SBI Life
Apne liye. Apno ke liye.

Annexure to Electronic Application
Customer Declaration

Electronic Proposal Number: _____

I/We_____confirm that I/We have submitted the above referred electronic proposal to buy SBI Life_____(name of product) on my/our own accord.

I/We also confirm that_____(Name of Life Mitra/CIF) bearing code no. _____ has explained the product features, benefits with documentation/information to me/us. I/We have also read and reviewed the need analysis, custom benefit illustration including health questionnaire and understood/answered the same and I/We am/are satisfied with the product features.

I have submitted Proposal Authentication Code (PAC) sent on my mobile number:_____as confirmation of the contents of the electronic application including answers to all the questions, statements and declarations & benefit illustration.

I hereby declare and confirm that I am making the premium payment towards this from my own/spouse's/parent's bank account number_____vide EFT / Cheque No_____ dated_____through/drawn on _____[Bank and Branch]

Name of the Life Assured (in case different from Proposer) _____

Signature of Proposer

Date | | | | | | | | |

Declaration by Sales Representative

This is to certify that I have read out and explained the contents of the proposal form and contents of this declaration to Mr./Mrs. _____and correctly recorded his answers to all questions in Proposal submitted through electronic application. I further declare that Mr./Mrs./ M/s_____has signed this in my presence after understanding contents of the proposal and this declaration.

Signature of the Life Mitra/CIF:_____**Date:**

Consent for Auto Debit of Renewal Premiums

By signing the auto debit instructions below, I give my unconditional consent to debit the premiums for my SBI Life Policy from my bank account as per the mandate. I understand and agree that the premium amount to be debited from my account may vary due to taxes and other statutory levies as may be applicable from time to time and authorize the debit of such changed premium from my account up to the maximum amount mentioned in the mandate.

☐ I wish to have my premium debited on preferred account hit date D D # of every month instead of the due date.

(# Please specify date above, only if you prefer debit other than due date)

SBI Life

UMRN : Date : D D M M Y Y Y Y

Tick (✓)
☑ Create
☐ Modify
☐ Cancel

Sponsor Bank Code : For office use Utility Code : For office use

I/We hereby authorize : SBI LIFE INSURANCE COMPANY LIMITED to debit (tick ✓) ☑ SB/ ☐ CA/ ☐ CC/ ☐ SB-NRE/ ☐ SB-NRO/ ☐ Other

Bank Account Number :

With Bank : IFSC : or MICR : X X X X X X X X X

an amount of Rupees : ₹

Frequency : ☒ Monthly ☒ Quarterly ☒ Half Yearly ☒ Yearly ☑ As & when presented **Debit Type** ☒ **Fixed Amount** ☑ **Maximum Amount**

Reference 1 : Phone No. : S T D

Reference 2 : Email ID :

Period
From D D M M Y Y Y Y
To X X X X X X X X
OR ☑ Until Cancelled

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

Signature :
Name : 1. Primary Account Holder 2. Joint Account Holder 1 3. Joint Account Holder 2

This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorizing the User entity / Corporate to debit my account, based on the instructions as agreed and singed 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.

Connect Life Declaration Version 5.0 dated 20/11/2019