

- H. If I wish to revoke the below authorization, I undertake to intimate the Company, at least 15 days before the premium due date in writing else the same would continue to be effective.
- I. I agree that any dishonors from my bank account would attract bank charges and other bank actions and the Company would not be held responsible for any such dishonors arising due to the action undertaken by the Company under this debit mandate.
- J. I agree and understand that processing of this mandate is subject to the Company's verification, compliance with AML and third party norms and my banks acceptance.
- K. I agree that, in order to receive an SMS on the information of the amount being debited from my account, I need to register with my bank for this facility.
- L. I wish to revive all my policies mentioned below which are not in 'inforce' stage and I authorize the company to deduct all outstanding premiums along with interest and other applicable charges (in case of non-unit linked products) for the purpose of revival. I undertake to comply with all formalities related to revival as may be prescribed by the Company. I also understand that Company reserves the right to refuse the revival of policy/ies, under which instance the premium received by the Company would be refunded without interest. The revival of the policy/ies would take effect only on it being specifically communicated by the Company to me.
- M. I agree that for unit linked policies, the premiums received by the Company before 3:00 pm, the NAV of the same day will be applied and for premiums received after 3:00 pm, the NAV of the next business day will be applicable.

Mandate Instruction Form For Nach/Direct Debit

- 1) Use of whitener/any alteration on the form is strictly prohibited.
- 2) All the fields are mandatory and should be properly filled.
- 3) 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 can be accepted. The name and account number details on the form should match with those on the cancelled cheque/passbook copy/ bank statement.
- 4) Only Core banking account number would be accepted.
- 5) If the policy holder is not the payor, self-attested valid address and photo ID proofs of the payor would be MANDATORY for updating the payment method.
- 6) The amount fields need to carry Installment premium + 10% extra. Higher amount is to be written to accommodate any increase in premium due to change in GST, scheduled increase as per product specification and change in frequency payment.
- 7) The amount will get deducted as per the payment mode chosen by the policy holder.
- 8) If the policy holder wishes to change the mode, s/he will need to submit a policy Service Request Form along with necessary documents.
- 9) Re-presentation of transaction, if any, will be done only after obtaining the policy holders consent.
- 10) I/We hereby authorise that in the instance of a transaction failure towards an ECS request, Aditya Birla Sun Life Insurance Company Limited (ABSLI) can represent twice the transaction to my /our account for realising this premium.
- 11) The bank account details provided in this form will be used for future payouts if any. Please inform Aditya Birla Sun Life Insurance Company Limited (ABSLI) about any changes in the same.
- 12) I also agree to any deduction of GST, other charges and interest as and when required over and above the mentioned as premium.

Aditya Birla Sun Life Insurance Company Limited
(Formerly known as Birla Sun Life Insurance Company Limited)

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