

Staple self attested recent colour photograph of the Account holder

STANDING INSTRUCTION FORM for STATE BANK OF INDIA & HSBC BANK ONLY



I / We authorize Tata AIA Life Insurance Company Ltd. to debit the following bank account for collection of premiums as detailed below and I / we understand that the information provided by me / us may be shared with third parties for compliance with any legal or regulatory requirements.

BANK ACCOUNT DETAILS: (These will also be used for direct credit of all policy related payouts). All the details are to be mandatorily filled.

ACCOUNT TYPE: Savings Current (Only a Current Account in Individual name is acceptable)
 NRO NRE (For a NRE Account Payout, cheque with NRE letter will be processed)

Name of The Primary / First Account Holder (exactly as in Bank Records): _____

Name of The Second / Joint Account Holder(s) (if any): _____

Name of The Bank: STATE BANK OF INDIA HSBC Branch & City: _____

Account Number: _____ (Length -> 11 Digits for State Bank of India & 12 Digits for HSBC)

11 Character IFS Code: _____

9 Digit MICR Code: _____

RELATIONSHIP OF THE ACCOUNT HOLDER TO THE INSURED OF THE POLICY (As per company rules, Third Party payment will not be acceptable)

SELF PARENTS SPOUSE CHILDREN

If the Account Holder is different from the existing Payor in the policy, please provide Address Proof, latest photograph, PAN Card copy & Income proof of the Account Holder.

Pan of Payor (Account Holder): _____ Date of Birth of Payor (Account Holder):

POLICY DETAILS - All the details are mandatory.

| Policy Number | Frequency of debit (Mntly/Qrtly/HfYrly/Yrly) | First Due Date of debit (DD/MM/YYYY) | Last Due Date of debit (DD/MM/YYYY) | Maximum Amount Deductible from above Account |
|---------------|--|--------------------------------------|-------------------------------------|--|
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Name of The Policyholder: _____ Date _____

I / We agree to the terms & conditions as detailed below and I / We shall promptly notify any change in the information as provided herein.

Policyholder's Signature
(As on policy application & Policyholder to be read as the owner of the policy, if different from the Insured)

Primary / First Account Holder's Signature
(As in Bank Records)

Second / Joint Account Holder's Signature
If applicable (As in Bank Records)

Please attach an original personalized cancelled cheque along with this form*. For HSBC Bank details, attestation of this form by the bank is compulsory.

* In case a non-personalized cancelled cheque is given, Passbook/ Bank Statement showing a/c number & a/c holder's name is necessary along with the cancelled cheque.

Please allow us 15 working days to process your request. Kindly pay the premium amount by cash / cheque / online, if due during this period.

IN CASE THE POLICYHOLDER IS AFFIXING A THUMB IMPRESSION OR IS SIGNING IN VERNACULAR:

The thumb impression or signature of the Policyholder should be attested by a person of standing whose identity can easily be established and this declaration should be made by him/her.

I _____ (name) holding _____ (Identity Card type) _____ (Identity Card Number) hereby declare that I have explained the contents of this form to the Policyholder in _____ language and that I have read out to the Policyholder the answers to the questions dictated by the Policyholder.

The information/answers filled in this form are exact replication of the information/answers provided to me by the Policyholder and that the Policyholder has affixed his/her signature/thumb impression on this form after fully understanding the contents thereof.

Signature of Witness: _____ Signature/Thumb Impression of Policyholder: _____

CERTIFICATION BY ACCOUNT HOLDER'S BANK (compulsary for HSBC Bank Details)

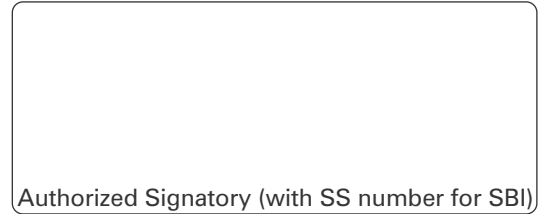
We hereby certify that the bank account details and account holder's signature(s) furnished above are correct as per our records & we have noted the instructions in our system and records.

Branch: _____

Date:



Bank Stamp



Authorized Signatory (with SS number for SBI)

TERMS & CONDITIONS

- i In case the transaction is declined, the Policyholder is liable to pay the outstanding premium amount by cash /cheque / Online; otherwise the policy shall lapse at the expiry of grace period as per policy contract provisions.
- ii Tata AIA Life Insurance Company Ltd. reserves the right to withdraw the said facility without assigning any reason whatsoever, but with prior intimation.
- iii Policyholder may discontinue the premium payment through SI mode with prior written intimation. However, such intimation should reach Tata AIA Life Insurance Company Ltd., at least 15 days prior to due date. Policy holder agrees that he/she shall remain liable for all the instructions and transactions that have been submitted by him/her or processed under his/her account prior to the date of the Policy holder obtaining Company's acknowledgment to the said Notice.
- iv Policyholder expressly understands and agrees that if payments/instructions, in case of a premium payment mode, are not received/ honoured, the Company reserves the right to automatically cancel/withdraw the facilities forthwith without notice.
- v For Unit Linked policies, NAV applicable shall be as per terms and conditions of the policy.
- vi Deduction of premium amount is subject to change due to change in government regulations/goods and service tax rates/scheduled increase/decrease as per product features/any loading/resinstatement charges on the policy or change in frequency of premium payment. No fresh authorization would be required or taken.
- vii In case of any contradiction in this SI form and the policy contract, the provision under Policy contract shall prevail.
- viii Customer account shall be debited on or within 7 days from due date.
- ix Risk shall be assumed only after the premium amount is received by Tata AIA Life Insurance Company Limited.

All applicable taxes, duties, surcharge, cesses or levies, as may be imposed by Government, any statutory or administrative authority from time to time, on the premiums payable and benefits secured under Policy, shall be borne and paid by the Policyholder.

Please submit this form at your nearest Tata AIA Life Insurance Company Ltd. branch or mail it to the below mentioned address:

Tata AIA Life Insurance Company Ltd.: B- Wing, 9th Floor, I-Think Techno Campus, Behind TCS, Pokhran Road No.2, Close to Eastern Express Highway, Thane (West) Pin Code - 400 607.

Tata AIA Life Insurance Company Ltd. (IRDA of India Regn. No. 110 • CIN - U66010MH2000PLC128403).

Registered & Corporate Office Address: 14th Floor, Tower A, Peninsula Business Park, Senapati Bapat Marg, Lower Parel, Mumbai - 400013. Trade logo displayed above belongs to Tata Sons Ltd and AIA Group Ltd. and is used by Tata AIA Life Insurance Company Ltd under a license. For any information including cancellation, claims and complaints, please contact our Insurance Advisor / Intermediary or visit Tata AIA Life's nearest branch office or call **1-860-266-9966** (local charges apply) or write to us at **customercare@tataaia.com**. Visit us at: **www.tataaia.com** or SMS '**LIFE**' to **58888**.

BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS/FRAUDULENT OFFERS

IRDA of India clarifies to public that

- IRDA of India or its officials do not involve in activities like sale of any kind of insurance or financial products nor invest premiums.
- IRDA of India does not announce any bonus. Public receiving such phone calls are requested to lodge a police complaint along with details of phone call, number.