

Freelook request format



Policy Number

Date:

Name of Policyholder
Mr./Ms./Mrs. First Name Middle Name Surname

Current Address

Landmark PIN Code

Contact Numbers
STD Residence STD Office Ext. Mobile

E-Mail ID

Communication Mode Email SMS Letter [either email or letter can be chosen as a preference at a time]

Is Policyholder an employee or advisor of ICICI Prudential. Yes No

Contact details mentioned above would be considered as your ongoing contact info and would be updated in our records for future communication.

I would like to execute the Freelook option on my Policy for:

Change in Policy feature Change in Product Policy cancellation & Refund

The reason being: _____

I have submitted the following along with the request: Welcome kit / Policy document **OR** Indemnity bond

I understand that my request will be processed as per prevailing Terms & Conditions which might require underwriting and might result in postponement, decline, extra premium or additional requirements on my policy.
I agree with deduction of any charges as necessary for processing the request.
I agree that details mentioned in this form are completely true.

Stamp/ Time Stamp

Signature of Policyholder

- Note:
- If application for freelook refund of UNIT LINKED PRODUCT product is received up to 3:00 pm IST on weekday (Mon-Fri), the same day's unit value will be applicable. However, if application for freelook refund is received after 3:00 pm IST on weekday, then the next working day's unit value will be applicable (when the applicable day is not a valuation day, NAV of next immediate valuation day will be considered)
 - For request of freelook changes of UNIT LINKED PRODUCT product other than refund, unit vaue will be considered as on date request is processed in the system after all applicable requirements / consents / approvals are received and not the date on which request is received.
 - Any NAV fluctuations as result of the freelook change/ refund will be passed on to the policyholder.**

ACKNOWLEDGEMENT OF APPLICATION FOR SURRENDER

Policy No.: _____

Policyholder Name: _____

Branch Name: _____

Stamp

Date:

Received by: _____

Application for Freelook



To be filled if Change in feature in selected

Old feature: _____ Value: _____
New feature: _____ Value: _____

To be filled if Policy cancellation/ Refund is selected

Electronic Payout Methods:
[Please tick one of the options]

- National Electronic Fund Transfer [NEFT]
 Electronic Clearing System [ECS]
 Direct Credit [select banks]

If none of the above options are selected, then the default payout option will be cheque. **Please attach a cancelled copy of your cheque if any of the above options are selected.**

Name of Account Holder _____
Mr./Ms./Mrs. First Name Middle Name Surname

Bank Name _____

Branch Name _____

A/c Type Current Savings Please strike off unfilled cells wherever applicable.

A/c Number _____

IFSC Code (mandatory for NEFT Mode) _____ (The responsibility of providing the IFSC code lies with the customer.

IFSC code for RTGS and IFSC code for NEFT may be different, please check with your bank.)

MICR Code (mandatory for ECS Mode) _____ (You can get this from your cheque book)

I would not hold ICICI Prudential Life Insurance Company Ltd. responsible in cases of non credit to my bank account or if the transaction is delayed or not effected at all for reasons of incomplete/ incorrect information. Further, the Company reserves the right to use any alternative payout option including a demand draft / payable at par cheque in spite of opting for electronic payout method.

Responsibility of providing IFSC code lies with the customer. Please note that IFSC code for RTGS & IFSC code for NEFT may be different.

* To be filled in case a cancelled cheque is not attached

A/c Number _____

I hereby take the sole responsibility for the correctness of my Bank account number and other details of this form. I undertake that I will not hold the Company responsible in any manner for any transactions effected by the Company due to incorrect bank account number or other details stated by me.

To be filled if Change in Product is selected

New product name: _____

Sum Assured: _____

Term: _____

Premium : _____

Mode: _____

Fund required:

Name of fund	Tick for selecting fund	Percentage
Flexi growth		
Flexi balanced		
Maximiser		
Multiplier		
Balancer		
Preserver		
Protector		
RICH		
RGF*		

*RGF is available only during the period of subscription as declared by the company and for specific products only.

Signature of Policyholder