

8M PAYOUT REQUEST (OTHERS)

| | | | |
|------------------|-------------------------------|----------------------|----------------------|
| Policy Number | <input type="text"/> | Date | <input type="text"/> |
| Name of Proposer | <input type="text"/> | | <input type="text"/> |
| | Mr./Ms./Mrs First Name | | Last Name |
| Contact Nos. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | STD Residence STD Office Ext. | ISD | Mobile |
| Email Id | <input type="text"/> | | |

All fields are mandatory. (At least one contact no. is mandatory for processing the request. The contact no. mentioned above will be updated in our records and will be used for all future communications)

ENTITY DETAILS

| | | |
|-----------------------------|--|---|
| Entity Type | <input type="checkbox"/> Individual | <input type="checkbox"/> Non Individual |
| Entity Regulations (If any) | <input type="checkbox"/> Non Profit Organization | <input type="checkbox"/> Regulated by RBI / SEBI / IRDA <input type="checkbox"/> Others <input type="checkbox"/> Not Applicable |

IMPORTANT GUIDELINES:

- The Policyholder is required to personally visit the branch for submitting this request.
- If the request for 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 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 communication 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. Signed cancelled cheque 3. Original Policy Certificate.
- Payout will be made in Savings Accounts only.
- Bank account number provided in this form should match with the account number appearing on the cheque. The account number must be pre-printed.
- I/We further confirm that the account details provided herein are not pertaining to NRE account.
- NRE payouts will be processed by cheque only.
- I/We understand and agree to inform ICICI Prudential with an advance notice of 6 weeks; in case I/we desire to change my bank details or withdraw the current mode of payment due to any reason, however, ICICI Prudential shall retain the right to accept/reject this in case the revised bank details are not enabled under this NEFT Framework. In case details are not submitted 6 weeks in advance, then any payments falling due in the interim period shall be processed and sent by the Company by way of cheque at your communication address last registered with us. This mandate shall be then for future payments, if any.
- I/We understand and agree that for cases where the payout via NEFT cannot be processed by ICICI Prudential, payout will be processed through cheque.

Is this policy Assigned? Yes No

If Yes, Name of the Assignee

PRE-ISSUANCE CANCELLATION

| | |
|--------------------------------------|---|
| Application Number | <input type="text"/> |
| Reason for Pre-issuance cancellation | <input type="checkbox"/> Not happy with the revised premium/ offer <input type="checkbox"/> Unhappy with medical test centre service <input type="checkbox"/> Personal reasons <input type="checkbox"/> Unhappy with the service of Web aggregators/ Partners <input type="checkbox"/> Unhappy with ICICI Pru Life service <input type="checkbox"/> Product features and requirements not explained <input type="checkbox"/> Plan change through new application <input type="checkbox"/> Purchased other insurance company product |

FREELook

Reason for Freelook:

- | | | |
|--|--|---|
| <input type="checkbox"/> Policy sold as FD/ other financial instrument | <input type="checkbox"/> Policy feature / Charges & Exclusions not explained | <input type="checkbox"/> New policy issued without customer consent (Fraud) |
| <input type="checkbox"/> Medical emergency | <input type="checkbox"/> Investment in Property/ MF / FD / Other insurance company | <input type="checkbox"/> Child's marriage / education <input type="checkbox"/> Changed my decision/ not interested in the product |

Freelook option executed for Change in Product Change in the Policy Feature Policy cancellation & Refund

Documents Submitted Welcome Kit / Policy document (Incase of this option please complete the payment details on the reverse side of the form)

In case of Product & feature change, please complete the table below:

| Name of New Product | Sum Assured | Policy Term | Premium Payment Term | Premium Payment Mode |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Please select Portfolio Strategy Life Cycle based Portfolio Strategy Fixed Portfolio Strategy*

*For Fixed Portfolio Strategy please provide

| Name of New Fund | Percentage |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| Total | 100% |

I understand that submission of this request does not mean that my request will be accepted. I understand that as per the underwriting norms of the Company, the decision might result in postponement, decline, charging of revised premium or asking for additional requirements. Any fluctuations in the NAV as a result of the Freelook change/refund will be borne by the policyholder.

I would like to opt for Automatic Transfer Strategy** Yes No

| From | To (any one) | Amount ₹ (per month) | Transfer date |
|-----------------|-------------------|----------------------|--|
| Debt Fund Name* | Equity Fund Name* | Min ₹ 2000* | <input type="checkbox"/> 1 st of the Month <input type="checkbox"/> 15 th of the Month |

**Automatic Transfer Strategy (ATS) is available only in select products. *Refer product brochure for more details.

Is there any change in the information given by you with respect to the Life Assured from the date of signing the proposal form for the above policy Yes No till the date of submitting this form?

If yes, please provide details of the changes _____

ACKNOWLEDGEMENT SLIP

This is to acknowledge the receipt of application for: Pre-Issuance Cancellation Freelook Cancellation

Policy Number Date

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

Received By

STAMP
&
TIME

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)
- This electronic mandate request will apply to all policies held by you with ICICI Prudential where no mandate is attached.
- Where the first premium is paid via electronic mode (online/debit card, credit card etc.), in case of cancellation of policy, the refund amount shall be credited to the source from where amount is received. This is subject to realisation of the amount by the Company.

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

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

FOR OFFICE USE ONLY:

ER Request submitted by C S CR CS

Spaarc Call ID _____ Date

Received by _____

Emp ID & Name _____

Sign & Date _____



Kindly call our Customer Service Number 1860-266-7766 (local charges apply)
Call Center timings: 10.00 A.M. to 7.00 P.M. Monday to Saturday (except national holidays)



Communication Address

ICICI Prudential Life Insurance Company Limited, Unit No. 1A & 2A, Raheja Tipco Plaza, Rani Sati Marg, Malad (East), Mumbai 400097. COMP/DOC/Sep/2018/59/1597.