LIM IFSC: in words f Yearly Yearly Asumber Phon umber Emai	MITED to debit (tick ✓) s & when presented the No.: S T D	egistration No E-mail: info@sbilife Utility Code : SB/ CA	Date : □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	MH2000PLC129113 PS-61/Ver 01/07.15 ENG M M Y Y Y Y r office use NRE/ SB-NRO/ Other	