



UMRN

Date

Sponsor Bank Code

Y E S B 0 0 0 0 0 1

Utility Code

N A C H 0 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 number⁴MANDATE INSTRUCTION FORM
(Refer instruction over leaf before filling)With Bank⁵

Name of the Bank

IFSC⁶

or MICR

an amount of Rupees⁷Amount in Number⁸

FREQUENCY

 Mthly Qtly H-Yrly Yrly As & when presented

DEBIT TYPE

 Fixed Amount Maximum AmountReference-1⁹Phone No¹⁰

Reference-2

Email ID¹¹

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.

PERIOD¹²

From

TO

 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.

Instructions to fill mandate

- | | |
|---|---|
| 1 Mention the current date | 7 Mention the amount in rupees |
| 2 Mention your account type (whether savings, current etc.) | 8 Mention the amount in numbers |
| 3 Click on create | 9 Enter the policy number |
| 4 Fill in your bank a/c number | 10 Enter your registered mobile number |
| 5 Complete name of the bank | 11 Enter your registered e-mail id |
| 6 IFSC code as printed on the cheque copy | 12 Mention the date from when your account should to be debited |