Simple steps to fill mandate form with the following four key details.

**This sample form is for reference purposes only.**

1. **Date**: 26/06/2018
2. **Bank A/c Number**: 123456789012
3. **Utility Code**: UTIB000291000012464
4. **IFSC Code**: YEBB000065
5. **Account Type**: Other
6. **Account Number**: 12345678
7. **Amount**: ₹10000/-
8. **Reference**: 123456789
9. **Signature**: XYZ
10. **E-mail ID**: XYZ@gmail.com

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Mandate filling guidelines:

- Please treat mandate as a cheque and fill it neatly filled without any overwriting.
- The amount should be 110% of the original premium to accommodate any increase in applicable taxes in future.
- For monthly mode policies amount should be twice of original premium inclusive of applicable taxes.
- Current account holder should put company/firm stamp wherever he/she signs the mandate.
- Do not fill fields highlighted in red.

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Date, Policy No. and Start Date (Date should be current date)
Note:-In addition to policy premium, customer is advised to add 10% in the mandate amount to keep provision for future increase in statutory tax.

☐ Yes , I have attached blank cancelled cheque leaf with pre-printed name.

The premium will be debited on due date or within next 4 days. However, the customer who opted for monthly mode payment can opt for 4th or 8th as draw date if it falls within 15 days of the due date.

Draw date option for monthly mode policies ☐ 4th ☐ 8th

In case of Current Account affix Proprietor Firm/Company Stamp on Mandate

Relationship of Account Holder with life insured ☐ Self ☐ Spouse ☐ Parent/Child

In case of Joint Account Tick (✓) any one ☐ Jointly Owned ☐ Either or Survivor

Document attached ☐ Cancel Cheque ☐ Bank Passbook ☐ Bank Statement ☐ Finacle Copy

Declaration by Policy Owner

I/We clarify that the particulars furnished herein are correct and complete and to the best of my knowledge.

This is to inform that I/We have registered for RBI's Electronic Clearing Service/NACH/Direct Debit Instruction for premium payment to Max Life Insurance, to be made from my/our above mentioned bank account with your bank. Also I/We understand that the above instruction can be withdrawn/cancelled after due intimation by giving an advance notice of 15 days and with the consent of Max Life Insurance Co. Ltd. for the payment of due premiums. I/We will ensure sufficient balance in the funding account on the date of execution. In case, NACH/ECS/Direct Debit instruction is unsuccessful due to financial reasons, the NACH/ECS/Direct Debit instruction will be presented again for clearance. I/We will bear the bounce charges for transactions that have been unsuccessful due to financial reasons. I/We agree in case NACH/ECS/DD facility is withdrawn by the Company any time, subsequent due premiums would be paid through other modes as stipulated by the Company. In case of subsequent bounce with financial reasons, your policy premium payment method will be changed to cheque/cash. ECS would not apply for all such plans where the premium amount/top-up would increase as per the feature. ECS registration is subject to policy issuance.

Certificate of the Bank named in the mandate:- Certified that the particulars of the mandate above are correct and the Signature of the bank account holder is true as per our records.

Bank’s stamp:- Signature of Authorised official of the bank---------------------------------------------

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