



**MANDATE FORM FOR PAYMENT OF SBI LIFE PREMIUMS THROUGH ELECTRONIC MODES ECS/ DIRECT DEBIT (IN TRIPLICATE)**

The Branch Manager  
 Bank: \_\_\_\_\_ Branch: \_\_\_\_\_  
 Address \_\_\_\_\_

<b>For Office Use</b>
<b>Proposal No.</b>
<b>Branch:-</b>
<b>Comments:-</b>

Dear Sir,

Sub: Authorization to pay SBI Life insurance premiums through ECS / DIRECT DEBIT FACILITY

I/We \_\_\_\_\_ hereby inform you that I / We have registered for payment of SBI Life premiums through ECS (Debit Clearing) / Direct Debit. I/We hereby authorize you to debit my/ our bank account mentioned below towards my/ our premiums due on my SBI Life insurance policies through their authorized service providers. Further I authorize the representative (the bearer of this request) to get the above mandate verified. Mandate verification charges if any, may be charged to my/our above account.

**BANK ACCOUNT DETAILS**

**A/c.Holder's Name** \_\_\_\_\_  
**Jt. A/c Holder's Name** \_\_\_\_\_  
**Account Number** \_\_\_\_\_  
**Account Type**  Savings  Current  
**MICR code (indicated on the cheque)** \_\_\_\_\_ **(Mandatory) IFSC Code** \_\_\_\_\_  
**Mobile No for SMS alerts** \_\_\_\_\_ **E-mail ID for alert:** \_\_\_\_\_@\_\_\_\_\_

**POLICY DETAILS**

Policy Number	Frequency	Installment Premium*	Start Date of Mandate	End Date of Mandate
	Mly/Qly/Hly/Yearly			
	Mly/Qly/Hly/Yearly			

**SERVICE ACCEPTANCE**

I \_\_\_\_\_ the undersigned hereby express my unconditional consent to debit my above mentioned account for the premiums for SBI Life Policies .

- A. I/We hereby authorize SBI Life Insurance Co. Ltd. and their authorized Service Providers to debit my/our Bank Account directly or by ECS/ Direct Debit for collection of premium payments.
- B. I/We also declare that the particulars given above are correct and complete and that I/We have read and accepted the **Terms and Conditions mentioned overleaf.**
- C. I/We understand and accept that the transaction will be effected on the due date or the next working day of the bank. If the transaction is delayed or not effected at all for incomplete or incorrect information or for any other reason I/We shall not hold SBI Life Insurance Co. Ltd. or its authorized service provider responsible. I agree to discharge the responsibility expected of me as a participant under this scheme.
- D. I/we undertake to inform SBI Life Insurance Co. Ltd. for any changes in my / our bank account.
- E. I/ We hereby authorize SBI life insurance Company to debit the revised premium due to changes in Service Tax or any other tax made applicable by the government
- F. I/We hereby authorize to recover Rs 150/- per transaction, if the payment is not honored on the due date of premium as per mandate given.
- G. If I/ We wish to revoke the above authorization, I /We undertake to intimate SBI Life Insurance Co. Ltd. , at least 30 days in advance in writing.

Policy Holder Name \_\_\_\_\_ Policy Holders Sign **X** \_\_\_\_\_

Signature of 1 <sup>st</sup> A/c Holder	Signature of 2 <sup>nd</sup> A/c Holder	Signature of 3 <sup>rd</sup> A/c Holder
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Yes, I have attached the photocopy of a blank / cancelled cheque

**Note :- 1) Activation of this facility would be done in 30 days from the receipt of the completed form. 2) Premiums due if any during this period will need to be paid directly.**

SBI Life Insurance Co. Ltd,  
 Corporate Office: "Natraj", M.V Road & Western Express Highway Junction, Andheri (East), Mumbai-400069  
 Central Processing Center: Kapas Bhavan, Plot No.3A, Sector No.10, CBD Belapur, Navi Mumbai-400614

## Certification by Account Holders Bank

We hereby Certify that the above account is currently operational and the particulars furnished above are correct as per our records and we have noted the instructions.

