

RELIANCE

REGISTRATION FORM CUM MANDATE FOR ELECTRONIC CLEARING SERVICES (ECS)/DIRECT DEBIT/NACH

Life Insurance

Important Note:

- 1) Please read the terms & condition before completing this form.
- 2) Please ensure that this mandate form reaches the company at least 30 days prior to the next premium due date.
- 3) In case of applying for multiple policies, please fill separate mandate for each policy.

Authorization of customer to pay insurance premium of Reliance Life Insurance Company Limited, through Direct Debit / ECS facility.

Instruction for filling up the Form:

- 1) This form is to be filled by the policyholder himself/herself in BLOCKLETTERS in black or blue ink.
- 2) Please tick box thus where appropriate.
- 3) Please strike out parts, which are not applicable and write 'N.A.' strokes of the pen, dots and dashes will not be accepted as replies.
- 4) The proposer must sign any cancellation or alteration.

Preferred Debit Date (Please mention DATE of the month on which you would like us to debit your premium. Example 05th or 23rd)

Note: In Case the preferred debit date is not opted, then the actual due date of the policy as per terms of the policy would be replaced as preferred debit date.

☐ Yes, I have attached a blank cancelled cheque

AUTHORIZATION OF THE BANK ACCOUNT HOLDER FOR ELECTRONIC CLEARING SYSTEM (ECS) / DIRECT DEBIT / NACH (To be signed by the account holder)

I/We wish to inform you that I/We have registered for Direct Debit Facility for my/our payments to Reliance Life Insurance Company Limited ("RLIC") by debit to my/our abovementioned bank account: For this purpose, I/We authorize the Tech Process/ICICI Bank/HDFC Bank/SBI Bank/Axis Bank/Standard Chartered Bank (Hereinafter "Service Provider" of the RLIC) to raise a debit on our above mentioned account with your branch. I/We hereby authorize you to honor all such requests received through the Service provider to debit my/our Account with the amount requested, for due remittance of the proceeds to the RLIC. I/We shall not dispute or challenge any debit raised under this mandate or any ground whatsoever. I/We shall not have any claim against my/our Bank in respect of the amount so debited pursuant to the Mandate submitted by me/us. I/We shall keep my/our Bank jointly and or severally indemnified, from time to time against all claims, actions, suits, for any loss, damage, cost, charges and expenses incurred by my/our Bank by reason of their acting upon the instructions issues by the above named authorized signatories. This request for debit mandate is valid and may be revoked only through a written letter withdrawing the mandate signed by the authorized signatories and acknowledge at RLIC Branch and giving reasonable notice to effect such withdrawal. I/Us authorize Reliance Life Insurance Company Limited to represent the Direct Debit/ECS instruction for outstanding payments, in the event of debit failure.

I agree and undersigned that my bank shall be informed of this authorization as per the details filled by me. I also understand that the above instruction can be withdrawn/cancelled after due intimation by giving an advance notice of two months and with the written consent to Reliance Life Insurance Company ("RLIC") for the payment of premiums due. I am also agreeable for deduction of service tax, other charges and interest as and when required over and above the amount mentioned as premium. I/hereby declare that the particulars given are correct and complete. I shall not hold RLIC responsible if the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, or non availability of sufficient funds in my account or for any other reason beyond the companies' control. If there is any delay in RLIC's obtaining the credit for such amount or if RLIC does not obtain credit for such amount for which the above mandate is issued I will be responsible and liable for the consequences and not hold the RLIC liable or responsible. This mandate shall be treated as the requisite authorization by me to the representative carrying this ECS/Direct Debit mandate form to get it verified and executed and the bank named in the mandate to debit my bank account which such amounts as may be due as life Insurance Premium to be paid to RLIC. I agree to discharge the responsibility expected of me as a participant under the scheme.

