

PAYMENT DETAILS:

- Please take due care and caution to ensure that the bank related information is filled correctly.
- Payout will be done through Direct Credit (direct transfer to your bank account)
- This electronic mandate request will apply to all policies held by you with ICICI Prudential where no mandate is attached.
- Where the first premium is paid via electronic mode (online/debit card, credit card etc.), in case of cancellation of policy, the refund amount shall be credited to the source from where amount is received. This is subject to realisation of the amount by the Company.

Name of Proposer as in the Bank Account _____

* Where the policy is absolutely assigned the payout will be processed in favor of the Assignee

Bank Name _____

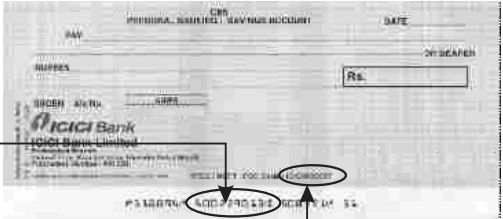
Branch Name _____

Bank Account Number _____

Bank Account Type Savings Current

MICR Code _____ (You can get this code from your cheque book)»

IFSC Code _____ (You can get this code from your bank)»



- Note:**
- I understand that any payout under the policy shall be in accordance with the policy terms and conditions.
 - Any payout under the policy shall be made after, realisation of the last renewal premium payment.
 - I hereby declare that the particulars given in this form are true, correct and complete in all aspects.
 - I take full responsibility of accuracy and correctness of the details filled herein.
 - If the transaction is delayed or not effected at all or is effected in some other account for any reasons due to incomplete or incorrect information given by me, I shall not hold the company responsible in any manner whatsoever.
 - Further, I undertake that I shall not hold the Company responsible for non receipt of payment by me due to wrong/ incorrect/ incomplete information given by me in this form.
 - I also understand and agree that the Company reserves the right to use any alternative payout option.
 - I/We further confirm that the account details provided herein are not pertaining to NRE account.
 - I/We understand and agree to inform ICICI Prudential with an advance notice of 6 weeks; in case I/we desire to change my bank details or withdraw the current mode of payment due to any reason, however, ICICI Prudential shall retain the right to accept/reject this in case the revised bank details are not enabled under this NEFT Framework. In case details are not submitted 6 weeks in advance, then any payments falling due in the interim period shall be processed and sent by the Company by way of cheque at your communication address last registered with us. This mandate shall be then for future payments, if any.
 - I/We understand and agree that for cases where the payout via NEFT cannot be processed by ICICI Prudential, payout will be processed through cheque.

Policy cancellation during the freelook period is chargeable. Premium paid will be refunded to your account after (1) deduction of stamp duty, expenses borne by us for conducting medical tests, if any and (2) adjustment for NAV fluctuations (if any) or deduction of proportionate risk premium, for ULIP and Term/Endowment Policy, respectively.

Signature of Proposer _____ Signature of Proposer _____ Signature of Assignee _____ Signature of Assignee _____

List of KYC documents:

- 1) PAN/Form 60 (As applicable under Income Tax Rules); and
- 2) Any one of the officially valid document required; and
 - Passport
 - Driving License
 - Voter's Identity Card issued by Election Commission of India
 - Job card issued by NREGA duly signed by an officer of the State Government
 - Letter issued by the National Population Register containing details of name, address or any other document as notified by the Central Government in consultation with the Regulator
 - Proof of possession of Aadhaar number (to be taken in masked form / take redacted Aadhaar)
- 3) Recent Photograph

DECLARATION

Applicable when the Proposer is illiterate or suffering from disability due to which writing is restricted or the proposer has signed in vernacular language. Note: Must be witnessed by someone other than the advisor/agent/employee of the Company.

I (Full name of Witness) _____ (Relation with Proposer) _____ adult and inhabitant of (Address) _____ do hereby declare that I have read and explained the contents of this form to the Proposer and he/she/they have understood the same.

Signature of Witness _____

FOR OFFICE USE ONLY:

ER Request submitted by C S CR CS

Spaarc Call ID _____ Date

Received by _____

Emp ID & Name _____

Sign & Date _____



STAMP & TIME

Kindly call our Customer Service Number 1860-266-7766 (local charges apply)
 Call Center timings: 10.00 A.M. to 7.00 P.M. Monday to Saturday (except national holidays)



Communication Address

ICICI Prudential Life Insurance Company Limited, Unit No. 1A & 2A, Raheja Tipco Plaza, Rani Sati Marg, Malad (East), Mumbai 400097. COMP/DOC/Mar/2022/173/7675.

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