**BANK STAMP**

**AUTHORISED SIGNATORY**

DATE :

### ECS

If you are an account holder of **any Bank** branch in the below mentioned cities you can opt for this mode of payment.

This facility is currently operational in below mentioned locations.

### ECS LOCATIONS ( 87 )

Agra	Ahmedabad	Allahabad	Amritsar	Anand	Asansol	Aurangabad	Banglore	Baroda
Bhavnagar	Bhopal	Belgaum	Bhilwara	Bhubaneshwar	Bijapur	Bardhaman	Bikaner	Calicut
Chandigarh	Chennai	Cochin	Coimbatore	Cuttack	Davanagere	Dehradun	Delhi	Dhanbad
Durgapur	Darjeeling	Erode	Gadag	Gorakhpur	Guwahati	Gwalior	Gulbarga	Haldia
Hubli	Hyderabad	Indore	Jabalpur	Jaipur	Jalandhar	Jammu	Jamnagar	Jamshedpur
Jodhpur	Kakinada	Kanpur	Kolhapur	Kolkata	Kota	Lucknow	Ludhiana	Madurai
Mangalore	Mumbai	Mysore	Mandya	Nagpur	Nashik	Nellore	Panjim	Patna
Pondicherry	Pune	Raichur	Raipur	Rajkot	Ranchi	Shimoga	Salem	Shimla
Sholapur	Siliguri	Surat	Tumkur	Thirupur	Tirupati	Tirunelveli	Trichur	Trichy
Trivandrum	Udaipur	Udupi	Varanasi	Vijawada	Vizag			

### DIRECT DEBIT

If you are an account holder of **below mentioned Banks**, and your account is **core banking** account then premiums will be debited to your account through Direct Debit

### BANKS FOR DIRECT DEBIT FACILITY

<b>AXIS BANK</b>	<b>BANK OF BARODA</b>	<b>BANK OF INDIA</b>	<b>CITI BANK</b>
<b>ICICI BANK</b>	<b>INDUSIND BANK</b>	<b>KOTAK BANK</b>	<b>PUNJAB NATIONAL BANK</b>
<b>STATE BANK OF INDIA</b>	<b>UNION BANK OF INDIA</b>	<b>ALLAHABAD BANK</b>	<b>IDBI BANK</b>
<b>FEDERAL BANK</b>	<b>CORPORATION BANK</b>	<b>ING VYSYA BANK</b>	<b>STATE BANK OF PATIALA</b>
<b>UCO BANK</b>			

On successful registration, Direct Debit/ ECS instructions will be sent to your bank as per the predetermined schedule depending on the premium due date , the premiums gets directly debited on the due date or on the next working day of your bank.

