



NACH / ECS / AUTO DEBIT MANDATE INSTRUCTION FORM

UMRN Date

Sponsor Bank Code Utility Code

I/We hereby authorise to debit (tick✓) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ other

Bank A/C Number

With Bank IFSC or MICR

an amount of Rupees ₹

Tick (✓)

CREATE	<input checked="" type="checkbox"/>
MODIFY	<input checked="" type="checkbox"/>
CANCEL	<input checked="" type="checkbox"/>

FREQUENCY ☒ Monthly ☒ Quarterly ☒ Half Yearly ☒ Yearly ☒ As & when presented DEBIT TYPE: ☒ Fixed Amount ☒ Maximum AmountReference 1 Phone No. Reference 2 E-mail 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	<input type="text" value="27/02/2018"/>
To	<input type="text" value="X X X X X X X X"/>
or	<input checked="" type="checkbox"/> Until Cancelled

Signature

Name

1

ANUP

2

3

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, based on the instructions as agreed and signed by me. 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.

Note:-In addition to policy premium, customer is advised to add 10% in the mandate amount to keep provision for future increase in statutory tax.

☐ Yes, I have attached blank cancelled cheque leaf with pre-printed name.

The premium will be debited on due date or within next 4 days. However, the customer who opted for monthly mode payment can opt for 4th or 8th as draw date if it falls within 15 days of the due date.

Draw date option for monthly mode policies ☐ 4th ☐ 8th

In case of Current Account affix Proprietor Firm/Company Stamp on Mandate

Relationship of Account Holder with life Insured ☐ Self ☐ Spouse ☐ Parent/Child

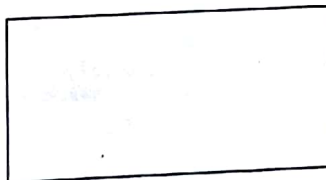
In case of Joint Account Tick (✓) any one ☐ Jointly Owned ☐ Either or Survivor

Document attached ☐ Cancel Cheque ☐ Bank Passbook ☐ Bank Statement ☐ Finance Copy

Declaration by Policy Owner

I/We clarify that the particulars furnished herein are correct and complete and to the best of my knowledge.

This is to inform that I/we have registered for RBI's Electronic Clearing Service/NACH/Direct Debit Instruction for premium payment to Max Life Insurance, to be made from my/our above mentioned bank account with your bank. Also I/we understand that the above instruction can be withdrawn/cancelled after due intimation by giving an advance notice of 15 days and with the consent of Max Life Insurance Co. Ltd. for the payment of due premiums. I/We will ensure sufficient balance in the funding account on the date of execution. In case, NACH/ECS/Direct Debit Instruction is unsuccessful due to financial reasons, the NACH/ECS/Direct Debit Instruction will be presented again for clearance. I/We will bear the bounce charges for transactions that have been unsuccessful due to financial reasons. I/We agree in case NACH/ECS/DD facility is withdrawn by the Company any time, subsequent due premiums would be paid through other modes as stipulated by the Company. In case of subsequent bounce with financial reasons, your policy premium payment method will be changed to cheque/cash. ECS would not apply for all such plans where the premium amount/top-up would increase as per the feature. ECS registration is subject to policy issuance.



Proprietorship stamp require
if Current Account

Signature of Policyholder
(As on policy application)

Signature of Account Holder
(As per bank records)

Signature of Joint Account Holder
(As per bank records)

Certificate of the Bank named in the mandate:- Certified that the particulars of the mandate above are correct and the Signature of the bank account holder is true as per our records.

Bank's stamp:- Signature of Authorised official of the bank

June 2016/Version 1.10

Max Financial Services and MS Joint Venture