APPLICATION FOR TRANSFER OF FUNDS FOR ISSUANCE OF NEW POLICY

ICICI PRUDENTIAL LIFE INSURANCE

This form should not be used for switching of units in Unit Linked Insurance Policies (ULIPs). At the time of submitting the form please provide copy of Policy holder's (Proposer) self attested photo identity proof. Additional documents may be required for verification at the discretion of the branch.

Policy Number

Name of Proposer/ Assignee Mr./Ms./Mrs. First Name Surname

Current Address (If your contact details have changed please update us with the same along with an address proof)

City PIN/ ZIP Code

State Country

Contact Nos. STD Residence STD Office Ext. ISD Mobile

E-Mail ID

TRANSFER OF FUNDS DETAILS

Reason for Transfer of Funds: (Please tick)

☐ Top Up for another policy ☐ Renewal premium ☐ Issuance of another policy*

* Issuance of a new policy is only applicable for Pre-issuance & Freelook refund provided that the sourcing agent is same for both the policies.

In case of Refund Cheque Resubmitted, please provide the following details:

Cheque No **Cheque Amount**

Bank Name & Branch

A. Application/ Policy No (From where the funds will be transferred)	B. Application/ Policy No.(To where the funds will be transferred)	Amount (Rs.)

In case of any balance amount payable, we shall transfer the same to the application no. mentioned in column B.
In case you want us to refund the balance amount, then please tick the below option :

☐ Refund the balance amount payable

Please note:
- Transfer of Funds or Refund Cheque resubmitted for issuance of a new policy is not allowed for Misseling/ Surrender/ Partial Surrender Refund.
- Please mention the correct Application/ Policy number, wherever applicable.
- Sufficient funds should be available in the Policy from where the funds will be transferred.
- Application/ Policy should be of the same customer or he/ she should be present in any of the roles.

Disclaimer:
I hereby declare that I have read and understood the contents of this form. I have thereafter applied to the Company for carrying out the transaction indicated by me in the form of tick marks in the relevant boxes.
I understand and agree that in carrying out the above transaction as applied by me, the Company shall be deemed to have carried it out entirely as per my instructions and shall incur no liability whatsoever in that regard.
I also understand and agree that this transaction does not in any way mean that the Company has accepted the risk under the said Application or that the Policy stands issued by the Company.

Signature of Proposer/ Assignee*
*in case of absolute assignment

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** D D M M Y Y Y Y

Scanning Cabinet **Received By**

Remarks

STAMP & TIME

Comm/Form/TOF/2.0

ACKNOWLEDGEMENT OF APPLICATION FOR TRANSFER OF FUNDS

Application / Policy No.

Name of Policy Holder

Branch Name

Date D D M M Y Y Y Y

Stamp