



Relationship of the appointee to the nominee

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.

STD

Residence

STD

Office

Ext.

ISD

Mobile

Acceptance signature of the Appointee

Signature of Policyholder

DETAILS OF SECONDARY ANNUITANT (applicable only for joint life option)

Name

Mr./Ms./Mrs.

First Name

Surname

Relationship with you

Date of Birth

DD MM YYYY

Contact Nos.

STD

Residence

STD

Office

Ext.

ISD

Mobile

E-Mail ID

YOUR BANK ACCOUNT DETAILS TO RECEIVE PENSION

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

NRE Account (Please submit premium collection proof)

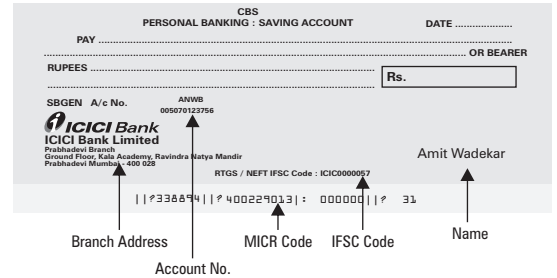
Bank Account No.

(as printed on your cheque)

IFSC Code of Bank

MICR Code of Bank

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



Signature box for Policyholder

Signature of Policyholder

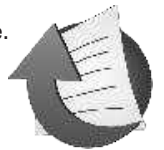
Place:

Date:

DD/MM/YYYY

SUBMIT THIS FORM WITH THE FOLLOWING DOCUMENTS

- Canceled cheque of your bank account. Name of account holder and account number should be printed on the cheque.
- Signed copy of address proof (if you have changed your registered address).
- Signed copy of your PAN card.
- Signed copy of age proof of spouse such as passport, driving license, PAN card etc. (if you choose joint life pension option).



YOU CAN SUBMIT THIS FORM AND DOCUMENTS THROUGH ANY OF THESE OPTIONS



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

Pension Department, ICICI Prudential Life Insurance Co. Ltd., Unit No. 1A & 2A, Raheja Tipco Plaza, Rani Sati Marg, Malad (East), Mumbai- 400 097.

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)