Track your policy with ease. Log on to www.insurance.birlasunlife.com, generate your own Username/Password to manage your policy efficiently.

Birla Sun Life Insurance

CREDIT CARD AUTHORISATION FORM

I hereby authorise Birla Sun Life Insurance Company Limited (BSLI) to debit my Credit Card account for collection of

☐ Initial Premium ☐ Renewal Premiums ☐ Initial & Renewal Premiums

Name of the Policy Owner

Title | First Name | Middle Name | Surname

Preferred Mode of Payment

Policy No/Application No:a) ☐ Annual ☐ Semi Annual ☐ Quarterly ☐ Monthly

b) ☐ Annual ☐ Semi Annual ☐ Quarterly ☐ Monthly

Type of Card ☐ VISA ☐ MASTERCARD ☐ Diner's Card

Credit Card holder's name:

Credit Card No. Expiry Date m m y y y y

Payer's relationship with Policy Holder: ☐ Self ☐ Parent ☐ Spouse ☐ Employer/Employee ☐ Karta HUF

Issuing Bank

In case of any pending dues required to activate your credit card, do you authorize BSLI to deduct the amount from your card. ☐ Yes ☐ No Date of Birth d d m m y y y y

IMPORTANT: Please attach a photocopy of the front side of your Credit Card

I understand and agree that:

1. The credit card as mentioned above is in my name.
2. I understand and agree that the risk under the insurance paln and the policy will be assumed by BSLI only after getting credit of the amount of premium and not earlier.
3. I hereby agree that non-receipt of initial premium payable under the policy shall result in the policy becoming voil. Incase of non-receipt of the renewal premiums, the same may result in lapsation of the policy. Such lapsation is governed by the terms and condition of the said policy.
4. In hereby agree and confirm that the credit card issuing bank is not acting as an agent of either BSLI or my self in accepting the debit requests on the credit card account for the premium acmounts, or otherwise dealing with the premium amount(s) payable under the policy, in any manner.
5. In case of renewal premiums these instructions are valid on an ongoing basis till I issue instructions to the contrary in writing to BSLI.
6. In case of cancellation/substitution/non-renewal of the card, I am responsible for informing BSLI in writing and comply with BSLI direction in ensuring that any premium amount(s) payable to BSLI is paid. Also in case of credit card subscripation renewal, I under take to submit fres copies of the front side of the new credit card.
7. In case the transaction is declined, I am solely responsible for paying the premium.
8. I undertake to unconditionally honor and pay the premium amount when I am billed for the same by the above mentioned bank.
9. BSLI reserves the right to withdraw the said facility without assigning any reason whatoever.
10. I agree that all taxes (service tax & cess) levied from time to time by the government will be recovered in addition to the premium amount.
11. If the payment mode is monthly and you cancel the DDCC, the premium payment mode will be changed to Quarterly.
12. As payments will be through your Credit Card, premium payment notices will not be sent.
13. The expiry your Credit Card should fall at least 3 months after the receipt of your request at our end.
14. I hereby agree to the deduction of premium due arising on account of my request for change in frequency.
15. I also agree to any deduction of service tax, other charges and interest as and when required over and above the amount mentioned as premium.
16. For premium payments received through international master/visa credit cards, the refund amount if any will be transferred bank to the card in INR. Any exchange loss / gain liability rests with the customer.

I hereby provide my consent to receive a call with regards to my request as given herein

Date: d d m m y y y y

Place:

Policy Owner's Signature

Card Holder's Signature
(As it appears on the Credit Card)

Please collect stamped, signed and filled up acknowledgment slip, which you can refer to for all your communications in regard to this request.

Birla Sun Life Insurance Company Limited
Regn. No.: 109. Regd Office: One Indiabulls Centre, Tower 1, 16th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400013.
Write to us: G Corp Tech Park, 6th Floor, Kasar Wadavali, Ghodbunder Road, Thane - 400601. Contact Us: 1800-270-7000 (Toll Free), Tel. No. 6723 9100.
Email: customerservice@birlasunlife.com | www.insurance.birlasunlife.com | Corporate Identity Number: U99999MH2000PLC128110.
Insurance is the subject matter of the solicitation.

Acknowledgment of application for ☐ Credit Card Authorisation

Policy No/Application No:a) Name of the Policy Owner

b) Name of the Policy Owner

Branch: _____ Received by: _____ Date Stamp and Time

Birla Sun Life Insurance Company Limited
Regn. No.: 109. Regd Office: One Indiabulls Centre, Tower 1, 16th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400013.
Write to us: G Corp Tech Park, 6th Floor, Kasar Wadavali, Ghodbunder Road, Thane - 400601. Contact Us: 1800-270-7000 (Toll Free), Tel. No. 6723 9100.
Email: customerservice@birlasunlife.com | www.insurance.birlasunlife.com | Corporate Identity Number: U99999MH2000PLC128110.
Insurance is the subject matter of the solicitation. **Note:** Please produce this acknowledgement slip for any communication with regard to this request in future.

Birla Sun Life Insurance

PRP No.FOR/10/12-13/5526