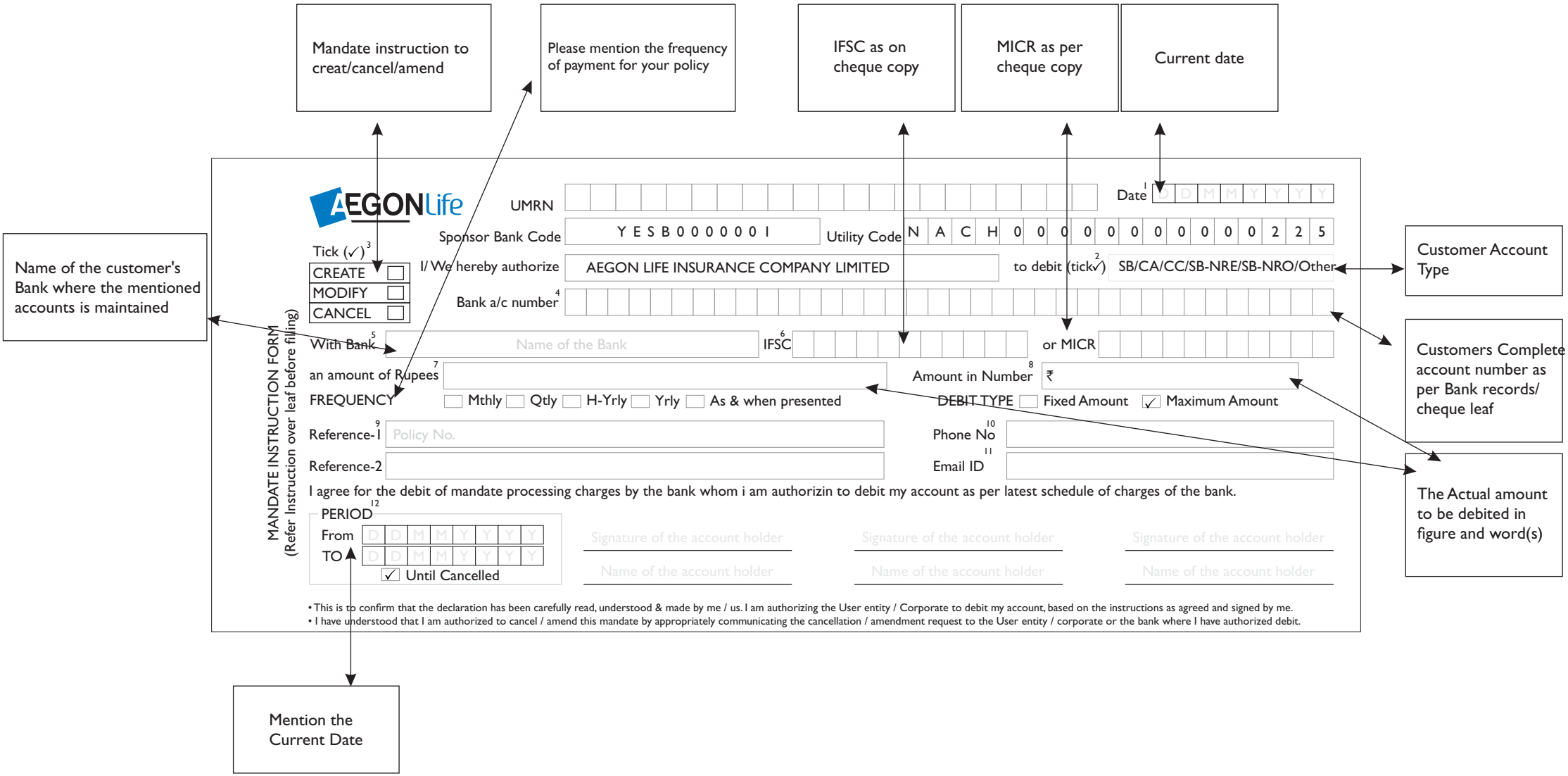
Mandate instruction to creat/cancel/amend
Please mention the frequency of payment for your policy
IFSC as on cheque copy
MICR as per cheque copy
Current date
Name of the customer's Bank where the mentioned accounts is maintained
Customer Account Type
Customers Complete account number as per Bank records/ cheque leaf
The Actual amount to be debited in figure and word(s)
Mention the Current Date
AEGONLife
MANDATE INSTRUCTION FORM
(Refer Instruction over leaf before filling)
UMRN
Date 1 D D M M Y Y Y Y
Sponsor Bank Code Y E S B 0 0 0 0 0 0 1
Utility Code N A C H 0 0 0 0 0 0 0 0 0 0 0 2 2 5
Tick (✓) 3
CREATE
MODIFY
CANCEL
I/ We hereby authorize AEGON LIFE INSURANCE COMPANY LIMITED
to debit (tick✓) 2 SB/CA/CC/SB-NRE/SB-NRO/Other
Bank a/c number 4
With Bank 5 Name of the Bank
IFSC 6
or MICR
an amount of Rupees 7
Amount in Number 8 ₹
FREQUENCY Mthly Qtly H-Yrly Yrly As & when presented
DEBIT TYPE Fixed Amount Maximum Amount
Reference-1 9 Policy No.
Phone No 10
Reference-2
Email ID 11
I agree for the debit of mandate processing charges by the bank whom i am authorizin to debit my account as per latest schedule of charges of the bank.
PERIOD 12
From D D M M Y Y Y Y
TO D D M M Y Y Y Y
Until Cancelled
Signature of the account holder
Signature of the account holder
Signature of the account holder
Name of the account holder
Name of the account holder
Name of the account holder
• 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, based on the instructions as agreed and signed 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 debit.