

# SYSTEMATIC WITHDRAWAL PLAN - ICICI PRU SIGNATURE



**Policy Number** \_\_\_\_\_

**Name of Policyholder** \_\_\_\_\_

Mr./Ms./Mrs. First Name Surname

**Contact Nos.** \_\_\_\_\_

STD Residence STD Office Ext. ISD Mobile

**E-Mail ID** \_\_\_\_\_

## Addition/Modification of Goal

### 1. Retirement Goal

**Payout mode:**  Yearly  Monthly **Payout date:**  1<sup>st</sup>  15<sup>th</sup> **Retirement Age:** \_\_\_\_\_

**Yearly Income:**  4%  5%  6%  7%  8%  9%  10%

### 2. Do-it yourself Goal

**Payout mode:**  Yearly  Half-Yearly  Quarterly  Monthly **Payout date:**  1<sup>st</sup>  15<sup>th</sup>

**Percentage of payout:**

Yearly					
Percentage					

\*Customer can choose to get payout for up to any 5 years from 6th policy year till policy term.

## CANCELLATION OF SWP

Request for Cancellation of SWP Date: \_\_\_\_\_ DD/MM/YYYY

### Disclaimer

- If the request under the Unit Linked Product is received up to 3:00 pm IST on a weekday (Mon-Fri), the same day's NAV will be applicable. However, if the application is received after 3:00 pm IST, then the next declared NAV will be applicable.
- The value of the payments will depend on the number of units and respective fund NAVs on the date of payment.
- You can terminate systematic partial withdrawals at any point of time in future.
- For Limited and Regular Pay policies, withdrawals will be allowed till the Fund Value reaches two times of the annual premium.
- Where the policy is assigned, this request would be processed only on receiving consent / no objection from the Assignee of the policy.
- All communications will be sent to the mailing address registered with us. The Company will not be liable for any loss arising from non-receipt of communication.
- Tax will be deducted at source (TDS) on net amount i.e. gross payout minus premiums paid, in accordance with Section 194DA (Resident Indians) and Section 195 (Non-resident Indians) of the Income Tax Act, 1961. TDS rates will be applicable as per prevailing rates. TDS credit will not be available to you, if valid PAN is not submitted with us.
- Amount payable on partial Withdrawal of the units shall be as per the policy terms & conditions

## YOUR BANK ACCOUNT DETAILS TO RECEIVE PAYOUT

**Name of Customer** \_\_\_\_\_  
(as mentioned in the bank account and printed on your cheque)

**Name of Bank** \_\_\_\_\_

**Branch Address** \_\_\_\_\_

**Account Type**  Current Account  Saving Account

**Bank Account No.** \_\_\_\_\_

**IFSC Code of Bank** \_\_\_\_\_

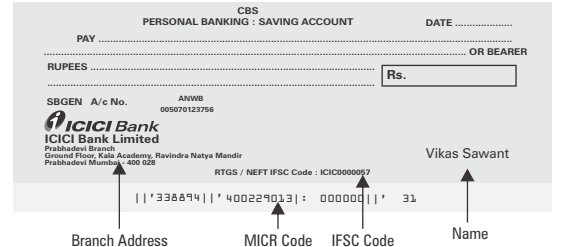
**MICR Code of Bank** \_\_\_\_\_

9 digit code as appearing on the Cheque copy issued by bank.

\_\_\_\_\_

Signature of Policyholder

Place: \_\_\_\_\_ Date: \_\_\_\_\_ DD/MM/YYYY



## SUBMIT THIS FORM WITH FOLLOWING DOCUMENTS

- Cancelled cheque of your bank account.
- Signed copy of your PAN card.



## CAN SUBMIT THIS FORM AND DOCUMENTS THROUGH ANY OF THESE OPTION

**Email:** Email the scanned copy of the form and documents to [lifeline@iciciprulife.com](mailto:lifeline@iciciprulife.com).

**Branch:** Submit the form and documents at any of our branches. To locate the nearest branch, visit [www.iciciprulife.com/branchlocator](http://www.iciciprulife.com/branchlocator).

**Courier:** Courier the form and documents to ICICI Prudential Life Insurance Company Limited, Unit No. 1A & 2A, Raheja Tipco Plaza, Rani Sati Marg, Malad (East), Mumbai- 400 097.

## ACKNOWLEDGEMENT

**Policy Number** \_\_\_\_\_ **Date** DD MM YYYY

**Name of Policy Holder** \_\_\_\_\_

**Frequency of Settlement** \_\_\_\_\_

Stamp