

# PAYOUT REQUEST FOR SURRENDER / PARTIAL WITHDRAWAL



### Before you fill up this form, please consider these interesting facts:



**Beat Inflation:** Inflation destroys the value of your savings. You can beat inflation by staying invested for a long term horizon. ULIPS have the potential to provide better returns over the long term.



**Reduced Charges in the Long Run:** In most ULIPs, premium allocation charges come down over a longer term, so more of your premium is allocated towards your fund. ULIPs are thus designed to secure long terms goals. In case you choose to surrender your existing ULIP Policy to re-invest in another ULIP plan, you may have to pay the initial charges once again.



**Achieve your Life's Goals:** Cost of all major expenses are constantly rising. A long term financial plan with disciplined investment will help you realize all your goals such as your child's education or building a retirement kitty.



**Pay Premiums Regularly:** You can choose from a large variety of options to pay your premium. Log on to [www.iciciprulife.com](http://www.iciciprulife.com) for a complete list. You may also visit our website and get the latest copy of 'Ensure' to know more about fund performance.

**Policy Number**  **Date**

**Name of Life Assured**   
Mr./Ms./Mrs First Name Last Name

**Name of Proposer**   
Mr./Ms./Mrs First Name Last Name

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

**Email Id**

### ENTITY DETAILS

**Entity Type**  Individual  Non Individual

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

### IMPORTANT GUIDELINES:

- The Policyholder is required to personally visit the branch for submitting this request.
- 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.
- Where the policy is assigned, this request would be processed only on receiving 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. Copy of signed cancelled cheque 3. Original Policy Certificate.
- If the application for re-instatement and surrender is received on the same day, first the policy will be re-instated and then the surrender will be processed on the next working day and the NAV of the date of processing will be applicable.

**Is this policy Assigned?**  Yes  No

**If Yes, Name of the Assignee**

### FULL SURRENDER

**Documents Submitted**  Welcome Kit / Policy document

**Reason for Full Surrender**

**Note:** Amount payable on Surrender/ Full Withdrawal of the units shall be as per the policy terms & conditions. The Surrender/ Full Withdrawal of the units will result in termination of the policy and all rights / title and interest under the policy shall stand extinguished.

### PARTIAL WITHDRAWAL

**Documents Submitted (mandatory)**  Welcome Kit / Policy document

Name of the Fund(s)	Percentage	Amount (Rs.)

### ACKNOWLEDGEMENT SLIP

**This is to acknowledge the receipt of application for:**  Partial Withdrawal (Amount. Rs. )  Surrender/Full Withdrawal

**Policy Number**  **Date**

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

**Received By**



Policy Number

Date

**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

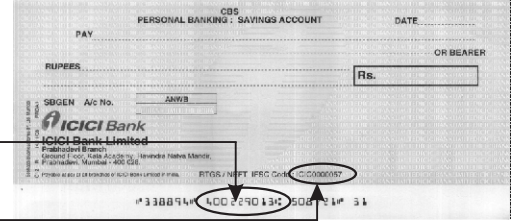
Branch Name

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, I shall not hold the company responsible in any manner.
- Further, I undertake that I shall not hold the Company responsible for non receipt of payment 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

Mobile Number of Witness  ISD  Mobile

**FOR OFFICE USE ONLY**

Spaarc Call ID \_\_\_\_\_ Date

Maker	Checker
Emp ID & Name _____ Sign & Date _____	Emp ID & Name _____ Sign & Date _____

Kindly call our Customer Service Toll Free Number 1-800-22-2020 from your MTNL or BSNL line  
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.