Policy Number Name of Policy Mode McAda, Alex. First Name Mobile no. Mobile n	REQUEST FOR ELECTRONIC POLICY PAYOUT	DICICI PRUDENTIAL TO LIFE INSURANCE
Trustee Details (Required to be filled, only in case it is an MWPA Policy)  Trustee Name  MoMs./brs.  First Name  Surranne  Trustee Pan  MoMs./brs.  First Name  Surranne  Trustee Pan  MoMs./brs.  First Name  Trustee Pan  MoMs./brs.  First Name  First Name  For Name of Customer/Trustee'  In manufact in tweet assess standard prove details  For Name of Bank  Fornach Address  Account Type  Current Account  Sovings/ NRO Account  Interest of permitting payment, i.e bank addressed to surranne  MICR Code of Bank  Microcord member or print of a year dress  If SC Code of Bank  Microcord promitting payment, i.e bank addressed to surranne  Signature of Policyholider  Signature of Trustee  Place:  Date:  Name of Surranne  Microcord or printing payment, i.e bank statement, if receiving amount in NRE bank account.  Details account.  Details account.  Details account.  Details account.  Details account.  Details account.  Date:  Details account.  Microcord or printing payment.  Microcord or printing payment.  Microcord print	Name of Policy holder	
Trustee PAN  Your bank account details to receive policy benefits  Name of Customer/Trustee*  Name of Sub-Mark-Pass, brance be a score details or required to fitted  Notice of Bank Account No.  Brank Account Type   Current Account   Sovings/ NRO Account   NRE Account*  NR	E-Mail ID Mobile no.	PAN
Nome of Customer/Trustee*  Servance of Sundamer/Trustee*  Account Type	Trustee Details (Required to be filled, only in case it is an MWPA Policy)	
Your bank account details to receive policy benefits  Name of Customer/Trustee*    Item misters of the Name of Sunk support and provided grow provided grow the Autority for the Name of Bank		
Name of Customer/Trustee*   tos unstanded in its ions accorded in joint and any part integral   tos unstanded in its ions accorded in the part of part in the part of part of part in the part of part of part in the part of part of part in the part of part of part of		
The received is the back account of principle or principl	Your bank account details to receive policy benefits	
Bank Account No.    Bank Account No.     Bank Accou	(as mentioned in the bank account and printed on your cheque) *In case it is an MWPA Policy, Trustee Bank account details are required to be filled.  Name of Bank	
Bank Account No.    Bank Account No.     Bank Accou	Account Type Current Account Savings/ NRO Account NRF Account*	
SUBMIT THIS FORM WITH FOLLOWING DOCUMENTS  Cancelled cheque of your bank account. Your bank account number and name should be printed on the cheque.  Signed copy of PAN card. Proof of premium payment, i.e bank statement, if receiving amount in NRE bank account.  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)  (Relation with Proposer)  (Relation with Proposer)  (Relation with Proposer)  (Signature of Witness)  YOU CAN SUBMIT THIS FORM AND DOCUMENTS THROUGH ANY OF THESE OPTION  Email: Email: Email the scanned copy of the documents to lifeline@iciciprulife.com with your policy number  Email: Submit the form and documents at any of our branches. To locate the nearest branch, visit www.iciciprulife.com/branchlocator.  Submit the form and documents to my of our branches. To locate the nearest branch, visit www.iciciprulife.com/branchlocator.  ACKNOWLEDGEMENT SLIP  This is to acknowledge the receipt of application for electronic policy payout  Policy Number:  Date:  Da	Bank Account No.  Bank account number as printed on your cheque  IFSC Code of Bank  MICR Code of Bank  9 digit code as appearing on the Cheque copy issued by bank.	PAY OR BEARER  RUPEES RIPERSONAL BANKING: SAVING ACCOUNT  RUPEES RIPERSONAL BANKING: SAVING ACCOUNT  RUPEES RIPERSONAL RADIO RADIO RESIDENCE RESID
Cancelled cheque of your bank account. Your bank account number and name should be printed on the cheque.  Signed copy of PAN card.  Proof of premium payment, i.e bank statement, if receiving amount in NRE bank account.  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)		Pide. Date.
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)	<ul> <li>✓ Cancelled cheque of your bank account. Your bank account number and name should be printed on the cheque.</li> <li>✓ Signed copy of PAN card.</li> </ul>	
I (Full name of Witness)	DECLARATION	
(Signature of Witness)  YOU CAN SUBMIT THIS FORM AND DOCUMENTS THROUGH ANY OF THESE OPTION    Email:	language. Note: Must be witnessed by someone other than the advisor/agent/employee of the Company.  I (Full name of Witness)adult	
YOU CAN SUBMIT THIS FORM AND DOCUMENTS THROUGH ANY OF THESE OPTION    Email:	hereby declare that I have read and explained the contents of this form to the Proposer and he/she/they have understood the same.	
YOU CAN SUBMIT THIS FORM AND DOCUMENTS THROUGH ANY OF THESE OPTION    Email:		(Cignature of Witness)
Email the scanned copy of the documents to lifeline@iciciprulife.com with your policy number    Branch:   Submit the form and documents at any of our branches. To locate the nearest branch, visit www.iciciprulife.com/branchlocator.    Courier: Courier the documents to #Payout Department#, ICICI Prudential Life Insurance Co. Ltd., Unit no. 901A, 901B, A & B Wing, Prism Tower, Mindspace, Link Road, Goregaon (W), Mumbai-400063.    ACKNOWLEDGEMENT SLIP   This is to acknowledge the receipt of application for electronic policy payout   Policy Number:   Date:   D M M Y Y Y Y Y   STAMP   STAMP   Documents Submitted:   Self Attested Photo ID   Signed Cancelled Cheque   TIME   Received By   Registered Address:- ICICI Prudential Life Insurance Co. Ltd., Unit no. 901A, 901B, A & B Wing, Prism Tower, Mindspace, Link Road, Goregaon (West), Mumbai - 400 104.	YOU CAN SUBMIT THIS FORM AND DOCUMENTS THROUGH AN	. 5 ,
Submit the form and documents at any of our branches. To locate the nearest branch, visit www.iciciprulife.com/branchlocator.  Courier: Courier the documents to #Payout Department#, ICICI Prudential Life Insurance Co. Ltd., Unit no. 901A, 901B, A & B Wing, Prism Tower, Mindspace, Link Road, Goregaon (W), Mumbai-400063.  ACKNOWLEDGEMENT SLIP  This is to acknowledge the receipt of application for electronic policy payout  Policy Number: Date:		our policy number
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IRDAI Regn No. 105. CIN: L66010MH2000PLC127837. Insurance is the subject matter of the solicitation. COMP/DOC/Jul/2024/27/6530.	Registered Address:- ICICI Prudential Life Insurance Co. Ltd., Unit no. 901A, 901B, A & B Wing, Prism Tower, Mindspace, Link Road, Goregaon (West), Mumbai - 400 104.	