BAJAJ | Allianz

Bajaj Allianz Life Insurance Company Ltd. GE Plaza, Airport Road, Yerawada, Pune - 411 006.

Electronic Payment Mandate

This is a system generated form and does not mean acknowledgement/receipt for the service request. Customers are requested to obtain an acknowledgement on the submission of this form.

INSTRUCTIONS FOR FILLING UP THE FORM:-

1. This form is to be filled by the Policy Holder himself/herself in BLOCK LETTERS in **Blue Ink.**
2. Please tick a box thus ☑ where appropriate.
3. Please strike out parts, which are not applicable and write 'N.A.'. Strokes of the pen, dots and dashes will not be accepted as replies.
4. Form filling person must affix his/her signature for any cancellation/correction/alteration.
5. Form filling person must affix his/her signature on each page / side of the form.

DOCUMENTS REQUIRED

1. KYC documents of Policy Holder.

Policy Number | | | | | | | | | | | Date D D M M Y Y Y Y

Life Assured's Name

Policy Holder's Name

Contact No. (Mobile) Contact No. (Tel)

Email _____

This mandate is a standing instruction to Bajaj Allianz Life Insurance Co Ltd, to transfer the amount to be paid to the policyholder electronically into his bank account. Electronic Payment Fund Transfer will be applicable to Surrenders, Partial Withdrawal, Cancellation of Proposal, Annuity, Loans Survival Benefits and Maturity & any other payout.

Bank Name

Branch Name Account Type: ☐ Savings ☐ Current

Bank A/c No.

IFSC: MICR Code

The payout mode selected in the Form will be used by company to generate any payouts to the policy holder (Claimant). Payouts would be done in accordance and subject to terms and conditions of the policy.

Disclaimer

I hereby declare that the account number, bank name , IFSC Code & other particulars furnished by me are correct and complete. I agree that if the transaction is delayed or not at all effected due to incomplete or incorrect information furnished by me , I shall not hold BALIC responsible for such delays or wrong credits.

Place :_____

Date :_____

Thumb Impression/
Signature of Policy Holder

Note:

- Self attested Cancelled copy of Cheque with customer name & account number printed on it.
- Self attested Bank Statement / Passbook Copy with bank stamp not more than 6 months old where bank account number & name are printed.
- NRE / NRI Accounts are not considered for Direct credit payment.

Name :_____

Place :_____

Date :_____

Signature of Bank Manager & Bank seal

For more queries reach us at our toll free no. 1800-233-3355 or email us at websaleslife@bajajallianz.co.in