

## 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 dishonor 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.  
Preferred Account Debit Type (Tick any one): ☐ 2nd of the month ☐ 5th of the month ☐ 7th of the month ☐ 10th of the month  
(Premium Amount will be debited on next working day in case preferred date falls on a holiday)

\*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:

Signature of Authorised  
Official of the Bank

Place \_\_\_\_\_

Date

DDMMYYYY

Version 1.3

UMRN \_\_\_\_\_ For office use only \_\_\_\_\_ Date \_\_\_\_\_

Tick (✓) ☒ Create ☐ Modify ☐ Cancel

Sponsor Bank Code \_\_\_\_\_ Utility Code \_\_\_\_\_

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

Reference 1 Application No: \_\_\_\_\_ Phone No. \_\_\_\_\_

Reference 2 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 For office use only  
From \_\_\_\_\_  
To ☒ ☒ ☒ ☒ ☒ ☒ ☒ ☒  
Or ☒ Until cancelled

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 = <b>Round up in hundred</b>	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-representation 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 Check list for Sales (New Proposals) and Branch Operations (NB & Policy Servicing)		Sales Tick (✓)	Branch Operations Tick (✓)
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:**