I authorize Reliance Life Insurance Company Limited to debit an amount of Rs. _____ towards collection of premium payments. I understand and agree that the premium amount to be debited may vary due to loadings charges on underwriting, if any, and changes in statutory taxes applicable from time to time and authorize Reliance Life to debit such changed premium from my account as may be requested by Reliance Life.

FOR OFFICE (RLIC) USE ONLY

Policy Term Start date	Policy Term End date	Maximum Amount#

*Maximum amount not to exceed 120% of premium amount

Accountholder's Signature
(as per Bank records)

2nd Signature in case of Joint Holder
(as per Bank records)

Policy Holder's Signature
(If Account holder differs from policy holder)

RELIANCE

Life Insurance

Bank Mandate

(NACH/ECS/Direct Debit Mandate Form)

Date

UMRN

Sponsor Bank Code

Utility Code

Tick (✓)

- Create ☒
Modify ☐
Cancel ☐

I/We hereby authorize Reliance Life Insurance Company Ltd. to debit (tick ✓) A/C type ☐ Savings ☐ Current ☐ Other

Bank A/C number

with Bank

IFSC

MICR

Frequency ☒ Monthly ☒ Quarterly ☒ Half Yearly ☒ Yearly ☒ As & when presented

Debit type ☒ Fixed Amount ☒ Maximum Amount

Reference 1

Phone No

Reference 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

To

Or

☒ Until Cancelled

- 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.

TERMS & CONDITIONS:

