REQUEST FOR PENSION (A	NNUITY) PAYOUT			
Policy Number	le	•		
I wish to receive pension from 100% of m	ay maturity amount. OR			
— ·	my maturity amount (maximum	k:		
ANNUITY OPTIONS: (Any one from A,B,C or D)				
Frequency Yearly Half Y B. Deffered Annuity (I14) Deferment Period: 1 1 2 3 4 5 6 7 Options: Deferred Single Life with Return of Purchation Deferred Joint Life with Return of Purchation Deferred Joint Life with Return of Purchation	hase Price ise Price e Price ise Price at Age 80 urchase Price at Age 80 ise Price from the Age of 76 ise Price on Critical illness (CI) or 'early Quarterly 7 8 9 10 ase Price se Price	r Permanent Disability due to accident (PD) or Death		
-		or Permanent Disability due to accident (PD) or Death		
Pension payout frequency Yearly	Half Yearly	Quarterly Monthly		
<u>C. POS - Guaranteed Pension Plan (115)</u> Option: Single Life with return of purchase price				
Frequency Yearly Half Y	early Quarterly	Monthly		
D. Saral Pension (117) Life Annuity with Return of 100% of Purc				
Joint life Last Survivor Annuity with Retu Frequency Yearly Half Y		OP) on death of the last survivor Monthly		

DETAILS OF S	ECONDARY ANNUITANT (applicable only for joint life option)
Name	Mr./Ms. First Name Surname
Relationship wit	th you
Date of Birth	D D M M Y Y Y Y
Gender	Male Female Marital Status Married Unmarried Widow(er) Divorced
Contact Nos.	
	STD Residence STD Office Ext.
	ISD Mobile
E-Mail ID	
Current Address	5
	City PIN Code
	State
	In case of change in address, please submit address proof. The request will be processed on receipt of relevant address proof
DETAILS OF N	IOMINEE
Name	Mr./Ms./Mrs. First Name Surname
Date of Birth	D D M M Y Y Y Y Relationship with you
Gender	Male Female Marital Status Married Unmarried Widow(er) Divorced
Current Address	
	City PIN Code
	State Country In case of change in address, please submit address proof. The request will be processed on receipt of relevant address proof
Contact Nos.	
If the nominee is	STD Residence STD Office Ext. ISD Mobile
Appointee Nam	e Mr./Ms./Mrs. First Name Surname
Appointee Nam Gender	
Gender	Mr./Ms./Mrs. First Name Surname
Gender	Mr./Ms./Mrs. First Name Surname Male Female Marital Status Married Unmarried Widow(er) Divorced the appointee to the nominee Image: Surname Image: Surname Image: Surname Image: Surname Image: Surname
Gender Relationship of	Mr./Ms./Mrs. First Name Surname Male Female Marital Status Married Unmarried Widow(er) Divorced the appointee to the nominee Image: Surname Image: Surname Image: Surname Image: Surname Image: Surname
Gender Relationship of	Mr./Ms./Mrs. First Name Male Female Marital Status Married Unmarried Widow(er) Divorced bit s S
Gender Relationship of	Mr./Ms./Mrs. First Name Male Female Marital Status Married Unmarried Widow(er) Divorced bit city PIN Code
Gender Relationship of	Mr./Ms./Mrs. First Name Male Female Marital Status Married Unmarried Widow(er) Divorced State PIN Code
Gender Relationship of Current Address	Mr./Ms./Mrs. First Name Male Female Marital Status Married Unmarried Widow(er) Divorced State PIN Code
Gender Relationship of Current Address	Mr./Ms./Mrs. First Name Male Female Marital Status Married Unmarried Widow(er) Divorced the appointee to the nominee S City State In case of change in address, please submit address proof. The request will be processed on receipt of relevant address proof
Gender Relationship of Current Address Contact Nos.	Mr./Ms./Mrs. First Name Male Female Marital Status Married Unmarried Widow(er) Divorced the appointee to the nominee S City State In case of change in address, please submit address proof. The request will be processed on receipt of relevant address proof
Gender Relationship of Current Address Contact Nos.	Mr./Ms./Mrs. First Name Male Female Marital Status Married Unmarried Widow(er) Divorced the appointee to the nominee State City State In case of change in address, please submit address proof. The request will be processed on receipt of relevant address proof STD Residence STD STD
Gender Relationship of Current Address Contact Nos. Acceptance sig YOUR BANK A	Mr./Ms. First Name Male Female Marital Status Country Marital Status <td< th=""></td<>
