

REQUEST FOR ELECTRONIC POLICY PAYOUT

Policy Number

Name of Policy holder Mr./Ms./Mrs. First Name Surname

E-Mail ID Mobile no. PAN

Trustee Details (Required to be filled, only in case it is an MWPA Policy)

Trustee Name Mr./Ms./Mrs. First Name Surname

Trustee PAN

Your bank account details to receive policy benefits

Name of Customer/Trustee*
(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
Branch Address

Account Type Current Account Savings/ NRO Account NRE Account*
*Proof of premium payment, i.e bank statement required for NRE bank account.

Bank Account No.

Bank account number as printed on your cheque

IFSC Code of Bank

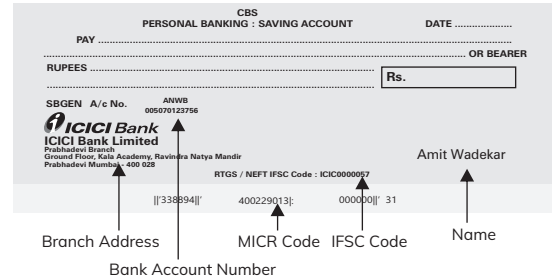
MICR Code of Bank

9 digit code as appearing on the Cheque copy issued by bank.

Signature of Policyholder

Signature of Trustee

Place: Date: DD/MM/YYYY.....



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) 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)

YOU CAN SUBMIT THIS FORM AND DOCUMENTS THROUGH ANY OF THESE OPTION

- Email:** Email the scanned copy of the documents to lifeline@iciciprudential.com with your policy number
- Branch:** Submit the form and documents at any of our branches. To locate the nearest branch, visit www.iciciprudential.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 :

Documents Submitted : Self Attested Photo ID Signed Cancelled Cheque

Received By

STAMP & TIME