Policy Number:

BAJAJ LIFE
LIFE GOALS. DONE.

Electronic Payment Mandate Form

Instructions For Filling Up The Form

1. Please answer all questions. 2. Please tick the box☐where appropriate. 3. Please strike out parts which are not applicable and write 'N.A.'. 4. Stroke of the pen, dots and dashes will not be accepted as replies. 5. This form is to be filled by the proposer himself/herself in BLOCK LETTERS in black or blue ink. 6. The proposer must sign any cancellation or alteration. 7. Insurance is a contract of utmost good faith, which requires the Insurer, proposer and life to be insured to disclose all material facts. In case of any doubt as to whether a fact is material or not, the fact should be disclosed. As the statements in this proposal constitute warranties, complete and accurate information must be given. 8. The proposer must sign on each page. 9. KYC documents of Policy Holder and witness will be required.

Policy Related Details

a) Policy Number: _____ Date: _____

b) Life Assured's Name: _____

c) Policy Holder's Name: _____

d) Mobile: _____ e) Alternate No: _____ f) Email: _____

g) PAN No: _____ h) Aadhaar No.: _____

This mandate is a standing instruction to Bajaj Life Insurance Limited, to transfer the amount to be paid to the Policy Holder 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: _____ Account Type: Savings ☐ Current ☐

Bank A/c No: _____

IFSC: _____ MICR Code: _____

The payout mode selected in the Form will be used by the 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.

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Note

- Self-attested Cancelled copy of Cheque (name should be printed)
- Self-attested Printed Bank Statement / Passbook Copy with bank stamp not more than six months old
- NRE / NRO Accounts are not considered for Direct credit payment

Disclaimer:-

I hereby declare that the account number, bank name, IFSC Code & other particulars furnished by me are correct and complete. I agree that if the transaction is delayed or not at all effected due to incomplete or incorrect information furnished by me, I shall not hold Bajaj Life Insurance Limited responsible for such delays or wrong credits.

Place : _____

Date : _____

Name : _____

Date : _____

Date : _____

Signature of Policy Holder

Signature of Bank Manager & Bank seal

Experience a Virtual Branch at the comfort of your home. Login to www.bajajlifeinsurance.com for accessing Bajaj Life Insurance App, our customer portal to address all your policy servicing needs.

Assuring you of our best services for all your life goal needs.

Bajaj Life Insurance Limited (Formerly known as Bajaj Allianz Life Insurance Company Limited)

Regd. Office Address: Bajaj Insurance House, Airport Road, Yerawada, Pune – 411006, IRDAI Reg.No.: 116 | CIN: U66010PN2001PLC015959 | Mail us: customercare@bajajlife.com | Call on: Customer Care Number: 020 6712 1212 | Visit: www.bajajlifeinsurance.com | The Logo of Bajaj Life Insurance Limited is provided on the basis of license given by Bajaj Finserv Ltd. to use its "Bajaj" Logo.