Gender Relationship of Current Address Contact Nos. Acceptance sig YOUR BANK A	Mr./Ms. First Name Male Female Marital Status Marital Status <
Gender Relationship of Current Address Contact Nos. Acceptance sig YOUR BANK A Name of Custom (as mentioned in the bank	Mr./Ms./Mrs. First Name Male Female Marital Status Married Unmarried Widow(er) Divorced the appointee to the nominee s City PIN Code State In case of change in address, please submit address proof. The request will be processed on receipt of relevant address proof STD Residence STD Office Ext. ISD Mobile ACCOUNT DETAILS TO RECEIVE PENSION ner
Gender Relationship of Current Address Contact Nos. Acceptance sig YOUR BANK A Name of Custom (as mentioned in the bank Name of Bank Branch Address	Mr./Ms./Mrs. First Name Male Female Marital Status Married Unmarried Widow(er) Divorced the appointee to the nominee S City State In case of change in address, please submit address proof. The request will be processed on receipt of relevant address proof STD Residence Statue Statue <t< th=""></t<>
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Gender Relationship of T Current Address Contact Nos. Contact Nos. Acceptance sig YOUR BANK A Name of Custon (as mentioned in the bank Name of Bank Branch Address Account Type Bank Account N (as printed on your ch	Mr./Ms./Mrs. First Name Male Fermale Marial Status Married Unmarried Widow(er) Divorced the appointee to the nominee s City State In case of change in address, please submit address proof. The request will be processed on receipt of relevant address proof STD Residence STD Office Ext. ISD Mobile Signature of Policyholder
Gender Relationship of f Current Address Contact Nos. Acceptance sig YOUR BANK A Name of Custon (as mentioned in the bank Name of Bank Branch Address Account Type Bank Account N (as printed on your ch IFSC Code of Back	Mr./Ms./Mrs. First Name Male Female Marital Status Married Unmarried Widow(er) Divorced state appointee to the nominee State City In case of change in address, please submit address proof. The request will be processed on receipt of relevant address proof In case of change in address, please submit address proof. The request will be processed on receipt of relevant address proof State STD Residence STD Residence STD Residence STD Office Ext. ISD Mobile Signature of Policyholder Account and printed on your chaque! Current Account Saving Account Incerement Incerement Saving Account NRE Account (Please submit premium collection proof) Incerement Incerement Saving Account NRE Account (Please submit premium collection proof) Incerement Incerement
Gender Relationship of f Current Address Contact Nos. Acceptance sig YOUR BANK A Name of Custon (as mentioned in the bank Name of Bank Branch Address Account Type Bank Account N (as printed on your ch IFSC Code of Back	Mr./Ms./Mrs. First Name Male Female Marital Status Marital Status </th
Gender Relationship of f Current Address Contact Nos. Acceptance sig YOUR BANK A Name of Custon (as mentioned in the bank Name of Bank Branch Address Account Type Bank Account N (as printed on your ch IFSC Code of Back	Mr./Ms./Mrs. First Name Male Female Marital Status Married Unmarried Widow(er) Divorced state appointee to the nominee state City PIN Code State state In case of change in address, please submit address proof. The request will be processed on receipt of relevant address proof STD Residence STD Residence STD Residence STD Residence STD Office Ext. ISD Mobile Signature of Policyholder Account (Please submit premium collection proof) Io Io Inter ank Inter Saving Account NRE Account (Please submit premium collection proof) Io Inter State Inter State State <t< th=""></t<>

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 Questionaire Immigration stamp on passport
YOU CAN SUBMIT THIS FORM AND DOCUMENTS THROUGH ANY OF THESE OPTIONS
Email: Email the scanned copy of the form and documents to <u>lifeline@iciciprulife.com</u> .
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) ______ 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)