REQUEST FOR ELECTRONIC POLICY PAYOUT	AICICI PRUDENTIAL TO
Policy Number	
Name of Policy holder Mr./Ms./Mrs. First Name	Surname
E-Mail ID Mobile number PAN	
Trustee Details (Required to be filled, only in case it is an M	WPA Policy)
Trustee Name Mr./Ms./Mrs. First Name	Surname
Trustee PAN	
Your bank account details to receive policy benefits	
Name of Customer/Trustee* (as mentioned in the bank account and printed on your cheque) *In case it is an MWPA Policy, Trustee Bank account details are required to be filled.	
Name of Bank	
Branch Address	
Account Type Current Account Savings/ NRO Acco	unt NRE Account* *Proof of premium payment, i.e bank statement required for NRE bank account.
Bank Account No.	CBS CBS SAVING ACCOUNT DATE
Bank account number as printed on your cheque RUPEES RISE SBGEN A/e No. ANWB OSSTOLIZES	
MICR Code of Bank	
9 digit code as appearing on the Cheque copy issued by bank.	
	Branch Address MICR Code IFSC Code Name Bank Account Number
Signature of Policyholder Signature of Trustee	Place:Date:DD/MM/YYYY
SUBMIT THIS FORM WITH THE FOLLOWING DOCUMENTS:	
 ✓ Cancelled cheque of your bank account. Your bank account number and name should be printed on the cheque. ✓ Signed copy of PAN card. 	
Proof of premium payment, i.e bank statement, if receiving amount in NRE bank account. 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.	
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.	
YOU CAN SUBMIT THIS FORM AND DOCUMENTS THROUGH ANY OF THESE OPTIONS: (Signature of Witness)	
Email: Email the scanned copy of the documents to lifeline@iciciprulife.com with your policy number	
Branch: Submit the documents at any of our branches. To locate the nearest branch, visit www.iciciprulife.com/branchlocator.	
Courier: Courier the documents to	
#Payout Department#, ICICI Prudential Life Insurance Co. Ltd., Unit No. 1A & 2A, Raheja Tipco Plaza, Rani Sati Marg, Malad (East), Mumbai- 400 097.	
ACKNOWLEDGEMENT SLIP	
This is to acknowledge the receipt of application for electronic policy payout	
Policy Number :	
Documents Submitted: Self Attested Photo ID Signed Cancelled Cheque	
Received By	
Registered Address:- ICICI Prudential Life Insurance Co. Ltd.,1089, Appasaheb Marathe Marg, Prabhadevi, Mumbai-400025. IRDAI Regn No. 105. CIN: L66010MH2000PLC127837.	