REQUEST FOR SETTLEMENT PAYOUT	OICICI PRUDENTIAL TO SUR A N C E
Policy Number	
Name of Policyholder  Mr./Ms./Mrs. First Name Surname	
Contact Nos.  STD Residence STD Office Ext. ISD Mobile	
E-Mail ID	
FREQUENCY OF SETTLEMENT	
Monthly (direct credit only) Quarterly Half yearly Yearly	
PERIOD OF SETTLEMENT (IN YEARS)	
Disclaimer  • The policy holder has the option to receive the maturity benefit's as a structured payout over a period of up to 5 years after maturity. These payments would be payable in advance.  • The Life Insurance cover and the rider cover, if any, shall cease on the original date of maturity.  • Settlement option needs to be chosen at least 1 months prior to maturity.  • The value of the payments will depend on the number of units and the respective fund NAVs on the date of each payment.  • For additional details, please refer to the section on Settlement option in the policy document.  • I am aware of the FATCA/CRS rules released by Central Board of direct taxes incorporated under Section 285BAof the Income Tax Act, 1961 read with rules 114F to 114H.  • I am aware that Tax at source, if applicable, will be deducted by the company from the payout amount and I will not hold the company responsible for the same.  • I hereby indemnify the company against any adverse consequences under FATCA/CRS or any other tax implication.	
YOUR BANK ACCOUNT DETAILS TO RECEIVE PAYOUT	
Name of Customer (as mentioned in the bank account and printed on your cheque) Name of Bank	
Account Type Current Account Saving Account	nt cas
Bank Account No.	PERSONAL BANKING : SAVING ACCOUNT DATE
IFSC Code of Bank	SBGEN A/c No. ANNIB SIGNOLEZITES  OLICICI Bank
MICR Code of Bank 9 digit code as appearing on the Cheque copy issued by bank.	Call Bank Miller   Call Bank   Call Bank
Signature of Policyholder  SUBMIT THESE FORM WITH FOLLOWING DOCUMENTS	Place: Date:DD/MM/YYYY
<ul> <li>✓ Cancelled cheque of your bank account.</li> <li>✓ Signed copy of identity proof such as passport, driving license etc.</li> <li>✓ Signed copy of your PAN card</li> <li>✓ Signed copy of address proof (if you have changed your registered address).</li> </ul>	
CAN SUBMIT THIS FORM AND DOCUMENTS THROUGH ANY OF THESE OPTION	
Email: Email the scanned copy of the form and documents to <a href="mailto:lifeline@iciciprulife.com">lifeline@iciciprulife.com</a> .	
Branch: Submit the form and documents at any of our branches. To locate the nearest branch, visit <a href="https://www.iciciprulife.com/branchlocator">www.iciciprulife.com/branchlocator</a> .	
Courier: Courier the form and documents to ICICI Prudential Life Insurance Company Limited, Unit No. 1A & 2A, Raheja Tipco Plaza, Rani Sati Marg, Malad (East) Mumbai- 400 097.	
ICICI Prudential Life Insurance Company Limited. IRDAI Regn No. 105. CIN:U66010MH2000PLC127837. Registered Address:- 1089 Appasaheb Marathe Marg, Prabhadevi, Mumbai-400025. COMP/DOC/Sep/2022/99/1087.	
ACKNOWLEDGEMENT	
Policy Number Date DD M	M Y Y Y Y
Name of Policy Holder	
Frequency of Settlement	