Pramerica | **LIFE INSURANCE**

UMRN [ ] Date [D | D | M | M | Y | Y | Y | Y]

Sponsor Bank Code [H | S | B | C | 0 | 2 | I | N | D | I | A] Utility Code [H | S | B | C | 0 | 0 | 3 | 0 | 6 | 0 | 0 | 0 | 0 | 0 | 9 | 8 | 7 | 0]

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 [Name of customers bank] 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]

To [D | D | M | M | Y | Y | Y | Y]

_____ _____ _____
Signature primary Account Holder Signature of Account Holder Signature of Account Holder

1._____ 2._____ 3._____
Name as in bank records Name as in bank records 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."

Instructions to fill Mandate:

1. UMRN - Leave as blank for new mandates - Mandatory for mandate amendment or cancellation
2. Date in DD/MM/YYYY format
3. HSBC's IFSC Code
4. Utility Code of Service Provider - Mandatory
5. Name of Service Provider - Mandatory
6. Select whether the request is for mandate creation, cancellation or amendment Mandatory
7. Tick on box to select type of account - Mandatory
8. Customer's complete account number, left padded with zeroes - Mandatory
9. Name of Bank and Branch where the account exists - Mandatory
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. Consumer reference number allotted by Service Provider - Mandatory
14. Any scheme/Plan reference number generated by Service Provider - Mandatory
15. Tick on box to select frequency of transaction - Mandatory
16. Validity period of mandate, with dates in DD/MM/YYYY format - Mandatory
17. Name(s) and Signature(s) of Accountholder(s) - Mandatory
18. Undertaking by customer - for information
19. Customer Additional Identification - please provide PAN card number
20. Telephone number of customer
21. Mobile number of customer
22. Mail ID of customer

Terms & Conditions:

" I/We, understand and accept that this mandate signed on_____ is for debiting my insurance premium due including applicable taxes and other statutory levies on opted debit date by National Automated Clearing House ("NACH"). 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. NACH facility can be withdrawn/cancelled by giving 2 months advance to PLIL. PLIL has the right to withdraw NACH facility anytime, if required on notification. I/We, understand and accept that the transaction will be effected at the frequency opted in NACH 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 instruction gets bounced on the opted due date due to financial reasons, the NACH may be represented again for clearance. I/We , agree & understand that NACH facility is available for Modal Premium only. Premium for Top-up should be paid by mode other than NACH, as stipulated by the company. I/We, agree & understand that NACH 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)