

Sponsor Bank Code \_\_\_\_\_

Utility Code

5 1 1 8 - - - - -

Tick (✓)  
 CREATE  
 MODIFY  
 CANCEL

I/We hereby authorise

**Pramerica Life Insurance Ltd.**

to debit (tick✓)

**SB / CA / CC / SB-NRE / SB-NRO / other**

Bank a/c number \_\_\_\_\_

with Bank

**State Bank of India**

IFSC \_\_\_\_\_

or MICR \_\_\_\_\_

an amount of Rupees

\_\_\_\_\_ ₹ \_\_\_\_\_

FREQUENCY  Mthly  Qtly  H-yrly  Yrly  As & when presented

DEBIT TYPE  Fixed Amount  Maximum Amount

Reference 1

\_\_\_\_\_

Mobile No.

\_\_\_\_\_

Reference 2

OPTIONAL \_\_\_\_\_

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

PERIOD

From 

D	D	M	M	Y	Y	Y	Y
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 To 

D	D	M	M	Y	Y	Y	Y
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 Or  Until cancelled

Signature primary Account Holder

Signature of Account Holder

Signature of Account Holder

1. Name as in bank records

2. Name as in bank records

3. Name as in bank records

"This is to confirm that the declaration has been carefully read, understood and 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."



**For State Bank of India account only**

Policy Holder Name: \_\_\_\_\_

Application/Policy No: \_\_\_\_\_

Instructions to fill Mandate: \_\_\_\_\_

- 1. UMRN - Leave blank
- 2. Date in DD/MM/YYYY format
- 3. Sponsor Bank Code - Leave blank
- 4. Utility Code of Service Provider - Prefilled
- 5. Select whether the request is for mandate creation, cancellation or amendment - Mandatory
- 6. Name of Service Provider - Prefilled
- 7. Tick on box to select type of account - Mandatory
- 8. Customer's complete account number - Mandatory
- 9. Name of Bank and Branch where the account exists - Prefilled
- 10. IFSC/MICR Code of customer's bank - Mandatory
- 11. Amount payable for service or maximum amount per transaction that could be processed, in words - Mandatory
- 12. Amount in figures, similar to the amount mentioned in words - Mandatory
- 13. Tick on box to select frequency of transaction - Mandatory
- 14. Debit type - tick on box to select Fixed or Maximum
- 15. Reference 1 allotted by Service Provider
- 16. Reference 2 generated by Service Provider
- 17. Mobile number of customer
- 18. Mail ID of customer
- 19. Validity period of mandate, with dates in DD/MM/YYYY format - Mandatory
- 20. Name(s) and Signature(s) of Accountholder(s) - Mandatory
- 21. Undertaking by customer - for information

**Terms & Conditions:**

" I/We, understand and accept that this mandate signed on \_\_\_\_\_ Date \_\_\_\_\_ is for debiting my insurance premium due including applicable taxes and other statutory levies on opted debit date by National Automated Clearing House ("NACH") or through Direct Debit facility. I/We hereby express my/our unconditional and irrevocable consent to Pramerica Life Insurance Limited ("PLIL") to debit payment of the regular premium amount including applicable taxes and other statutory levies of my/our policy referred to above through participation in NACH facility offered by National Payments Corporation of India or through Direct Debit arrangement with the Banks. NACH or Direct Debit facility can be withdrawn/cancelled by giving 2 months advance to PLIL. PLIL has the right to withdraw NACH / Direct Debit facility anytime, if required on notification. I/We, understand and accept that the transaction will be effected at the frequency opted in NACH / Direct Debit mandate form. I/We , agree that if transaction gets delayed on account of incorrect/incomplete information or declined due to insufficient funds, PLIL shall in no way be held responsible. In case NACH / Direct Debit instruction gets bounced on the opted due date due to financial reasons, the NACH / Direct Debit transaction may be represented again for clearance. I/We , agree & understand that NACH / Direct Debit facility is available for Modal Premium only. Premium for Top-up should be paid by mode other than NACH/Direct Debit, as stipulated by the company. I/We, agree & understand that NACH / Direct Debit facility is available only after enforcement of the policy. Premium due before enforcement will be paid through other modes."

Proposer/Policy Holder's Signature  
 (As in Policy Application)