NACH Mandate Form

✻ Means mandatory field (This sample form is only for reference)

edelweiss life insurance

1 UMRN

✻ Today's date

2 Date

Tick (✓) 7

CREATE ☑
MODIFY ☒
CANCEL ☒

3 Sponsor Bank Code: YESB0000001

4 Utility Code: YESB00482000010649

I/We hereby authorize 5: Edelweiss Life Insurance Company Limited

✻6 to debit (tick ✓): SB / CA / CC / SB-NRE / SB-NRO / Other

✻8 Bank a/c number

✻9 with Bank: (Customer's bank name) Name of customers bank

✻10 IFSC

11 or MICR

✻12 an amount of Rupees

✻13 ₹

14 FREQUENCY: ~~Mthly~~ ~~Qtly~~ ~~H-Yrly~~ ~~Yrly~~ ☑ As & when presented

15 DEBIT TYPE: ~~Fixed Amount~~ ☑ Maximum Amount

✻16 Policy No.

18 Phone No

17 Reference No.

19 Email ID

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.

20 PERIOD

✻ From: Today's date

To

21 ✻ A/C holder signature: Signature of the account holder | ✻ To be filled only in case of joint A/C holder: Signature of the account holder | Signature of the account holder

22 ✻ A/C holder full name: Name of the account holder | ✻ To be filled only in case of joint A/C holder: Name of the account holder | Name of the account holder

MANDATE INSTRUCTION FORM - Sr. No. _____

NACH/Ver6/Sept 2025

- This is to confirm that the declaration has been carefully read, Understood & made by me /us. I am authorizing the User entity/Corporate to debit my account.
- 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.

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20 PERIOD

From: Today's date

To

21 Signature of the account holder | Signature of the account holder | Signature of the account holder

22 Name of the account holder | Name of the account holder | Name of the account holder

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Acknowledgement Slip

Received by _____ Policy no: _____ Date: D D M M Y Y Y Y

edelweiss life insurance

Registered & Corporate Office:
IRDAI Regn. No.: 147 | CIN: U66010MH2009PLC197336
Edelweiss Life Insurance Company Limited
6th Floor, Tower 3, Wing 'B', Kohinoor City,
Kirol Road, Kurla (W), Mumbai 400070
Toll Free : 1800 212 1212 | Fax No.: +91 22 6117 7833
Email: care@edelweisslife.in | www.edelweisslife.in

Stamp/ Seal of the Branch

DECLARATION

I hereby give my express consent to avail the Direct Debit facility for debiting the premium of my policy referred to above through participation in Automated Clearing House (ACH) / Direct Debit.

I understand and agree that 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. I understand and accept that the transaction will come into effect on the policy on the due date (provided that the day is working). I authorize the bank to debit my bank account if my ACH / Direct Debit mandate is active until I give a written request for cancellation of ACH / Direct Debit *(Cancellation request to be given 15 days prior to premium due date)*. I hereby authorize Edelweiss Life Insurance Company Limited, to enable the ACH / Direct Debit facility for my premium payments and in the instance of ACH / Direct Debit dishonour, to re-debit my account with the mentioned bank to recover the premium payable. In future, if I opt out of ACH / Direct Debit mode, I have to give my request in writing. I further understand the said detachment may increase the premium amount subject to policy terms and conditions. I understand that any payout under the policy shall be strictly in accordance with the policy terms and conditions. Also, any payment shall be subject to realisation of the last renewal premium payment. I also understand and agree that the company reserves the right to use any alternative payout option.

NOTE

In case you wish to change the bank or bank account details, the Company would require a new mandate 15 days prior to due date, of the existing ACH / Direct Debit mode NACH submission.

Policyholder to note that their bank may levy onetime mandate processing fee as mentioned in the latest schedule published by the bank.

Policyholder also to note that in case of ACH / Direct Debit mandate gets dishonoured due to any reason, no charges are levied by Edelweiss Life Insurance Company Limited, these charges are levied by banks as per latest bank schedule.

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