REQUEST FOR PENSION (ANNUITY) PAYOUT **Policy Number** Name of Policyholder Mr./Ms./Mrs Applicant's recent Contact Nos. photograph STD Residence E-Mail ID **Current Address** In case of change in address, please submit address proof. The request will be processed on receipt of relevant address proof *CKYC Number/KIN (If available): *To know your CKYC/KIN identifier visit the web Portal (www.karvykra.com or www.cvlkra.com) PORTION OF YOUR MATURITY AMOUNT THAT YOU WANT TO RECEIVE PENSION FROM ☐ I wish to receive pension from 100% of my maturity amount. OR _% of my maturity amount (maximum 33.33% of the maturity amount allowed) and utilise the balance to I wish to withdraw . receive pension. I hereby declare that I have been assisted by the below employee (if applicable) in filling up the form Bank: **Business Code Employee Name** Branch: Source: 0 0 N A ANNUITY OPTIONS: (Any one from A,B,C or D) A. Immediate Annuity (I13) Sr. No. Option name Single life without Return of Purchase price 1 2 Joint Life without Return of Purchase Price Single Life with Return of Purchase Price 3 4 Joint Life with Return of Purchase Price Single Life with Return of Purchase Price at Age 80 5 Single Life with 50% Return of Purchase Price at Age 80 6 7 Single Life with Return of Purchase Price from the Age of 76 Single Life with Return of Purchase Price on Critical illness (CI) or Permanent Disability due to accident (PD) or Death 8 Yearly Half Yearly Quarterly Monthly Frequency B. Deffered Annuity (I14) **Deferment Period:** 4 5 6 7 8 9 10 1 Options: Deferred Single Life with Return of Purchase Price Deferred Joint Life with Return of Purchase Price Deferred Single Life with Return of Purchase Price on Critical illness (CI) or Permanent Disability due to accident (PD) or Death Half Yearly Pension payout frequency Yearly Quarterly Monthly C. POS - Guaranteed Pension Plan (I15) Option: Single Life with return of purchase price Half Yearly Monthly Frequency Yearly Quarterly D. Saral Pension (I17) Life Annuity with Return of 100% of Purchase Price (ROP) Joint life Last Survivor Annuity with Return of 100% of Purchase Price (ROP) on death of the last survivor Frequency Half Yearly Quarterly Monthly

DETAILS OF S	SECONDARY ANNUITANT (applicable only	for joint life option)		
Name	Mr./Ms./Mrs. First Name	Surname		
Relationship w	ith you			
Date of Birth				Recent
Gender	Male Female Marital Status	Married Unmarried	Widow(er) Divorced	photograph
Contact Nos.				
	STD Residence ST	D Office	Ext.	
	ISD Mobile			
E-Mail ID				
Current Addres	ss			
	City		PIN Co	ode
	State	Country		
DETAILCOE	In case of change in address, please submit address pro	oof. The request will be processed	I on receipt of relevant address proof	
DETAILS OF	NOMINEE			
Name	Mr./Ms./Mrs. First Name		Surname	
Date of Birth	DDMMMYYYYY	vith you		
Gender	Male Female Marital Stat	us Married Unmo	arried Widow(er) Divo	orced
Current Addres	ss			
	City		PIN Coo	No
	State State	Country		
	In case of change in address, please submit address	•	cessed on receipt of relevant addre	ess proof
Contact Nos.				Male the
STD Residence STD Office Ext. ISD Mobile If the nominee is a minor, please name an appointee				
Appointee Nan			<u> </u>	
Gender	Mr./Ms./Mrs. First Name Male Female Marital Stat	us Married Unmo	Surname arried Widow(er) Divo	arced
Gender Male Female Marital Status Married Married Midow(er) Divorced Relationship of the appointee to the nominee				
Current Addres	55			
			PIN Co	
	City City			ode
	State In case of change in address, please submit addres	S proof. The request will be pro	cessed on receipt of relevant addre	ess proof
Contact Nos.				
	STD Residence ST	D Office	Ext. ISD	Mobile
Acceptance sig	gnature of the Appointee		Signature	of Policyholder
YOUR BANK	ACCOUNT DETAILS TO RECEIVE PENSION	1		
Name of Custo	mer k account and printed on your cheque)			
Name of Bank	ik account and printed on your cheque)			
Branch Addres	s			
Account Type Current Account Saving Account NRE Account (Please submit premium collection proof)				
Bank Account No. (as printed on your cheque)				
IFSC Code of Bank				
MICR Code of Bank				Rs.
	ppearing on the Cheque copy issued by bank.		ODSOTO123756 OICICI Bank ICICI Bank Limited Prabhade Branch	April Wedler
			Groundschold (Carlotte Academy, Ravindra Natya Mandir Prabhadevi Mumba) 400 028 RTGS / NEFT IFSC Code : IC	★ T
			↑	OOOOO 3 31 Name
Signatu	re of Policyholder	Place:	Account No.	D/MM/YYYY

SUBMIT THIS FORM WITH THE FOLLOWING DOCUMENTS ☑ Cancelled cheque of your bank account. Name of account holder and account number should be printed on the cheque. ☑ Officially valid documents for Address proof and identity proof: - Passport (Valid) - Proof of possession of Aadhaar (First 8 digit of Aadhaar should be in the masked form) - Driving License (Valid) - Voter ID card issued by Election Commission of India - Job card issued by NREGA duly signed by an officer of the State Government - Letter issued by the National Population Register containing details of name, address or any other document as notified by the Central Government in consultation with the Regulator Signed copy of your PAN card or Form 60. For the secondary annuitant (if you choose a joint life pension option)-- Any Officially Valid Document from the list above for age proof - PAN card or Form 60 For NRI customers following documents are mandatory: - Pan card or Form 60 - Passport (valid) - NRI Ouestionaire - Immigration stamp on passport YOU CAN SUBMIT THIS FORM AND DOCUMENTS THROUGH ANY OF THESE OPTIONS Email the scanned copy of the form and documents to lifeline@iciciprulife.com. Branch: Submit the form and documents at any of our branches. To locate the nearest branch, visit www.iciciprulife.com/branchlocator. **Courier:** Courier the form and documents to Pension Department, ICICI Prudential Life Insurance Co. Ltd., Unit no. 901A, 901B, A & B Wing, Prism Tower, Mindspace, Link Road, Goregaon (West), Mumbai - 400 104. **DECLARATION** I/we agree that the PAN details and other information provided by me/us in this form maybe used by the Company to download/verify/ register/ update my/our KYC documents on/from the CERSAI* CKYC portal for processing this request, any future applications, or any other requests. I/We understand that only the acceptable officially valid documents would be relied upon for processing any requests/applications. (*Central Registry of Securitisation and Asset Reconstruction and security Interest of India.)

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that ICICI Prudential reserves the right to take appropriate action.

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)				