

E.C.S. Mandate ECS/DD (Direct Debit)

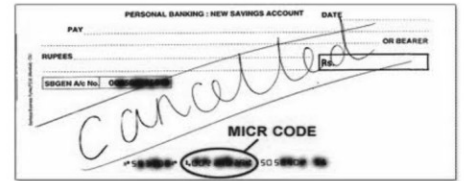
Authorization to pay Insurance Premium amount through Electronic Debit Clearing System.

1. Policy & Proposer Details

- a. Policy No.
- b. Proposer Name FIRST NAME MIDDLE NAME LAST NAME
- c. Mobile No. Telephone No.
- d. E-mail ID
- e. Draw Date (Choose (✓) any one) 01 8 16 23 f. Modal Premium Amount
- g. Frequency (Choose (✓) any one) ANNUAL SEMI ANNUAL QUARTERLY MONTHLY

2. Bank Details

- a. Account Holder Name FIRST NAME MIDDLE NAME LAST NAME
(In capital letters only as appearing on your cheque book)
- b. Bank Name
- c. Branch Address
- d. 9 Digit MICR Code If it starts from "000" please obtain correct code from bank branch
- e. Account No.
- f. Account Type (Choose (✓) any one) (Savings A/C / Current A/C / Cash Card / Joint A/C)
- g. In case of joint A/C (Choose (✓) any one) Jointly owned Either or survivor



(Please attach a cancelled blank cheque or its photocopy)

Certified that the particulars furnished above are correct as per our records.

- h. Yes I have attached a blank cancelled cheque
(In case cancelled cheque does not bear account holder's name, please attach bank statement/front page of passbook along with the cheque)
- i. Relationship of A/C holder with life Insured Self Spouse Parent/Child
- j. Premium Amount (< = ₹50,000) (> = ₹50,000)

Bank Stamp

In case of non availability of cancelled cheque
(Signature & Stamp of Authorized Official from the bank)

- k. For Max Life Insurance use only
ECS Start Date DD MM YY YY ECS End Date DD MM YY YY

Mandatory

Signature of Policy Holder
(As on Policy Application)

Mandatory

Signature of Account Holder
(As per bank records)

Mandatory

Signature of Joint Holder
(As per bank records)

Date Place

Declaration by the Policy Owner

I/We, understand and accept that this mandate is for debiting my insurance premium due on draw date by Electronic Clearing System herein referred as ECS or through Direct Debit facility herein after referred as DD. I/We certify that the particulars furnished herein are correct and complete as per our records and undertake to keep sufficient funds in the funding account one day before the draw date of execution of standing instruction. I/We, hereby submit the mandate to debit my/our account towards premiums against the above policy on their due dates and wish to avail of the DD/ECS facility and hereby express my/our unconditional consent to debit payment of the amount of the premium of my/our policy referred to above through participation in the DD/ECS on the National Clearing Cell of the Reserve Bank of India to any other stipulated bank. I/We also unconditionally and irrevocably authorize Max Life Insurance Co. Ltd. to raise debit for such regular premium payments. Also I/we understand that the above instruction can be withdrawn/cancelled after due intimation by giving an advance notice of three months and with the written consent of Max Life Insurance Co. Ltd. for the payment of premium due. I/We, understand and accept that the transaction will be effected at selected draw date within reasonable time limit. If the transaction is delayed or not effected at all for reason for incomplete or incorrect information, I/We shall not hold the user institution responsible. I/We agree to discharge the responsibility expected of me/us as a participant under the scheme. In case, ECS/DD instruction gets bounced on the opted draw date due to financial reasons, the ECS/DD instruction will be represented once again for clearance after 14 days. I/We undertake to keep sufficient balance in the funding account on the date of execution. I/We agree if ECS/DD instructions were bounced other than financial reasons then the payment method would be revoked. I/We agree that in case the ECS/DD facility is withdrawn by the Company at anytime, subsequent due premiums would be made through other modes as stipulated by the Company. I/We agree & understand that ECS/DD facility is available for Modal Premium and Planned top-up only. Premium for OPPB/unplanned top-up should be paid by mode other than ECS/DD, as stipulated by the Company. I/We agree & understand that ECS/DD facility is available only after enforcement of the policy, premium due before enforcement will be paid through other modes as stipulated by the Company in this regard.

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Website: www.maxlifeinsurance.com. Insurance is the subject matter of solicitation.

June 2012/Version 1.5