APPLICATION OF IMMEDIATE ANNUITY

ICICI PRUDENTIAL LIFE INSURANCE

Policy Number
(For office use only)

Date of Receipt D D M M Y Y Y Y

Please refer to the annuity quotation for choosing the annuity option:

☐ I wish to receive a sum of _____% of the maturity amount in lump sum (maximum 33.33% of the maturity amount allowed) and to utilize the balance maturity (the Purchase price) towards purchase of the annuity through _____ option on a _____ frequency as per the quotation.

☐ I wish to utilize the total maturity amount (the purchase price) towards the purchase of the annuity through _____ Option on a _____ frequency as per the quotation.

ANNUITANT DETAILS

Name
Mr./Ms./Mrs. First Name Surname

Date of Birth D D M M Y Y Y Y

Address

Contact Numbers
STD Residence STD Office Ext. Mobile

E-Mail ID

SPOUSE DETAILS (Applicable only in case of Joint Life policies)

Name
Mr./Ms./Mrs. First Name Surname

Date of Birth D D M M Y Y Y Y

In case of Joint Life option, (kindly refer the Quotation), please submit any of the following as age proof of the spouse:
1. Copy of Passport
2. Copy of Birth Certificate issued by Municipal Authority
3. Copy of School / College leaving certificate.

DETAILS OF NOMINEE (Not applicable for Life Annuity without return of purchase price and Joint Life Last Survivor without return of purchase price)

Name
Mr./Ms./Mrs. First Name Surname

Date of Birth D D M M Y Y Y Y Relationship with Annuitant

If the nominee is a minor, please name an appointee

Appointee Name
Mr./Ms./Mrs. First Name Surname

Relationship of the appointee to the nominee

Acceptance signature of the Appointee

Signature of the life assured / annuitant

Applicable for lump sum withdrawal (not to be taken for postponement)

I .....(name of the annuitant / beneficiary) 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.

Please affix Re 1/- revenue stamp & sign across the Stamp

Signature
(partly on/ across revenue stamp)

Date D D M M Y Y Y Y

Place _____

DECLARATION FOR SIGNING IN VERNACULAR LANGUAGE OR AFFIXING THUMB IMPRESSION

I certify that I have read out the contents of this statement to Mr./ Ms./ Mrs. _____ & he/she has understood the same. I also certify that Mr./Mrs. _____ has signed/affixed his/her thumb Impression/signature in vernacular language in my presence after I have explained the above contents to him/her. I declare that whatever I have stated herein above is true & correct to the best of my knowledge & belief.

Name
Mr./Ms./Mrs. First Name Surname

Signature of the witness: