Mandate form

ICICI PRUDENTIAL LIFE INSURANCE

Revised NACH Debit Mandate:

UMRN | Office use only | **Date**

Sponsor Bank Code | **Utility Code**

CREATE ✓ / MODIFY / CANCEL

I/We hereby authorize ICICI PRUDENTIAL LIFE INSURANCE COMPANY LIMITED **to debit (tick ✓)** SB/CA/CC/SB-NRE/SB-NRO/Other

Bank a/c number

with Bank | **IFSC** | **or MICR**

an amount of Rupees | ₹

FREQUENCY ☐ ~~Mthly~~ ☐ ~~Qty~~ ☐ ~~H-Yrly~~ ☐ ~~Yrly~~ ☑ As & when presented **DEBIT TYPE** ☐ ~~Fixed Amount~~ ☑ Maximum Amount

Reference 1 Application / Policy No. 1 **Phone No.**

Reference 2 Application / Policy No. 2 **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

Or ☑ **Until Cancelled**

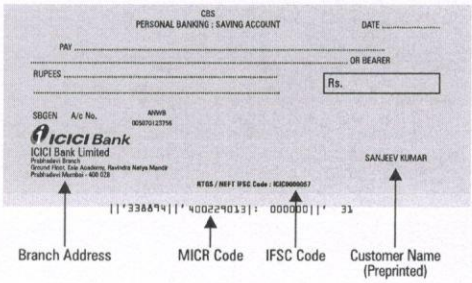
Signature | Signature | Signature

*NAME 1. Name of Primary Account Holder 2. Name of Joint Account Holder 1 3. Name of Joint Account Holder 2

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. 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.

Annexure

☑ **Yes, I have attached a blank cancelled cheque/ Photocopy of the same**



***ACCOUNT HOLDER'S NAME IS MANDATORY**

The ACH/ Direct Debit request will get rejected if:

1. The above account details do not tally with your bank records 2. A cancelled/ photocopied cheque is not attached

2. Overwriting on Account No., MICR Code and A/c Holder Name

We have tie ups with the following banks for Direct Debit:

Axis Bank	Allahabad Bank	Bank of Baroda	Bank of India	Capital Small Finance Bank
Citibank	Corporation Bank	Federal Bank	HDFC Bank	ICICI Bank
IndusInd Bank	IDBI Bank	Jammu & Kashmir Bank	Kotak Mahindra Bank	Karnataka Bank
Punjab National Bank	State Bank of India	State Bank of Indore	State Bank of Patiala	Union Bank of India
United Bank of India	UCO Bank			

****Max. Amount not to exceed 150% of model premium amount**

**** Higher amount is to be written to accommodate any increase in premium due to changes in Applicable Tax, scheduled increase as per product specification and change in frequency payment**

*** The preferred account hit date is for purpose of premium debit only. * For ULIP policies, the NAV applicable will be of the premium due date or premium received date, whichever is later.**

DECLARATION:

• I wish to avail of the Direct Debit facility and hereby express my unconditional consent to debit premium of my policy referred to above through participation in Automated Clearing House (ACH) / Direct Debit. I understand and agree that premium amount to be debited from my account may vary due to taxes and other statutory levies as may be applicable from time to time. • I hereby declare that the particulars given are true, correct and complete. I understand and accept that the transaction will be effected on the policy on the due date (provided the day is working day). If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I shall not hold the user institution (Company) responsible. I agree to discharge the responsibility expected of me as a participant under the scheme. I take full responsibility of genuineness and correctness of the details filled herein. • I authorize the above mentioned bank to debit my bank account if my ACH/Direct Debit mandate is active and until I give a written request for cancellation of ACH/ Direct Debit. • I hereby authorize ICICI Prudential Life Insurance Company Ltd., to enable the ACH/ Direct Debit facility for my premium payments and in the instance of Direct Debit /ACH debit dishonor, to re-debit my account with the mentioned bank to recover the premium payable. • In the future, if I opt out of ACH/ Direct Debit mode there may be increase in premium amount. • I hereby authorize to recover ₹ 150/- per transaction, if the payment is not honored on the due date of premium as per ACH/Direct Debit mandate given. • I understand and agree that the submission of this form does not mean that the request will be processed. I understand that any payout under the policy shall be strictly in accordance with the policy terms and conditions. Also any payment shall be subject to realisation of the last renewal premium payment. • I also understand and agree that the Company reserves the right to use any alternative payout option.

IN CASE OF POLICY REVIVAL:

• I wish to revive all my policies mentioned above which are not inforce stage. • I authorize the Company to deduct all outstanding premiums along with interest (in case of non Unit Linked products) for the purpose of revival. I am aware that in case of Linked products the Company will deduct the Mortality and other charges for the period while the policy was in lapsed stage. • I understand that by only paying the outstanding premiums along with interest the policy will not be revived. I undertake to comply with all the formalities related to revival as may be prescribed by the Company. The revival will take effect only on it being specifically communicated by the Company to me. • I understand that the Company reserves the right to refuse the revival of the policy. In the event the policy is not revived due to any reason whatsoever, the Company shall refund the amount collected for the purpose of revival without any interest.

Comp/doc/April/2017/0027

Acknowledgment Slip:

Received By _____ **Date** D D M M Y Y Y Y | STAMP & TIME

Application / Policy No.

Note:

• This mandate will be applicable for revival of the policy/ policies mentioned above. • Request for cancellation of ACH /Direct Debit facility has to be provided 15 days prior to the due date or the same would be effective from the next premium due date. • Requests for payment mode change to ACH/Direct Debit has to be provided 30 days prior to the due date or the same would be effective from the next due date. • Data provided by the customer in the cancelled cheque and the proposal form may be used by the Company to complete the ACH/Direct Debit Mandate in case required information has not been filled. • Please save this acknowledgment till the transaction is complete. • The application will be effected on receipt of this form at an ICICI Prudential authorized centre, subject to terms and conditions mentioned in the policy document. • In future, if customer opts out of ACH/ Direct debit mode there may be increase in premium amount. • ₹ 150/- per transaction will be recovered if the payment is dishonoured on due date of premium as per ACH/Direct Debit mandate given. • For ULIP policies, the NAV applicable will be of the premium due date or premium received date, whichever is later.