LIFE GOALS. DONE.

Bank Account Activation Form

This is a system generated form and does not mean acknowledgement/receipt for the service request. Customers are requested to obtain an acknowledgement on the submission of this form.

INSTRUCTIONS FOR FILLING UP THE FORM:-

1. This form is to be filled by the Policy Holder himself/herself in BLOCK LETTERS in **Blue Ink.**
2. Please tick a 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. Form filling person must affix his/her signature for any cancellation/correction/alteration.
5. Form filling person must affix his/her signature on each page / side of the form.

DOCUMENTS REQUIRED

1. KYC documents of Policy holder

Residential Status

INDIAN NRI

Bajaj Life Insurance Policy

Policy Number Date D D M M Y Y Y Y

Life Assured's Name

Policy Holder's Name

Contact No. (Mobile) Contact No. (Tel)

Email _____

PAN Number

Tax will be deducted under section 194DA of the Income Tax Act, 1961 subject to conditions as mentioned in Section 10(10D) of Income Tax Act,1961. If PAN is updated in system, TDS will be deducted @ 5% on income from policy. In the absence of PAN, TDS will be deducted @ 20% on income from policy. TDS once deducted will not be refunded.

Please update your PAN in system so that TDS certificate can be issued. In the absence of PAN, TDS certificate cannot be issued. Please consult your Income Tax advisor/consultant for tax treatment under Income Tax Act,1961. For NRI customers TDS shall be deducted under section 195 of Income Tax Act,1961 at applicable rates. GST is applicable w.e.f 01-July-2017.

Electronic Payment Mandate

This mandate is a standing instruction to Bajaj Life Insurance Limited to transfer the amount to be paid to the policyholder electronically into his bank account. Electronic Payment Fund Transfer will be applicable to Surrenders, Partial Withdrawal, Cancellation of Proposal, Annuity, Loans Survival Benefits and Maturity.

Bank Name

Branch Name

Bank Account No. Account Type ☐ Savings ☐ Current

IFSC MICR Code

The payout mode selected in the Form will be used by company to generate any payouts to the policy holder (Claimant). Payouts would be done in accordance and subject to terms and conditions of the policy Note: Cancelled copy of Cheque/Bank Statement/Bank Passbook copy not more than months old as on date to be submitted along with Electronic Payout Request. The latest provided bank account details will be updated for all your existing policies at Bajaj Life Insurance Limited and all your future transactions will be through this account unless changed. All previous bank accounts will be deactivated.

☐ I hereby declare that I have fully understand the contents mentioned in the request letter/form submitted for direct credit activation and I further declare that he/she/they fully understood the meaning thereof.

Name of the Declarant: _____

PH Name: _____

Place: _____

Date: _____

Signature of the Declarant:

Thumb Impression/
Signature of the Claimant / Policy Holder