1. Definitions:

1.1. "Electronic Clearing Services (ECS)/National Automated Clearing House (NACH)" shall mean the mandate of the policyholder to automatically pay the premium (other than the First Premium) by debit to the bank account specified by the policyholder on the due date of payment of the premium or any such other date as may be decided by RLIC. 1.2. "First Premium" shall mean the first premium towards policy along with application form. 2. "RLIC" shall mean Reliance Life Insurance Company Limited, a Company registered with IRDA for carrying out Life insurance business in India. 3. No extra cost will be charged to the Policyholder for this facility. 4. By opting for the Electronic (ECS/NACH) facility/facilities, as per T & C the Policyholder chooses to make the payment to RLIC from the Policyholder's Bank Account through any authorized service provider that the Company may tie with from time to time. 5. The Policyholder agrees to abide by the terms & conditions of the ECS/NACH facility of Reserve bank of India (RBI). 6. On the Policyholder electing the option/mode to pay the Premium (other than First Premium and one time Top-up), the same, unless revoked and/or modified by him/her subsequently by a minimum 30 days prior written notice to RLIC, shall be valid and binding on the Policyholder. 7. The Policyholder agrees that he/she shall remain liable for all the instructions and transactions that have been submitted by him/her or processed under his/her account prior to the date of Policyholder obtaining RLIC's acknowledgment to the said Notice. 8. Any Outstanding amount prior to 30 days from mandate date should be paid by the customer through the normal mode of payment (Cash/Cheque/DD). In case of Regular Pension Plan, ECS/NACH deduction will be effected based on mandate irrespective of outstanding amounts are paid or not. 9. The debit to Policyholder's Bank Account shall be presented on Preferred debit date or next day (if the day happens to be holiday, next working day). The actual debit depends on banking clearance cycle. 10. I, authorize Reliance Life Insurance Company Limited, to represent the ACH/direct debit/ECS instruction for outstanding payments, in the event of debit failure. 11. The Policyholder agrees that in the event, where there is a ACH/direct debit/ ECS failure the company reserves the right to represent the instructions for outstanding payments. 12. The policyholder agrees that in the event, where there is a transaction failure, the company reserves the right to represent the instructions for outstanding payments. 13. Modification/Cancellation of ECS/Direct Debit facility: A written request shall be given to the company for any modification/cancellation of ECS/NACH facility and the same will be effected within a minimum of 3 weeks of the receipt of the request. The Company will not be responsible for any delays in effecting this which are beyond it's control. 14. Only Annual Premium Paid Certificate will be issued instead of individual receipts for all premium paid through ECS/NACH 15. No reminder notices for payment of Premium shall be sent during the terms of ECS/NACH 16. The records of RLIC and/or its authorized Service Provider, on the Premium (other than First Premium and one time Top-up) payments, maintained through computer systems or otherwise, shall be accepted as conclusive and binding for all purpose and shall be conclusive proof of the genuineness and accuracy of the same and binding for all purposes and can be used as evidence in any proceedings. 17. The Policyholder acknowledges that he/she is eligible to avail the facilities and agrees to provide true, accurate, correct and complete information as required by RLIC and to keep the same updated and current at all times. Incorrect, incomplete, ambiguous forms will not be accepted. 18. At present, ECS facility is offered to the customer having bank accounts in the SELECTED cities. 19. The Policyholder agrees that the facilities will be available to him/her, subject to and upon receipt of confirmation by RLIC and/or its authorized Service Provider from the Policyholder's Bank details furnished by him/her in this application. 20. The policyholder agrees that it shall be solely be his/her responsibility to schedule his/her premium (other than First Premium) payments in a manner that the Company receives the Premiums (other than First Premium and one time Top-up) within the due dates as specified in the relevant Policy Contract(S) and that in the event of a late payment he/she shall be liable for the late payment charges and other consequence as may be enforced by RLIC. 21. The Policyholder expressly understands and agrees that if any one payment/instruction are not received/honored. RLIC reserves the right to automatically cancel/withdraw the facilities forthwith without notice. 22. The policyholder further agrees that RLIC and/or its authorized Service Provider shall not be responsible or liable if it is unable to effect any of his/her payment instructions owing to (a) incomplete, inaccurate, invalid or delayed submission of details by Policyholder (b) insufficient funds to cover Policyholder's transactions (c) Encumbrance or charge on Policyholder's account or (d) Events beyond the control of RLIC and/or authorized Service Provider. 23. The Policyholder expressly understands and unconditionally agrees that he/she will not hold RLIC and/or its authorized Service Provider disclaims all warranties of any kind whether express or implied including without Limitation any representation or warranty regarding the use of the result of the facilities in terms of its correctness, accuracy, reliability, usefulness, completeness, continuity uninterrupted access, timeliness or otherwise. Policyholder expressly understands and unconditionally agrees that he/she assumes total responsibility and risk for his/her access and use of the facilities. 24. Policyholder expressly understands and unconditionally agrees that he/she will not hold RLIC and/or its authorized Service Provider liable for any direct, indirect, punitive, incidental, special or consequential damages whatsoever, including but not limited to damages or losses resulting from (a) the use or performance or inability to use or non-performance of the facilities (b) the provision of failure to provide the facilities (c) the unauthorized access to or alteration of the transmission or data (d) such transactions that are carried out on the Policyholder's instructions in good faith (e) any loss or damage incurred or suffered by the Policyholder due to any defect, error, failure or interruption in the provision of the facilities or (f) any other matter related to the facilities. 25. The Policyholder agrees that the RLIC and/or its authorized Service Provider may from time to time make alterations, additions or deletions to these terms and conditions and that these shall be binding upon Policyholder and take effect from such date as may be intimated by RLIC and/or its authorized Service Provider. The Policyholder further agrees that he/she shall be deemed to have agreed, accepted and be bounded by such altered terms & conditions. 26. The Policyholder agrees that in event he/she is dissatisfied with any portions of the facilities or with the terms & conditions or alterations thereto, his/her sole and exclusive remedy is to discontinue the use of the facilities. 27. The Policyholder agrees that the laws of India shall govern this Agreement and in case of a dispute the matter will be settled as per the provisions of The Arbitration and Conciliation Act, 1996. The venue of Arbitration shall be in Mumbai and the language for Arbitration shall be English. 28. It is agreed by the Policyholder that the onus and liability to make all premium payments within the due dates specified in the relevant Policy Contract(s) vests solely and absolutely with the Policyholder. 29. In the event the Policyholder opts for premium frequency change. The ECS/NACH shall automatically align to the new premium dates. 30. The ECS/Direct Debit shall be discontinued in the event of receipt of information of death of the Life insured or maturity date or surrender or request for cancellation of the ECS/Direct Debit mandate.



