

# REQUEST FOR SETTLEMENT PAYOUT

**Policy Number**

**Name of Policyholder**

Mr./Ms./Mrs.      First Name      Surname

**Contact Nos.**

STD      Residence      STD      Office      Ext.      ISD      Mobile

**E-Mail ID**

**Aadhaar Number**

## FREQUENCY OF SETTLEMENT

Monthly (direct credit only)    Quarterly    Half yearly    Yearly

## PERIOD OF SETTLEMENT (IN YEARS)

1    2    3    4    5

**Disclaimer**

- The policy holder has an option to receive the maturity over a period of up to 5 years after maturity.
- 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 3 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 285BA of 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** \_\_\_\_\_

**Branch Address** \_\_\_\_\_

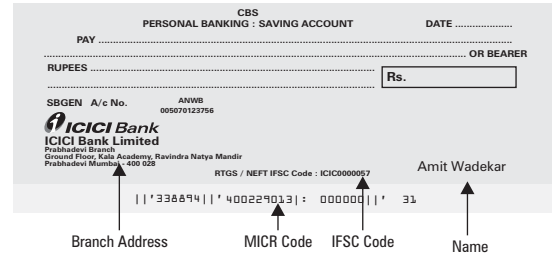
**Account Type**    Current Account    Saving Account

**Bank Account No.**

**IFSC Code of Bank**

**MICR Code of Bank**

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




Signature of Policyholder \_\_\_\_\_ Place: \_\_\_\_\_ Date: \_\_\_\_\_ DD/MM/YYYY


## SUBMIT THESE FORM WITH FOLLOWING DOCUMENTS


- Canceled cheque of your bank account.
- Signed copy of **identity proof** such as passport, driving license, PAN card etc.
- Signed copy of your **PAN card**.
- Signed copy of **address proof** (if you have changed your registered address).



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

 **Email:**  
Email the scanned copy of the form and documents to [lifeline@icicprulife.com](mailto:lifeline@icicprulife.com).

 **Branch:**  
Submit the form and documents at any of our branches. To locate the nearest branch, visit [www.icicprulife.com/branchlocator](http://www.icicprulife.com/branchlocator).

 **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/Aug/2016/425.

## ACKNOWLEDGEMENT

**Policy Number**       **Date**

**Name of Policy Holder** \_\_\_\_\_

**Frequency of Settlement** \_\_\_\_\_