*SBI Life Insurance Co. Ltd,*

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## **Terms and conditions**

- 1) The DIRECT DEBIT / ECS facility (via a designated bank account) would be made available by SBI Life Insurance Co Ltd. ("company") through authorized service providers subject to the following conditions.
- 2) The applicant should be eligible to avail and should provide true, accurate & current information as required by the Company and keep the same updated and current at all times.
- 3) The facility will be available, subject to and upon receipt of confirmation from the bank of the bank account details furnished by the applicant in the accompanying application.
- 4) The applicant may be required by the Company (or its authorized representatives) to verify the information furnished /filled –up in the accompanying application form by way of a call (on mobile or landline number furnished in the accompanying application form).
- 5) The applicant shall be liable to ensure that there are sufficient clear fund in the designated bank account for effecting the transaction. In case of the rejection of the transaction by applicant's bank or the closing/shifting of the accounts, bill amount shall be liable to be paid through normal payment modes together with interests and other late payment levies as applicable.
- 6) The Policyholder agrees that it shall be his/ her 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 relevant Policy Contracts(s) and that in the event of a late payment he / she shall be liable for the late payment charges and other consequences as may be enforced by the company.
- 7)The ECS/ Auto Debit standing instruction issued by the applicant with respect to the designated bank account shall lapse upon closure of the designated bank account or upon the bank refusing to honour the standing instruction for any reason's or upon any moratorium being placed on the activities of the designated bank accounts.
- 8) If one or more successive payments/instruction are not received / honoured, Company reserves the right to withdraw the services being provided pursuant to the policy conditions and the Company reserves the right to withdraw the facility without either of them being liable to provide any notice to the applicant and to initiate any other action/proceeding as may be deemed appropriate by the Company. In the event the applicant's payment instruction is dishonoured by the designated bank for any reason whatsoever, penalty charges of Rs.150 (or such other amount as specified by Company from time to time) may be levied per instance of dishonoured.
- 9) The Company reserves the right to reject/withdraw the Facility at any time without assigning any reason and without being liable to provide advance notice. In addition the Facility shall be withdrawn upon termination of the relationship between the Company and third party vendor(s) providing equipment / connectivity / integration/ services which are necessary for continued provision of the Facility.
- 10) Company disclaims all warranties of any kind, whether express or implied including without limitation any representation or warranty, regarding the use or the results of the Facility in terms of its correctness, accuracy, reliability, usefulness. Completeness, continuity, uninterrupted access, timeliness or otherwise.
- 11) Company shall not be responsible and liable for any damages/ compensation for any loss, damages etc incurred by the applicant of use, non-availability or deficiency in the provisioning of the Facility. The applicant shall bear the entire responsibility for and risk associated with use of the Facility.
- 12) Company shall not be liable for any direct, indirect, punitive, incidental, special or consequential damages whatsoever, including but not limited to the damages or losses resulting from: **a)** The use or performance of inability to use of non-performance of the Facility. **b)** The provision of failure to provide the Facility **c)** The unauthorized access to or alteration of the transmissions or data such transactions that are carried out on your instructions in good faith. **d)** Any loss or damage incurred or suffered by applicant due to any defect, error, failure or interruption in the provision of the Facility or any other matter related to the facility.
- 13) The Company reserves the right to modify (with prospective to retrospective effects). These terms and conditions from time to time without being liable to provide any reason or notice therefore.
- 14)In the event the applicant dissatisfied with the Facility being made available in any respect or with any of the Terms of Service or alterations thereto, the applicant's sole and exclusive remedy is to discontinue the use of the Facility.
- 15) The Facility shall not be used for any purpose that is unlawful or prohibited under law or the Company. The foregoing terms and condition shall form an integral part of the CAF. Further the Policy Holder agrees that the laws of India shall govern this agreement and in case of a dispute the matter will be settled as per the provisions of the Arbitration and Conciliation Act 1996 and within the exclusive jurisdiction of the courts of Mumbai.
- 16) The customer shall be responsible to pay/ bear any taxes, duties or levies imposed on this form.
- 17 ) In case of ULIP Policies unitization will be based on the date on which the amount is realized / payment files are received by the company whichever is later
- 18) Notwithstanding what is mentioned herein above, it is understood that the company is extending such facilities to make it convenient for and facilitate the policyholder to pay the renewal premiums and it is further acknowledged that the onus and liability to make such payments within the due dates specified in the relevant Policy Contract(s) vests solely and absolutely with the policyholder.

**Note: If your bank and branch is not covered under Direct Debit facility then premiums will be debited through ECS provided the location of your branch falls in any of the ECS locations stated given above.**

**For any clarifications Please Contact us at our Toll Free Number 1800 22 9090 (Toll free), 1800 222 123 OR 1800 425 9010. You can email to us at [ecshelpdesk@sbilife.co.in](mailto:ecshelpdesk@sbilife.co.in)**

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