



NACH / DIRECT DEBIT MANDATE FORM



Star Union Dai-ichi Life Insurance

UMRN F O R O F F I C E U S E O N L Y Date DD MM YYYY

NACH/ECS/DIRECT DEBIT MANDATE INSTRUCTION FORM

Sponsor Bank Code CITI000PIGW Utility Code CITI00002000000037

I/We hereby authorize STAR UNION DAI-ICHI LIFE INSURANCE CO. LTD. to debit (tick) SB/CA/CC/SB-NRE/SB-NRO/Other

Bank a/c number

with Bank Name of customer bank IFSC or MICR

an amount of Rupees Amount in words ₹

FREQUENCY Monthly Quarterly Half Yearly Yearly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Reference 1 (SUD Policy No.) Phone No.

Reference 2 (SUD Application No.) 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.

Maximum period of validity of this mandate is 40 years Only.

PERIOD

From DD MM YYYY

To DD MM YYYY

Maximum period of validity of this mandate is 40 years Only.

Policy Holder Signature

A/c Holder Signature

Joint A/c Holder Signature

Policy Holder Name

A/c Holder Name

Joint A/c Holder Name

\* This is to confirm that the declaration, terms & conditions 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.

Preferred draw date for auto debit of renewal premium

Dear customer you can choose your preferred date for auto debit of renewal premium.

ACCOUNT DEBIT DATE: 5th 10th 15th Due Date (5th, 10th & 15th Options are Not applicable for monthly mode)

Instructions to fill Auto Debit Form

- UMRN- To be left blank.
Sponsor Bank Code & Utility Code to be left blank.
Following fields to be filled mandatorily-
Date in DD/MM/YYYY format.
Bank A/c Type : Tick the relevant type.
Bank A/c Number : CBS account details to be filled.
Bank Name : Destination Bank Name.
IFSC Code/ MICR Code : As actual.
Mentioned Maximum Amount.
Period : Starting date of ACH registration (in DD/MM/YYYY format).
Signature as per Bank record.
A/c Holder name as per Bank record.
For cancelling / modifying Auto Debit Mandate, Policy Holder has to use "NACH" Mandate form by selecting option available on Mandate.
Auto Debit Mandate request will be accepted only if the "Bank" mentioned in the request form is listed in the NACH banks list.

Terms & Conditions

- This form is to be filled compulsorily with every application when frequency to pay the premium is "monthly."
I/ We wish to avail the NACH/DD/SI facility and hereby express my unconditional consent to debit premium of my policy to above through participation in Automated Clearing House (ACH)/Direct Debit.
I/We understand and accept that the transaction will be effected on account debit date of the due month, or the next working day of the bank. The allocation and/or unitization of the premiums shall be based only on the date on which the amount is realized by the Company and not as on the date of debit to the account. For monthly mode, account debit date would be the due date; for any other mode if account debit date is not chosen then 5th of the due month would be considered by default. If the transaction is delayed or not affected at all for reasons of incomplete or incorrect information, I shall not hold Star Union Dai-ichi Life Insurance Co. Ltd. responsible.
I/We agree to any increase in premium deductions due to changes in applicable regulations/service tax rates or change in frequency of premium payment.
I /We authorize Star Union Dai-ichi Life Insurance Co. Ltd. to enable the ACH/Direct Debit facility for premium payments and in the instance of dishonour of ACH/Direct Debit, to Redebit my/ our same account with the bank to collect the premium payable.
I/We declare that the particulars given on Direct Debit Mandate are correct & complete in all respects.
I/We have read the Terms & Conditions written above.

Star Union Dai-ichi Life Insurance Company Limited

IRDAI Regn. No: 142 | CIN: U66010MH2007PLC174472 | Registered Office: 11th Floor, Vishwaroop I.T. Park, Plot No. 34, 35 & 38, Sector 30A of IIP, Vashi, Navi Mumbai - 400 703 | 1800 266 8833 (Toll Free) | Timing: 9:00 am - 7:00 pm (Mon - Sat) |

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