



A new look at life

BANK ACCOUNT DIRECT DEBIT AUTHORIZATION FORM

I / We authorize Tata AIG Life Insurance Company to debit the following bank account for collection of premiums as detailed below and I / we understand that the information provided by me / us may be shared with third parties for compliance with any legal or regulatory requirements.

My bank account details are as follows:

Account Type: Saving Current

Name of the First Account Holder as in Bank Records: _____

Name of the Second / Joint Account Holder: _____

Name of the Bank: _____ Branch & City _____

Account Number

Please allow us 7 days to process your request. Kindly pay the premium amount by cash / cheque, if due, during this period.

Details of Policy and Premium Amount:

Sr. No.	Policy No.	Policy Owner Name	Premium Amount *

I / We agree to the terms & conditions as detailed below and I / we shall promptly notify any change in the information as provided herein. I / We also authorize the Bank to debit my / our account as per the mandate given to Tata AIG for the above mentioned account.

_____ _____ _____
 Policy owner's signature Account holder's signature Joint account holder's signature.
 (As on policy application) (As per Bank Records) (As per Bank Records)

Yes, I have attached a blank cancelled cheque or a photocopy of a blank cheque.

Name: _____ Place _____ Date: ___/___/20___

(Bank Use Only)

We hereby certify that the particulars furnished above are correct as per our record. We confirm that the above signatures are as per our records.

Branch _____ Bank stamp _____

Date : _____ Authorized signatory _____

Terms & Conditions

- i. In case the transaction is declined, the policyowner is liable to pay the outstanding premium amount by cash or cheque, otherwise the policy shall lapse at the expiry of grace period as per policy contract provisions.
- ii. Tata AIG Life reserves the right to withdraw the said facility without assigning any reason whatsoever and without prior intimation to the policyowner.
- iii. The premium payment in respect of my Life Insurance Policy with Tata AIG Life Insurance will be charged to the bank account nominated by me at the interval indicated by me in the Policy application form/ subsequent request.
- iv. I agree to any increase in deductions due to change in government regulations/service tax rates/scheduled increase as per product features or change in frequency of premium payment. I also agree and accept that no fresh authorization would be required and taken in such a situation.
- v. These instructions are valid till I issue instructions to the contrary to the Bank with a copy to Tata AIG Life.
- vi. I agree to my account being debited on or within 7 days from due date.

* Service tax is payable on life insurance premium as per section 65(105)(zx) of Finance Act, 1994, as amended by Finance Act (No.2), 2004 tax at the applicable rates as per circular number F.No. B2 / 8 / 2004-TRU (Tax Research Unit). Dated 17th September 2004 issued by Government of India, Ministry of Finance and subsequent directions issued by the authorities from time to time.

Insurance is the subject matter of the solicitation

Please mail this form to the below mentioned address:

Tata AIG Life Insurance Co. Ltd (Reg. No. 110)

Unit – 302, Building No.4, Infinity IT Park, Film City Road, Dindoshi, Malad (East), Mumbai 400097

Mail in your queries to customer@tata-aig.com or call us on 1800 11 99 66 (for MTNL & BSNL users)

Corporate & Regd. Office:Tata AIG Life Insurance Company Limited, Delphi- B Wing, 2nd Floor, Orchard Avenue, Hiranandani Business Park, Powai, Mumbai 400 076