Reliance Life Insurance Company Limited (IRDAI Reg. 121) Registered Office: H Block, 1st Floor, Dhirubhai Ambani Knowledge City, Navi Mumbai, Maharashtra 400 710. Corporate Office: Reliance Centre, 5th Floor, South Wing, Off Western Express Highway, Santacruz (East), Mumbai - 400 055. Trade Logo displayed above belongs to M/s Anil Dhirubhai Ambani Ventures Private Limited and used by Reliance Life Insurance Co. Ltd. under license.

For more information or any grievance, 1. Call us between 9am to 6pm, Monday to Saturday on Call Centre number - 3033 8181 (Local call charges apply) or our Toll Free Number 1800 300 08181 or 2. Visit us at www.reliance-life.com or 3. Email us at: rlife.customerservice@reliance-life.com or 4. Fax: 022 3000 2222.

Beware of spurious phone calls and fictitious/fraudulent offers IRDAI clarifies to public that 1. IRDAI or its officials do not involve in activities like sale of any kind of insurance or financial products nor invest premiums. 2. IRDAI does not announce any bonus. Public receiving such phone calls are requested to lodge a police complaint along with details of phone call, number.

CIN: U66010MH2001PLC167089

Instructions to fill Mandate

1. UMRN is auto generated during mandate creation and is mandatory to be updated during amendment and cancellation of mandate (Maximum Length - 20 Alpha Numeric Characters)
2. Date is in DD/MM/YYYY format
3. Sponsor bank IFSC/MICR code, left padded with zeroes where necessary. (Maximum Length-11 Alpha Numeric Characters)
4. Utility Code of the Service Provider. (Maximum length-18 Alpha Numeric Characters)
5. Name of Service Provider
6. Tick on box to select type of action to be initiated
7. Tick on box to select type of account to be affected
8. Customer's legal account number. (Maximum length-35 Alpha Numeric Characters)
9. Name of Bank
10. IFSC/MICR code of customer bank. (Maximum length-11 Alpha Numeric Characters for IFSC & 9 Numeric for MICR code)
11. Amount payable for service or maximum amount per transaction that could be processed in words.
12. Amount in figures, similar to the amount mentioned in words. (Maximum length-13 digit Numeric, in paise)
13. Service Provider generated consumer reference number
14. Service Provider generated Scheme/Plan reference number
15. Tick on box to select frequency of transaction
16. Validity of mandate with dates in DD/MM/YYYY format
17. Name of Customer/s and signature/s as well as seal of company (where required) (Maximum length of Name - 40 Alpha Numeric Characters)
18. Undertaking by customer
19. Permanent ID of customer e.g. PAN/Aadhaar No
20. Telephone no. with STD code of customer
21. 10 digit mobile number of customer
22. Mail ID of customer

I have understood that the bank where I have authorised the debit, may levy onetime mandate processing charges as mentioned in their latest schedule of charges published by the bank.

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

Place

Signature

Date

CUSTOMER DECLARATION FOR SUBMISSION OF ONLINE APPLICATION

To,

Application No. _____

Reliance Nippon Life Insurance Co. Ltd


I/We _____ request you to process the Application for _____ solicited through Tablet. (Product Name) _____. I/We confirm that I/ we have read relevant documentation/ information and have understood the product and Riders (if any), features, benefits and its associated risk. I/ We agree that post my/our meeting with Mr/Ms _____ bearing code _____ I/we has/have submitted the application to buy this product of my/our own accord. Benefit illustration has been explained to me and have understood the same before entering into the contract I/We understand and agree that by submitting this application through the Tablet, I/ We will be bound by such statements / disclosures of material facts in the same manner and to the same extent, as if I/ We have signed and submitted a written proposal for insurance to the Company.

