9M REQUEST FOR REINVESTMENT#

ICICI PRUDENTIAL LIFE INSURANCE

This form should not be used for switching of units in Unit Linked Insurance Policies (ULIPs). At the time of submitting the form please provide copy of Payor /Proposer self attested photo identity proof. Additional documents may be required for verification at the discretion of the branch.

Policy Number

Barcode

Name of old proposer/ Assignee/Payor

Mr./Ms./Mrs. First Name Surname

Photograph of Payer

Address:

City State Pin Code

E-Mail ID

Contact Nos.

STD Residence STD Office Ext. ISD Mobile

Photo Identity Proof: _____ **PAN:** _____ **Address Proof:** _____ **Nationality:** _____

TRANSFER OF FUNDS DETAILS

Reason for Transfer of Funds: (Please tick)

☐ Top Up for another policy ☐ Renewal premium ☐ Issuance of another policy*

* Reinvestment includes investment for issuance of a new policy from Pre-issuance refund provided that the sourcing agent is same for both the policies.

In case of Refund Cheque Resubmitted, please provide the following details:

Cheque No **Cheque Amount** **Bank Name & Branch** _____

A. Application/ Policy No (From where the funds will be transferred)	B. Application/ Policy No. (To where the funds will be transferred)	Amount (Rs.)

In case of any balance amount payable, we shall transfer the same to the application no. mentioned in column B.
In case you want us to refund the balance amount, then please tick the below option :

☐ Refund the balance amount payable

Request to transfer Rs. _____ (Rupees _____ only) from policy no. _____ (Source Policy), where I am the policy holder, towards premium deposit for application no. _____ for the life insurance application submitted by the proposer Mr./Ms./Dr. _____. Kindly note that the above mentioned proposer, Mr./Ms./Dr. _____ is my/our _____ (mention relationship). I am paying on behalf of Mr./Ms./Dr. _____ due to the reason _____. I hereby declare that the information given by me above is true and correct. Request you to accept the remittance.

PLEASE TICK IF YOU ARE:

☐ NRI ☐ Into business of Import-Export, Mining, Shipping, Jewellery, Scrap Dealing, Building/estate ☐ Companies with close family shareholding & beneficial ownership

☐ Trusts, charities, NGOs, Organization receiving donations, politics ☐ Housewife of spouse (who is into above business) ☐ Partnership firms with sleeping partners

I am aware that any benefits under the policy becomes payable strictly in accordance with the policy terms and conditions.

Income proof: _____ Date: D D M M Y Y Y Y

_____
(Signature of Payer)

DECLARATION (to be filled by Proposer)

I, _____, do hereby confirm that Mr./Ms./Dr. _____, is paying on my behalf for above application no / policy no. I further confirm that all the information given above is true or correct.

I am aware that any payouts from the policy shall be made in the name of the policy owner only.

Name of Proposer: _____

Date: D D M M Y Y Y Y

_____
(Signature of New Proposer)

Please note: • Please mention the correct Application/ Policy number, wherever applicable. • Sufficient funds should be available in the Policy from where the funds will be transferred. • Application/ Policy should be of the same customer or he/ she should be present in any of the roles. • Relationship of the proposer in the new application: ☐ Self ☐ Parent ☐ Spouse ☐ Child ☐ Grandchild

Authorization is mandatory if the relationship of the proposer in the new application is other than "Self"
I authorize Mr/Mrs _____, bearer of this letter to submit the request for reinvestment in a new application

Disclaimer: I hereby declare that I have read and understood the contents of this form. I have thereafter applied to the Company for carrying out the transaction indicated by me in the form of tick marks in the relevant boxes. I understand and agree that in carrying out the above transaction as applied by me, the Company shall be deemed to have carried it out entirely as per my instructions and shall incur no liability whatsoever in that regard. I also understand and agree that this transaction does not in any way mean that the Company has accepted the risk under the said Application or that the Policy stands issued by the Company.

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 _____ **Scanning Cabinet** _____ **Received By** _____

STAMP & TIME

☐ **I confirm that the relationship of the payor and the new policyholder is as per the acceptable list of Third Party Payment process note of the company.**

Remarks _____ Date: D D M M Y Y Y Y

ACKNOWLEDGEMENT OF APPLICATION FOR REINVESTMENT#

Application / Policy No.

Name of Policy Holder _____

Branch Name _____ Date: D D M M Y Y Y Y

Stamp

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