NACH Mandate Form

MANDATE INSTRUCTION FORM - Sr. No. _____

Edelweiss Tokio *life*

1 UMRN ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **2 Date** ☐☐ ☐☐ ☐☐☐☐

3 Sponsor Bank Code [_____] **4 Utility Code** [_____]

Tick (✓) 7

CREATE	✓
MODIFY	X
CANCEL	X

5 I/We hereby authorize Edelweiss Tokio Life Insurance Co. Ltd. **to debit (tick ✓) 6** SB / CA / CC / SB-NRE / SB-NRO / Other

8 Bank a/c number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

9 with Bank _Name of customers bank_ **10 IFSC** ☐☐☐☐☐☐☐☐☐☐☐ **11 or MICR** ☐☐☐☐☐☐☐☐☐

12 an amount of Rupees _____ **13 ₹** _____

14 FREQUENCY ☐ Mthly ☐ Qtly ☐ H-Yrly ☐ Yrly ✓ As & when presented **15 DEBIT TYPE** ☐ Fixed Amount ✓ Maximum Amount

16 Policy No. _____ **18 Phone No** _____

17 Reference No. _____ **19 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.

20 PERIOD

From	☐☐ ☐☐ ☐☐☐☐
To	X X X X X X X X
Or	✓ Until Cancelled

21 _Signature of the account holder_ _Signature of the account holder_ _Signature of the account holder_

22 _Name of the account holder_ _Name of the account holder_ _Name of the account holder_

NACH/V01/Apr 18

- 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.
- I have understood that I am authorized 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.

☐ Yes, I have attached a blank cancelled cheque/ Photocopy of the same.

Instructions to fill Mandate

1. UMRN - To be left blank
2. Date in DD/MM/YYYY format
3. Sponsor Bank IFSC code - already printed
4. Utility Code: Unique code of the entity to whom mandate is being given - already printed
5. Name of the entity to whom the mandate is being given - already printed
6. Account type - SB / CA / CC / SB-NRE / SB-NRO / OTHER
7. Tick - Select your appropriate Action
   a. Create - For New Mandate
   b. Modify - For Changes/Amendment on existing mandate
   c. Cancel - For cancelling the existing registered Mandate
8. Your Bank Account Number for debiting the amount
9. Name of your bank and branch
10. Your Bank branch IFSC code OR
11. Your Bank branch MICR code
12. Amount in words
13. Amount in figures
14. Frequency at which the debit should happen
15. Whether the amount is fixed or variable
16. Policy No.: For which the mandate is being given
17. Reference No.: Any details requested by the entity to whom the mandate is being given
18. Your Phone Number
19. Your E-mail ID
20. Period for which the debit mandate is valid
   a. Start date
   b. End date
   c. Or Until Cancelled
21. Signatures of the account holders
22. Names of the account holders

DECLARATION

- I wish to avail of the Direct Debit facility and hereby express my unconditional consent to debit premium of my policy referred to above through participation in Automated Clearing House (ACH) / Direct Debit. I understand and agree that 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. • I hereby declare that the particulars given are true, correct and complete. I understand and accept that the transaction will be effected on the policy on the due date (provided the day is working day). If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I shall not hold Edelweiss Tokio Life Insurance Company Limited responsible. I agree to discharge the responsibility expected of me as a participant under the scheme. I take full responsibility of genuineness and correctness of the details filled herein. • I authorize the above mentioned bank to debit my bank account if my ACH/Direct Debit mandate is active and until I give a written request for cancellation of ACH/ Direct Debit. • I hereby authorize Edelweiss Tokio Life Insurance Company Limited, to enable the ACH/ Direct Debit facility for my premium payments and in the instance of Direct Debit /ACH debit dishonour, to re-debit my account with the mentioned bank to recover the premium payable. • In the future, if I opt out of ACH/ Direct Debit mode there may be increase in premium amount. • I understand and agree that the submission of this form does not mean that the request will be processed. I understand that any payout under the policy shall be strictly in accordance with the policy terms and conditions. Also any payment shall be subject to realisation of the last renewal premium payment. • I also understand and agree that the Company reserves the right to use any alternative payout option.

IN CASE OF POLICY REVIVAL:

- I wish to revive all my policies mentioned above which are not inforce stage. • I authorize the Company to deduct all outstanding premiums along with interest (in case of non-Unit Linked products) for the purpose of revival. I am aware that in case of Linked products the Company will deduct the Mortality and other charges for the period while the policy was in lapsed stage. • I understand that by only paying the outstanding premiums along with interest (as applicable) the policy will not be revived. I undertake to comply with all the formalities related to revival as may be prescribed by the Company. The revival will take effect only on it being specifically communicated by the Company to me. • I understand that the Company reserves the right to refuse the revival of the policy. In the event the policy is not revived due to any reason whatsoever, the Company shall refund the amount collected for the purpose of revival without any interest.