

MANDATE FORM FOR AUTO PAY (NACH / ECS / DIRECT DEBIT)

DECLARATION BY THE PROPOSER / POLICY HOLDER

I hereby authorise GENERALI CENTRAL LIFE INSURANCE CO.LTD., (the Company) to debit my/our account through Auto Pay for collection of the Life Insurance premium(s) payable on my Life Insurance proposal(s)/policy(ies) and rider(s)(if any).

I hereby declare that the particulars given above are correct and complete in all aspects. In the event of my bank being unable to debit my account, for whatsoever reason, I will pay the insurance premiums directly to the company. I will also inform the company of any changes in my Bank Account.

TERMS & CONDITIONS

- The Proposer/Policy Holder shall at all times, maintain sufficient balance in the bank account specified in the mandate; so that the mandate is honoured and credit for the premium payments due is received by the Company on or before the respective due dates.
- If the mandate effective date is earlier to the due date, then the amount received will be adjusted on the due date.
 - If the mandate date is later than the due date, then the amount received will be adjusted on the date received.
- The applicant shall bear the entire responsibility for using this facility and risk associated with it. The Company shall not be responsible for any loss / damage or compensation of any loss / damage as a result of using this facility.
- The Company shall in no way be responsible for non-execution or delay in execution of Auto Pay instruction; on account of incomplete mandate or non-availability of sufficient funds in Proposer's / Policy Holder's account or for any other reason beyond the Company's control.
- In case of Auto Pay dishonor, the Company may represent for collection of the due premium and charges of dishonour will be borne by Policy Holder
- Notwithstanding what is mentioned herein above, it is understood that, the Company is extending such facilities to make it convenient for the Proposer/Policy Holder to pay the renewal premiums; however the onus and liability to honour such payments vests solely and absolutely with the policyholder.
- You have an option to withdraw from Auto Pay premium payment facility 15 days prior to the due date.

*Signature of The Proposer/Policy Holder _____ Date _____

*Name _____ Place _____

BANK AUTHORISATION (TO BE FILLED IN BY THE ACCOUNT HOLDER'S BANK)

It is certified that the particulars of bank account details mentioned in the mandate and the signature of the Bank Account Holder are correct.

Bank's Stamp:

Place _____

Signature of Authorised
Official of the Bank _____

Date

DDMMYYYY

Version 1.3



UMRN _____ For office use only _____ Date _____

Sponsor Bank Code _____ For office use only _____ Utility Code _____ For office use only _____

Create Modify Cancel
I/We hereby authorise Generali Central Life Insurance Co. Ltd. to debit (tick) SB/CA/CC/SB-NRE/SB-NRO/Other

Bank a/c number _____

with bank _____ IFSC _____ or MICR _____

an amount of Rupees _____ For office use only ₹ _____

Frequency Monthly Quarterly Half-yearly As & when presented Debit Type Fixed amount Maximum amount

Application No: _____ Phone No. _____

Policy No: _____ Email ID _____

I agree for the mandate processing charges by the bank whom I am authorising to debit my account as per latest schedule of charges issued by the bank.

Period Mandate Validity upto 40 Yrs.
From _____ To _____
Signature Primary Account holder _____ Signature of Account holder _____ Signature of Account holder _____
Name as in bank records _____ Name as in bank records _____ Name as in bank records _____

This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the User entity/Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorised to cancel / amend the mandate by appropriately communicating cancellation / amendment request to the user entity / Corporate or the bank where I have authorised the debit.

Know your Auto Pay Mandate Form:

Mandate Amount “Amount of Rupees” and “Debit Type”: We would be registering mandate with maximum amount as per below example grid.

| Description | | For all Premium Frequency | | |
|-------------|--|---------------------------|------------------------|--------------------|
| | | For all Products | | |
| a. | First Year Installment Premium Amount as per SIS including GST | 12,245 (Yearly) | 6,142 (Half-Yearly) | 2,070 (Monthly) |
| d. | Mandate Amount (As per frequency) | 12,245 | 6,142 | 2,070 |
| e. | Final Mandate Amount = Round up in hundred | 12,300 | 6,200 | 2,100 |

We will not debit customer a/c for more than one installment premium without customers consent. This is required to handle changes in premium amount due to changes made in Service Tax by Government of India. Also to facilitate customer with options mentioned below.

Example: If mandate is registered with Mandate Amount = 12,300/-

- Change in Tax Rates:** Installment premium may increase/decrease due to changes in Tax Rates. If installment premium amount is increased to 12,300/-, Auto Pay transaction will be failed.
- Installment Premium Redebit Request:** If Auto Pay transaction is dishonored (i.e. Insufficient Funds) and customer wants to pay outstanding premium through Auto Pay re-debit after grace period is over. Auto Pay Transaction will be failed as Total Installment Premium is more than Mandate Amount.
I.e. Total Installment Premium Amount (12,550/-) = Installment Premium: 12,300/- + Lapse Revival Charges: 250/- (If Applicable)
- Renewal Frequency Change Request:** Mode change is not possible from monthly to annual/half yearly / quarterly without a fresh mandate.

Information on Pre-ticked boxes:

| Pre Ticked Section | Ticked as | Disclaimer | Reason / Benefit of Pre-tick |
|--------------------|-----------------------|---|---|
| Frequency | 'As & when presented' | Auto Pay transaction will be presented as per policy frequency on premium due date. | In case of frequency change, new mandate is not required In case of Auto Pay dishonor, re-presentation can be done as per customer's request |
| Period | 'Until Cancelled' | Premium collection will be done for Inforce policies only. It will be automatically stopped in case of policy lapse, cancelled, on Maturity, on surrender and on death intimation Customer can withdraw from Auto Pay premium payment facility 15 days prior to due date | Premium start date and end date for new proposals is subject to underwriting decision date. To avoid mistake in mentioning incorrect start date and end date |

| Mandatory fields on mandate | | Sales Tick (√) | Branch Operations Tick (√) |
|--|---|----------------|----------------------------|
| Check list for Sales (New Proposals) and Branch Operations (NB & Policy Servicing) | | | |
| I. | Date | | |
| II. | Tick (√) on A/c Type | | |
| III. | Bank A/c Number - CBS (Core Banking System) | | |
| IV. | Bank Name | | |
| V. | MICR code is mandatory | | |
| VI. | Application No. or Policy No. Any one is mandatory | | |
| VII. | Name & Signature of A/c Holder is mandatory. In case of join a/c, all a/c holders should sign the mandate. Proprietary stamp is mandatory for non individual current a/c. | | |

Agent Name and Sign (in NB only):

Branch Operation Executive Sign with Employee Id: