

DIRECT CREDIT AUTHORISATION FORM



Instructions:

- 1 IRDA Has mandated all Payouts through National Electronic Funds Transfer (NEFT). Please submit your form today.
2 A Single request form shall apply to all policies where you are Policy holder.
3 Form to be filled by the Assignee in case of Assigned policies.
4 In case of non personalized Cheque, please also provide Bank attestation/Bank Pass book/Bank statement.**
5 In case policy holder / Account holder / Assignee is a company, please affix stamp of the company along with signature.#
6 This form shall be ineffective when the Policy is endorsed as Married Women Property Act (MWPA).

Policy Details

Policy Number [grid]
Policy Holder/Assignee Name Mr/Mrs/M/S. [grid]
Address of Policy Holder/Assignee [grid]
(In case of change - Attach address proof)
Landmark [grid] City [grid]
State [grid] Pin Code [grid]
Contact Numbers [grid]
STD Residence STD Office Extn Mobile
Email ID [grid]

Bank Account Details

Bank Account Number [grid]
11 Digit IFSC code [grid]
First Account Holder Name Mr/Mrs/M/S. [grid]
(Exactly as per Bank records)
Bank Name [grid]
Branch [grid]
Account Type [] Savings [] Current [] NRO [] NRE (For NRE account, payout cheque with NRE letter will be processed)
** Original blank personalized cancelled cheque attached [] Yes [] No

Declaration

I/We hereby declare that the information given above are correct and complete and shall inform you for changes if any. Tata AIA Life shall not be responsible for delay in credit, amount not credited, amount credit to incorrect account, due to incomplete or incorrect information herein. I/we understand that the information provided by me/us may be shared with third parties as per legal or regulatory requirements.. I/We understand and agree that where NEFT cannot be processed for whatsoever reason, the payout may be processed through cheque.

[Signature box]

Signature of Policyholder/Assignee# (As on Policy Application)

[Signature box]

Signature of 1st Account Holder (As per bank records)

[Signature box]

Signature of 2nd Account Holder (As per bank records)

Date - [grid]
D D / M M / Y Y Y Y

Place _____

CERTIFICATION BY ACCOUNT HOLDER'S BANK: (For Bank Use Only)

We certify that the particulars furnished above are correct as per our records & that this account is currently operational. We confirm that the account details & account holder's signature(s) above are as per our records.

[Signature box]

Bank Authorized Signatory with Employee ID

[Stamp box]

Bank Branch stamp

[Date grid]

Date