I/ We undertake to notify Reliance Nippon Life Insurance Company Limited ("the Company") of any change in the information with respect to the life to be assured subsequent to the submitting of this application and before the acceptance of the risk by the Company. I/We fully understand the nature of the questions including health related questions and the importance of disclosing all material information to the Company while answering such questions in this application. By clicking on the box available on Tab, I confirm that I have read and agree to the Terms and condition of RNLIC.

I/We declare that answers given by me/us to all the questions captured through Tablet application including the information given to the Company as to the state of health & habits of the life/lives to be assured are true and complete in every respect.

I/We understand that in case of fraud or any mis-statement or suppression or non-disclosure of material information submitted or where the Company is not notified of any change as mentioned above, the Company reserves the right to repudiate the claim or declare the policy void in accordance with Section 45 of the Insurance Act as amended from time to time.

The Company reserves the right to accept, decline or offer alternate terms on this application for life insurance. I hereby declare and confirm that the contact number _____ given in the proposal form belongs to me.

I agree to receive the communication and service messages from RNLIC on WHATSAPP  on my number _____. I also agree to abide by the privacy policy of RNLIC, having read and understood the same at the website www.reliancenipponlife.com

I hereby declare and confirm that I am making the premium payment towards this application through my own bank account/credit card and I agree to submit a third-party declaration in case the premium payment is not made from my own account. I declare that the premiums paid have not been generated from the proceeds of any criminal activities /offences and I shall abide by and confirm to the prevention of Money Laundering Act, 2002 or any other applicable laws.

I / We Understand that with effect from October 1, 2015 – Reliance Nippon Life Insurance Company Limited has advised all customers / policyholders to insist on a receipt at the premium collection point, upon collection of the premium amount by the Reliance Nippon Life Insurance officials and for this purpose, we / I need to necessarily come to branch of Reliance Nippon Life Insurance Company Limited to deposit the premium either in cash or by cheque. Therefore, we / I understand that premium either in cash or cheque if handed over to an agent / advisor or any other persons is at our / my risk and responsibility.

(Name of Life Assured / Proposer)

(Signature of Life Assured / Proposer)

Mobile No _____

Date _____ Place _____

DECLARATION FOR SIGNING IN VERNACULAR OR FOR UNEDUCATED PERSON

I hereby declare that the content of this form has been explained to the Policyholder and have truthfully recorded the answers provided to me.

Signature of Declaration in English

Name _____ Place _____ Date _____

Original Document verification by Sales Person

I hereby declare that the copies of customer KYC documents submitted with proposal forms has been verified by me with originals and found that all the details and signature are matching with the respective KYC documents. I hereby confirm that I will transfer, the premium amount collected, to RNLIC immediately in compliance with Section 64VB of the Insurance Act, 1938.

Sales Person Name: _____ Sales Person Sign _____ Sales Person code no: _____

Reliance Nippon Life Insurance Company Limited ((IRDAI Reg. 121) Registered Office: H Block, 1st Floor, Dhirubhai Ambani Knowledge City, Navi Mumbai, Maharashtra 400 710. Corporate Office: Reliance Centre, 5th Floor, Off Western Express Highway, Santacruz East, Mumbai - 400055. For more information or any grievance, 1. Call us on our 24 X 7 Call Centre number - 3033 8181 (Local call charges apply) or our Toll Free Number 1800 300 08181 or Visit us at www.reliancelife.com or 3. Email us at: rlife.customerservice@relianceada.com CIN – U66010MH2001PLC167089

Customer Declaration Form Ver.1.5 Jan 2019

Name	
Father Name	
Mother Name	
Date Of Birth	
Education	
Occupation	
Nature Of Duty	
Nominee Name	
Nominee DOB	
Relation Of Nominee	
Mob No.	
Alternate Mob No.	
Aadhar or any address proof	
Pan	
Photo	
Email Id	
Height	
Weight	
Nominee Mobile Number	
Income	