INDEMNITY CUM UNDERTAKING

This deed of indemnity is executed on _____ day of _____, 20___ by

1. Mr/Mrs./Ms. _____ aged ____ years having PAN _____ and residing at _____, who is the _____ (relationship) of the proposer/nominee
2. Mr/Mrs./Ms. _____ aged ____ years having PAN _____ and residing at _____, who is the _____ (relationship) of the proposer/nominee
3. Mr/Mrs./Ms. _____ aged ____ years having PAN _____ and residing at _____, who is the _____ (relationship) of the proposer/nominee
4. Mr/Mrs./Ms. _____ aged ____ years having PAN _____ and residing at _____, who is the _____ (relationship) of the proposer/nominee
5. Mr/Mrs./Ms. _____ aged ____ years having PAN _____ and residing at _____, who is the _____ (relationship) of the proposer/nominee.

(hereinafter referred to as "Indemnifiers" which expression shall, unless repugnant to the context or meaning thereof, include its successors, administrators, representative and assignees) IN FAVOUR OF ICICI Prudential Life Insurance Co. Ltd, a Company registered under the Companies Act, 1956 and having its registered office at ICICI PruLife Towers, 1089, Appasaheb Maratha Marg, Prabhadevi, Mumbai- 400025 (hereinafter referred to as "Indemnified" or "the Company" which expression shall unless repugnant to the context or meaning thereof include its successors and assigns)

Dear Ma'am/Sir,

We, the Indemnifiers, do solemnly state:

1. That Mr./Mrs./Ms._____ (name of Policy Holder) son/daughter/wife of _____ had taken a policy being _____ (Name of the policy) and bearing number _____ (policy number) on _____ (date of policy issuance) (hereinafter referred to as "subject Policy") from ICICI Prudential Life Insurance Company Limited. The Life Assured under the Policy is Mr./Mrs./Ms. _____ while the nominee / beneficiary is Mr./Mrs./Ms._____.

2. That Mr./Mrs./Ms._____ (name of Policy Holder/Nominee) (hereinafter referred to as the "Deceased") died intestate on _____ (date of death). A copy of the death certificate as procured from the respective competent authority has already been submitted to you.

3. That we, the Indemnifiers, hereby state and confirm that we are the only surviving legal heirs of the deceased Policy Holder / Nominee and are thus, legally entitled to the proceeds under the subject policy by operation of applicable laws. We further confirm that no person, other than us, has any legal rights, title, interests and claims to the proceeds under the subject policy.

4. That we hereby request that the Company, without insisting on legal evidence of title to the estate of the deceased and basis our submissions made herein, pay the proceeds under the subject policy to Mr./Ms./Mrs. _____ (name of one of the Indemnifiers). We confirm that we have no objection if the payment is made as per the aforesaid and waive our rights over the proceeds under the subject policy in the favour of the person named hereinabove, completely and forever.

5. That we further hereby confirm that the payment made in accordance with the aforementioned shall amount to sufficient discharge of the Company from and against any payments, claims, dues whatsoever, under or in respect of the subject policy.

6. That we hereby jointly and severally undertake to indemnify and keep indemnified the Company against all liabilities, claims, losses, damages, charges and/or expenses (inclusive of costs of any action or litigation) to which the Company may be subjected or which the Company may suffer or be exposed to as a consequence of, or in connection with, or arising from any breach/default/non-compliance or by any such act/ omission/ misrepresentation with respect to the above stated declaration and we on demand by the Company at any time, without any demur or contest, will pay to the Company the entire amount along with interest, cost and damages as claimed.

7. That we unconditionally undertake not to file any complaint or initiate any other legal proceedings in any Court, Tribunal or Forum in India or anywhere whatsoever in respect of the subject policy against the Company or against any Director or officer or employee of the Company with respect to above declarations and other incidental matters.

8. We state that the above submissions and declarations are true and no portion thereof is false and we have concealed nothing material or relevant to the matter.

We hereby declare and affirm that this indemnity cum undertaking is being drawn by us at our own free will without any coercion or under any undue influence, on ____th day of _____, 20____.

IN WITNESS WHEREOF the Indemnifiers have put their hand on the day and year hereinabove mentioned.

Signed and delivered by the within named Indemnifiers

1. Name Signature

_____ _____

2. Name Signature

_____ _____

3. Name Signature

_____ _____

4. Name Signature

_____ _____

5. Name Signature

_____ _____

Date: ----------

Note: If this bond is signed in vernacular language one of the attesting witnesses should be requested to certify that the contents of this Bond were explained to the Indemnifier in vernacular before execution as under:

"Certified that the contents of this indemnity bond were explained to the Indemnifier in his/her vernacular language and that he / she has affixed his/her Signature / Left Thumb impression to this bond in my presence after thoroughly understanding the contents of the same."

Name and Signature of the attesting witness(es):

Name

____

Signature

____

Name

____

Signature

____