



**ANNUITY OPTIONS - (Please tick the appropriate box)**

- Life annuity
- Life annuity with return of premium
- Joint life last survivor (JLLS) (This option is applicable only when annuitant has spouse at time of commencement of pension.)
- Joint life last survivor with return of Purchase price (JLSS) (This option is applicable only when annuitant has spouse at time of commencement of pension.)
- Life annuity guaranteed for 5 years and life thereafter
- Life annuity guaranteed for 10 years and life thereafter
- Life annuity guaranteed for 15 years and life thereafter
- Life Annuity with Return of Purchase Price on Critical illness (CI) or Permanent Disability due to accident (PD) or Death
- Life Annuity with annual increase of 5%
- Life Annuity with Return of 50% Purchase Price
- Life Annuity with Return of 75% Purchase Price
- Life Annuity with Return of Balance Purchase Price
- Joint Life, Last Survivor with Return of Purchase Price in parts

**Address for communication:** \_\_\_\_\_

**City :** \_\_\_\_\_ **State :** \_\_\_\_\_ **Pincode :** \_\_\_\_\_

**Landline number :** \_\_\_\_\_ **Mobile number :** \_\_\_\_\_

**Email id (Personal) :** \_\_\_\_\_

**Name of the spouse (In case of JLLS Policy)**

\_\_\_\_\_  
Salutation First Name Surname

**Date of birth of spouse (in case of JLLS policy)** | D | D | M | M | Y | Y | Y | Y |

**Specify age proof of spouse (in case of JLLS policy) (Please attach with this form)**  Birth certificate  Passport  School  College extract

**Mode of Annuity payment:**  Regular Cheque  PDC  Electronic Credit\*  Annuity Card

\*In case of Electronic Credit please provide the following details

1. MICR Code \_\_\_\_\_

2. IFSC Code \_\_\_\_\_

**BANK DETAILS:**

**Bank Name:** \_\_\_\_\_ **Branch:** \_\_\_\_\_

**Contact no of Bank Branch:** \_\_\_\_\_  
STD

Your bank account no to which the annuity proceeds are to be credited to: \_\_\_\_\_

**Please provide the details of beneficiary where the option is Annuity with return of purchase price:**

**Full Name of the beneficiary for payment if any on annuitant's death:**

\_\_\_\_\_  
Salutation First Name Surname

\*In case of JLSS Return of Purchase price only the beneficiary should be third person

**Relationship of Member with beneficiary:** \_\_\_\_\_

**Address for communication:** \_\_\_\_\_

**City :** \_\_\_\_\_ **State :** \_\_\_\_\_ **Pincode :** \_\_\_\_\_

**Landline number :** \_\_\_\_\_ **Mobile number :** \_\_\_\_\_

**Email id (Personal) :** \_\_\_\_\_

**Details of the Appointee (who should be a major) whenever beneficiary is a minor:**

**Full Name of the Appointee:**

\_\_\_\_\_  
Salutation First Name Surname

**Relationship of appointee with beneficiary:** \_\_\_\_\_

**Acceptance & Sign of Appointee:** \_\_\_\_\_

We are aware that ICICI Prudential has a right to call for further information/documents for verification, including confirmation from the Trustees.

**Signature of the Employee:** \_\_\_\_\_

**ADVANCE DISCHARGE VOUCHER:**

We ..... (name of the Trust) understand and agree that ICICI Prudential Life Insurance Company shall be discharged of all liabilities in relation to the above claim upon the payment of the Claim moneys in case of acceptance of the claim by the Company.

Please affix  
₹ 1/- revenue stamp &  
sign across the stamp

Stamp of the Trust:

Signature of the authorized signatory

Name of the signatory: \_\_\_\_\_

Place: \_\_\_\_\_

Date: 

D	D	M	M	Y	Y	Y	Y
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Signature of the Member/Beneficiary:

**Instructions:**

1. The units to be withdrawn for the claim payment will be computed by using the NAV on the day of receipt of claim intimation or the last requirement whichever is later. Cut off time for accepting request is 3:00 p.m.
2. Applicable charges will be deducted from Payment.
3. Eligibility to receive benefits must be confirmed by the Employer/ Trust
4. Eligibility to receive benefit, nature of benefit and type of pension are governed by the Rules of the Scheme of the Trust.
5. Pension will be paid always in arrears.
6. **Submission Methods:** You can submit the form by any of these convenient methods :
  - **By email** -Please submit the form online by logging into [www.iciciprulife.com](http://www.iciciprulife.com) OR kindly submit the form to [mysuperannuation@iciciprulife.com](mailto:mysuperannuation@iciciprulife.com) from the official email id of the authorized signatory.
  - **By Fax** - Please fax the form to Group Service at fax no. 022 67100805
  - **By Courier** - Please courier the form to :  
ICICI Prudential Insurance Company Limited,  
Unit no. 1A & 2A, Raheja Tipco Plaza,  
Rani Sati Marg, Malad (E),  
Mumbai - 400 097.
7. The claim cheque would be dispatched to the last address recorded by us
8. For any assistance kindly write to us at [mysuperannuation@iciciprulife.com](mailto:mysuperannuation@iciciprulife.com)
9. ICICI Prudential Life Insurance Company shall be discharged of all liabilities in relation to the above claim upon receipt of claim amount by the payee mentioned above.
10. Investments are subject to market risks
11. Insurance is the subject matter of the solicitation
12. Tax benefits are as per the Income Tax Act, 1961, and are subject to amendments made thereto from time to time
13. **Existence Check for Group Annuity** : The life existence check will be carried out by ICICI Prudential Life Insurance Company Ltd. as per its policies and norms for group annuity customers. An intimation letter will be sent along with a detailed verification certificate.. The duly completed certificate must reach our office before the due date as mentioned in the covering letter. If the existence check formality is not completed within 3 months from the date of intimation, the pension payment will be kept on hold till we receive the duly filled & attested existence check certificate from you.

\*ICICI Prudential shall process the claim on the basis of the information provided in this claim form without any verification as to the applicability and/or correctness of the same with the Trust Rules.

\*\*ICICI Prudential Life Insurance Company Ltd will not be responsible for completing the formalities / documentation or any other requirement in case the annuitant opts for purchase of annuity from other insurance company under "open market option".

\*\*\*Payment will be made in favor of the insurance company opted by the annuitant for purchase of annuity or shall be transferred to such approved fund, as opted by the member.

ICICI Prudential Life Insurance Company Limited. Registered Address: - ICICI PruLife Towers, 1089 Appasaheb Marathe Marg, Prabhadevi, Mumbai-400025. IRDAI Regn No. 105. CIN:L66010MH2000PLC127837. Call us on 1-860-266-7766 (10am-7pm, Monday to Saturday, except national holidays and valid only for calls made from India). Trade Logo displayed above belongs to ICICI Bank Ltd & Prudential IP services Ltd and used by ICICI Prudential Life Insurance Company Ltd under license. Comp code: Comp/doc/Nov/2017/0537

Name of Product	UIN No.
ICICI Pru Group Superannuation Plan	105L024V01
ICICI Pru Group Superannuation	105L024V02
ICICI Pru Group Superannuation plus	105L048V01
ICICI Pru Group Superannuation plus	105L048V02
ICICI Pru Group Superannuation Platinum	105L049V01
ICICI Pru Group Superannuation Platinum	105L049V02
ICICI Pru New Group Superannuation	105L069V01
ICICI Pru New Group Superannuation Plus	105L070V01
ICICI Pru New Group Superannuation Platinum	105L071V01
ICICI Pru Group Superannuation Suraksha	105N089V01