APPLICATION FOR FREELOOK

ICICI PRUDENTIAL LIFE INSURANCE

Policy Number | | | | | | | | | **Date:** D D M M Y Y Y Y

At the time of submitting the payout request form, please provide a copy of Policy holder's (Proposer) self attested photo identity proof & cancelled cheque having A/c No. Additional documents may be required for verification at the discretion of the branch.

All future communication will be sent to the mailing address which is registered with us. Please ensure that your correct address is updated with us. The Company will not be liable for any loss arising from non receipt of communication.

Name of Policyholder | | | Mr./Ms./Mrs. | First Name | Middle Name | Surname

Contact Nos. STD | Residence | STD | Office | Ext. | ISD | Mobile

E-Mail ID

Communication Mode ☐ Email ☐ SMS ☐ Letter [either email or letter can be chosen as a preference at a time]

Is Policyholder an employee or advisor of ICICI Prudential. ☐ Yes ☐ No

Contact details mentioned above would be considered as your ongoing contact info and would be updated in our records for future communication.

I would like to execute the Freelook option on my Policy for:

☐ Change in Policy feature ☐ Change in Product ☐ Policy cancellation & Refund

The reason being: _____

I have submitted the following along with the request: ☐ Welcome kit / Policy document **OR** ☐ Indemnity bond

I understand that my request will be processed as per prevailing Terms & Conditions which might require underwriting and might result in postponement, decline, extra premium or additional requirements on my policy.

I agree with deduction of any charges as necessary for processing the request.

I agree that details mentioned in this form are completely true.

Stamp/ Time Stamp

_____

Signature of Policyholder

DECLARATION

Applicable when the Proposer is illiterate or suffering from disability due to which writing is restricted or where the proposer has signed in vernacular language.

(Note: The below must be witnessed by someone other than the advisor/employee of the company)

I/We verify that the product applied for by me/us and the contents of the proposal form have been clearly explained to me/us and I/we have fully understood them. I/we further certify that the replies in the proposal form have been recorded as per the information provided by me/us.

I (Full name of Witness)_____ (Relation with Proposer)_____ adult and Inhabitant of (city) _____do here by state that I have read out and explained the contents of the proposal form and all the other dcuments incidental to availing the insurance policy from ICICI Prudential Life Insurance Company Limited to the Proposer and he/she/they have understood the same and do here by agree to abide by all the terms and conditions of the policy and the clauses of the same. I declare that whatever I have stated herein above is true and correct to the best of my knowledge and belief.

Signature of Witness

Signature/ Thumb Impression of Life to be Assured/ Proposer signing in vernacular language

Date: D D M M Y Y Y Y

Place: _____

Note:

- If application for freelook refund of UNIT LINKED PRODUCT product is received up to 3:00 pm IST on weekday (Mon-Fri), the same day's unit value will be applicable. However, if application for freelook refund is received after 3:00 pm IST on weekday, then the next working day's unit value will be applicable (when the applicable day is not a valuation day, NAV of next immediate valuation day will be considered)
- For request of freelook changes of UNIT LINKED PRODUCT product other than refund, unit vaue will be considered as on date request is processed in the system after all applicable requirements / consents / approvals are received and not the date on which request is received.
- Any NAV fluctuations as result of the freelook change/ refund will be passed on to the policyholder
- Last premium payment if made through credit card will be reversed in credit card to the extent of premium paid and the rest will be processed through opted / other mode

ACKNOWLEDGEMENT OF APPLICATION FOR FREELOOK REQUEST

Policy No.: _____

Policyholder Name: _____

Branch Name: _____

Stamp

Date: D D M M Y Y Y Y

Received by: _____

Comm/Form/FreelookCan/1.0

APPLICATION FOR FREELOOK

ICICI PRUDENTIAL LIFE INSURANCE

To be filled if Change in feature in selected

Old feature: ______________________ Value: ______________________

New feature: ______________________ Value: ______________________

To be filled if Policy cancellation/ Refund is selected

Electronic Payout Methods:
[Please tick one of the options]

- ☐ **National Electronic Fund Transfer [NEFT]**
- ☐ **Electronic Clearing System [ECS]**
- ☐ **Direct Credit [select banks]**

Name of Account Holder ☐☐☐ ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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

Bank Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Branch Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

A/c Type Current ☐ Savings ☐ Please strike off unfilled cells wherever applicable.

A/c Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

IFSC Code (mandatory for NEFT Mode) ☐☐☐☐☐☐☐☐☐☐ (The responsibility of providing the IFSC code lies with the customer. IFSC code for RTGS and IFSC code for NEFT may be different, please check with your bank.)

MICR Code (mandatory for ECS Mode) ☐☐☐☐☐☐☐☐☐☐ (You can get this from your cheque book)

I would not hold ICICI Prudential Life Insurance Company Ltd. responsible in cases of non credit to my bank account or if the transaction is delayed or not effected at all for reasons of incomplete/ incorrect information. Further, the Company reserves the right to use any alternative payout option including a demand draft / payable at par cheque inspite of opting for electronic payout method. Responsibility of providing IFSC code lies with the customer. Please note that IFSC code for RTGS & IFSC code for NEFT may be different.

To be filled if Change in Product is selected

New product name: ______________________

Sum Assured: ______________________

Term: ______________________

Premium : ______________________

Mode: ______________________

Fund required:

Name of fund	Tick for selecting fund	Percentage
Flexi growth		
Flexi balanced		
Maximiser		
Multiplier		
Balancer		
Preserver		
Protector		
RICH		
RGF*		

*RGF is available only during the period of subscription as declared by the company and for specific products only.

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Signature of Policyholder