

PAYOUT REQUEST (OTHERS)



Policy Number **Date**
Name of Proposer **Last Name**
Mr./Ms./Mrs First Name
Contact Nos.
STD Residence STD Office Ext. ISD Mobile
Email Id

All fields are mandatory. (At least one contact no. is mandatory for processing the request. The contact no. mentioned above will be updated in our records and will be used for all future communications)

ENTITY DETAILS

Entity Type Individual Non Individual
Entity Regulations (If any) Non Profit Organization Regulated by RBI / SEBI / IRDA Others Not Applicable

IMPORTANT GUIDELINES:

- It is mandatory to fill in the payment details section on page 2 of this form.
- 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 Policyholder is required to personally visit the branch for submitting this request.
- Where the policy is assigned, this request would be processed only on receiving the 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.
- Documents required for ANY withdrawal transaction: 1. Self attested photo ID proof 2. Signed cancelled cheque 3. Original Policy Certificate.
- Payout will be made in Savings Account only.
- Bank account number provided in this form should match with the account number appearing on the cheque. The account number must be pre-printed.

Is this policy Assigned? Yes No

If Yes, Name of the Assignee

PRE-ISSUANCE CANCELLATION

Application Number

Reason for Pre-issuance cancellation _____

FREELook

Reason for Freelook cancellation _____

Freelook option executed for Change in Product Change in the Policy Feature Policy cancellation & Refund
(Incase of this option please complete the payment details on the reverse side of the form)

Documents Submitted Welcome Kit / Policy document

In case of Product & feature change, please complete the table below:

Name of New Product	Sum Assured	Term	PremiumPremium Payment Mode

Funds required:

Name of New Product	Percentage
Total	100%

I understand that submission of this request does not mean that my request will be accepted. I understand that as per the underwriting norms of the Company, the decision might result in postponement, decline, charging of revised premium or asking for additional requirements. Any fluctuations in the NAV as a result of the Freelook change/refund will be borne by the policyholder.

Is there any change in the information given by you with respect to the Life Assured from the date of signing the proposal form for the above policy till the date of submitting this form? Yes No

If yes, please provide details of the changes _____

ACKNOWLEDGEMENT SLIP

This is to acknowledge the receipt of application for: Pre-Issuance Cancellation Freelook Cancellation

Policy Number **Date**

Documents Submitted Welcome Kit / Policy document Self Attested Photo ID Signed Cancelled Cheque

Received By



PAYMENT DETAILS:

- Please take due care and caution to ensure that the bank related information is filled correctly.
- Payout will be done through Direct Credit (direct transfer to your bank account)

Name of Proposer as in the Bank Account

* Where the policy is absolutely assigned the payout will be processed in favor of the Assignee

Bank Name

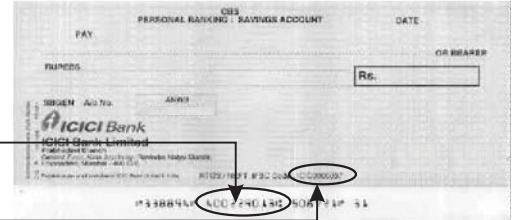
Branch Name

Bank Account Number

Bank Account Type Savings Current

MICR Code (You can get this code from your cheque book)»

IFSC Code (You can get this code from your bank)»



- Note:**
- I understand that any payout under the policy shall be in accordance with the policy terms and conditions.
 - Any payout under the policy shall be made after, realisation of the last renewal premium payment.
 - I hereby declare that the particulars given in this form are true, correct and complete in all aspects.
 - I take full responsibility of accuracy and correctness of the details filled herein.
 - If the transaction is delayed or not effected at all or is effected in some other account for any reasons due to incomplete or incorrect information given by me, I shall not hold the company responsible in any manner whatsoever.
 - Further, I undertake that I shall not hold the Company responsible for non receipt of payment by me due to 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.

Please affix
Re.1 Revenue
Stamp &
Sign across
the stamp

Please affix
Re.1 Revenue
Stamp &
Sign across
the stamp

Signature of Proposer _____ Signature of Proposer _____ Signature of Assignee _____ Signature of Assignee _____

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.

I (Full name of Witness) _____ (Relation with Proposer) _____ adult and inhabitant of (Address) _____ 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.

Signature of Witness _____

FOR OFFICE USE ONLY: Spaarc Call ID _____ Date

Received by _____

Emp ID & Name _____

Sign & Date _____

STAMP & TIME

Kindly call our Customer Service Number 1860-266-7766 (local charges apply)
Call Center timings: 9.00 A.M. to 9.00 P.M. Monday to Saturday (except national holidays)



Communication Address
ICICI Prudential Life Insurance Company Ltd., Vinod Silk Mills Compound, Chakravarthy Ashok Nagar, Ashok Road, Kandivali (E), Mumbai 400 101.