Pramerica LIFE INSURANCE UMRN	
Sponsor Bank Code Tick (✓)	Utility Code 5 1 1 8
CREATE I/We hereby authorise Pramerica Life Insurance Ltd.	to debit (tick~) SB / CA / CC / SB-NRE / SB-NRO / other
MODIFY CANCEL Bank a/c number	
with Bank State Bank of India IFSC	or MICR
an amount of Rupees ₹	
FREQUENCY Mthly Otly H-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 Signature primary Account Ho	lder Signature of Account Holder Signature of Account Holder
To [D]D[M[M][Y]Y]Y]	
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."	
9	{
8	
Policy Holder Name: Application/Policy No: Instructions to fill Mandate:	
UMRN - Leave blank	11. Amount payable for service or maximum amount per transaction that could be
Date in DD/MM/YYYY format	processed, in words - Mandatory
Sponsor Bank Code - Leave blank Hillie Code of Special Partitled Partitled	12. Amount in figures, similar to the amount mentioned in words - Mandatory
Utility Code of Service Provider - Prefilled Select whether the request is for mandate creation, cancellation or amendment -	13. Tick on box to select frequency of transaction - Mandatory14. Debit type - tick on box to select Fixed or Maximum
Mandatory	15. Reference 1 allotted by Service Provider
6. Name of Service Provider - Prefilled	16. Reference 2 generated by Service Provider
7. Tick on box to select type of account - Mandatory 8. Customer's complete account number - Mandatory	17. Mobile number of customer 18. Mail ID of customer
9. Name of Bank and Branch where the account exists - Prefilled	19. Validity period of mandate, with dates in DD/MM/YYYY format - Mandatory
10. IFSC/MICR Code of customer's bank - Mandatory	 Name(s) and Signature(s) of Accountholder(s) - Mandatory Undertaking by customer - for information
	21. Ondertaking by edistrible - for information
National Automated Clearing House ("NACH") or through Direct Debit facility. I/We hereby expres payment of the regular premium amount including applicable taxes and other statutory levies of Corporation of India or through Direct Debit arrangement with the Banks. NACH or Direct Debit far NACH / Direct Debit facility anytime, if required on notification. I/We, understand and accept that the that if transaction gets delayed on account of incorrect/incomplete information or declined due to in bounced on the opted due date due to financial reasons, the NACH / Direct Debit transaction may be	r insurance premium due including applicable taxes and other statutory levies on opted debit date by as my/our unconditional and irrevocable consent to Pramerica Life Insurance Limited ("PLIL") to debit my/our policy referred to above through participation in NACH facility offered by National Payments clitty can be withdrawn/cancelled by giving 2 months advance to PLIL. PLIL has the right to withdraw et transaction will be effected at the frequency opted in NACH / Direct Debit mandate form. I/We , agree sufficient funds, PLIL shall in no way be held responsible. In case NACH / Direct Debit instruction gets represented again for clearance. I/We , agree & understand that NACH / Direct Debit facility is available to a stipulated by the company. I/We, agree & understand that NACH / Direct Debit facility is available nodes."
•	Proposer/Policy Holder's Signature (As in Policy Application)