

CONTACT UPDATION FORM

Kindly send us this filled form in any of the following ways:

- Email us the scanned copy to myannuity@iciciprulife.com
- Send it to us at our communication address mentioned below (Contact Us)
- Submit it at your nearest ICICI Prudential Life Insurance Branch. To locate your nearest branch visit www.iciciprulife.com

Annuity Policy Number (Mandatory)

Name of Annuitant
(as mentioned in the Policy Certificate) Mr./Ms./Mrs. First Name Middle Name Surname

Change of Address for: **Nominee** **Annuitant** (if no selection, then address for Annuitant will be updated)

For change / updation / correction in your address; provide us with your new address details below along with photocopy of any of the address proofs (Utility Bills/Bank Statement/Ration card/Passport/Driving License)

Address

City Pin Code
State Country

Contact Nos:
STD Residence STD Office Ext. ISD Mobile

E-Mail ID:

Updation of PAN No:

In case of correction or updation of PAN no., provide us with a copy of your PAN Card.

Change / Updation of Bank Account Details:

In case of change or updation of bank account details, provide us with a copy of a cancelled cheque.

Bank Name

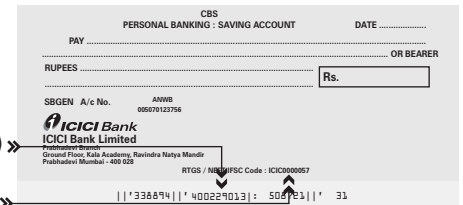
Branch Address

Bank Account Number

Account Type: Saving Account Current Account

MICR Code* (Mandatory for ECS): (You can get this code from your cheque book) »

IFSC Code (Mandatory for NEFT): (You can get this code from your bank) »



- Request will be processed in 5 days from the date of receipt of the filled form.
- I understand and agree that the submission of this form does not mean that the request will be processed.
- I understand that any payout under the policy shall be strictly in accordance with the policy terms and conditions.
- I hereby declare that the particulars given in this form are true, correct and complete in all aspects.
- I take full responsibility of genuineness and correctness of the details filled herein.
- If any transaction is delayed or not effected at all for any reasons due to incomplete or incorrect information provided by me in this form, I shall not hold the company responsible in any manner whatsoever.
- Further, I understand that the company shall not be held responsible for any non receipt of payment on account of 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.


Date

Place: _____


Annuitant's Signature

CONTACT US

 Visit our website:
www.iciciprulife.com

 Email us at:
myannuity@iciciprulife.com

 Call us at:
1860 266 7766*

 Write to us at our
Communication Address

* Call us at 1860 266 7766 (local charges apply) - for queries please select option 4 followed by 2 from the main menu. Please do not prefix "+" or "91" or "00" before the number. Call Center timings: 10.00 A.M. to 7.00 P.M. Monday to Saturday (except national holidays). Customers outside India can reach us on +91 22 6193 0777

Communication Address

Group Annuity Helpdesk: ICICI Prudential Life Insurance Company Limited, Unit No. 1A & 2A, Raheja Tipco Plaza, Rani Sati Marg, Malad (East), Mumbai 400097.