SIM000101

Canara HSBC LIFE INSURANCE

ADM / NACH / DIRECT DEBIT FORM

Version 4.4

UMRN | Date

Tick (✓) | Sponsor Bank Code: HSBC02INDIA | Utility Code: NACH00000000023118

CREATE ✓ / MODIFY X / CANCEL X | I/We hereby authorize: Canara HSBC Life Insurance Co. Ltd. | to debit (tick✓): SB/CA/CC/SBNRE/SB - NRO/Other

Bank a/c number

with Bank | IFSC | or MICR

an amount of Rupees | ₹

FREQUENCY [X] Mthly [X] Qtly [X] H-Yrly [X] Yrly [✓] As & when presented DEBIT TYPE [X] Fixed Amount [✓] Maximum Amount

Reference 1 | Phone No.

Reference 2: X X X X X X X X X X X X | Email ID

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

PERIOD

From

To

(Maximum period of validity of this mandate is 40 years only)

Signature Primary Account holder | Signature of Account holder | Signature of Account holder

1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

- 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, based on the instruction as agreed and signed by me.
- 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.

Preferred Draw Date: [ ] 05th [ ] 10th [ ] 15th [ ] 20th [ ] 25th (Not applicable for monthly mode & ADM cases)

Certification by Bank

We hereby certify that the account number mentioned above is currently operational and the account details mentioned are correct as per our records. We also hereby attest that the signature of the account holder affixed on the SI mandate above.

Date | Place | Signature of the Authorized Bank Official with Bank Stamp & PA/Emp. Code

Important Note:

a) Kindly fill the form in CAPITAL LETTERS and tick appropriate box as applicable.

b) In case the account is being held in capacity as a Sole Proprietor, (Company A/c) then the appropriate stamp is also required on the Mandate form along with the signatures of the account holder.

The facility of National Automated Clearing House ("Facility" or "NACH" or "ADM") is being provided by Canara HSBC Life Insurance Company Limited ("Company"*) to you subject to the following terms and conditions:

1. You hereby authorize the Company to periodically debit your account for making payments to the Company towards premiums through NACH / ADM as per above details. Facility verification charges (if any) may be charged to your account.
2. In case of any change in premium as per the policy contract, Company can debit such changed premium without requiring fresh authorization from you including change in Service Tax & proposed Goods and Services Tax (GST).
3. You agree to maintain sufficient credit balance at all times and in specific 7 days before or after the premium due dates so that the mandate is honored in the first instance. Your bank reserves the right to levy return/dishonor charges at applicable rates from You. In case Facility instruction gets dishonored on the opted draw date due to any reason, the Facility instruction will be presented once again for clearance after 4 days from the date of dishonor and in case of ADM, till 99 days.
4. You indemnify and hold Company harmless against any and all liabilities, cost and expenses that may be incurred by the Company due to any acts of omission or commission or negligence on your part.
5. The Facility is available in select banks only and may be withdrawn by the Company at any time after informing you. You can use any permissible alternate mode for premium payment by way of a written notice to the Company and the Bank of not less than 15 days and thereby revoke this Facility free of charge.
6. In case of a decline of a transaction, you can pay premiums through permissible alternate modes. In such a case, the policy will not be removed from the standing instruction mode and subsequent premiums will continue to be debited as per the mandate instructions. However, the Company may remove the policy from standing instruction mode in case of 3 consecutive declined transactions.
7. The Company is not responsible for non-execution or delay in execution of Facility instructions for any other reason beyond the Company's control.
8. Company may modify the terms and conditions by giving you prior intimation. You agree that if you are dissatisfied with the Facility (or any portion of it) or with any of the terms or alterations, your only remedy is to discontinue the use of the Facility.
9. You confirm and declare that the above particulars are correct and complete to the best of your knowledge and by exercising the Facility, you acknowledge having read, understood and agreed to the above terms and conditions.
10. For ULIP policies, the NAV applicable will be of the premium due date or premium received date, whichever is later.
11. Higher amount of 15% is to be written to accommodate any increase in premium due to changes in Service tax and/or other applicable taxes/cess in case of NACH/Direct Debit, and schedule increase as per product specification and change in premium payment mode.
12. Mandate END DATE must not be greater than **40** Years from the date of mandate. **(Maximum period of validity of this mandate is 40 years only).**
13. Mandate registration validity is restricted to 120 days from the date of mandate, post 120 days the mandate will be treated as **"STALE"** and rejected.

Canara HSBC Life Insurance Company Limited

IRDAI Regn. No. 136

Head Office Address: 139 P, Sector 44, Gurugram – 122003, Haryana, India

Registered Office Address: 8th Floor, Unit No. 808 - 814, Ambadeep Building, Plot No.14, Kasturba Gandhi Marg, New Delhi - 110001

Corporate Identity No: L66010DL2007PLC248825

Call us at 1800-103-0003 / 1800-891-0003

Email us at customerservice@canarahsbclife.in

Visit our website at www.canarahsbclife.com

Confidential