REQUEST FOR PENSION (ANNUITY) PAYOUT **Policy Number** Name of Policyholder Mr./Ms./Mrs Applicant's recent Contact Nos. 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 Monthly Pension payout frequency Yearly Quarterly C. POS - Guaranteed Pension Plan (I15) Option: Single Life with return of purchase price Half Yearly Quarterly Monthly Frequency Yearly 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	ECONDARY ANNUITANT (applicable only for jo	int life option)		
Name	Mr./Ms./Mrs. First Name Surne	ame		
Relationship wi	th you			
Date of Birth			Recent	
Gender	Male Female Marital Status Mari	ried Unmarried	Widow(er) Divorced photograph	
Contact Nos.				
	STD Residence STD	Office	Ext.	
	ISD Mobile			
E-Mail ID				
Current Address	S			
	City		PIN Code	
	State In case of change in address, please submit address proof. The r	Country	no respire of relevant address proof	
DETAILS OF N	3 1	equest will be processed o	on receipt or relevant address proof	
Name	Mr./Ms./Mrs. First Name		Surname	
Date of Birth	\square \square \square \square \square \square Relationship with you			
Gender	Male Female Marital Status	Married Unma	arried Widow(er) Divorced	
Current Address				
	City		PIN Code	
	State	Country		
	In case of change in address, please submit address proof.	The request will be proce	essed on receipt of relevant address proof	
Contact Nos.	STD Residence STD	Office	Ext. ISD Mobile	
	s a minor, please name an appointee			
Appointee Nam	Mr./Ms./Mrs. First Name		Surname	
Date of Birth			Santanie	
Gender	Male Female Marital Status Married Unmarried Widow(er) Divorced			
Relationship of	the appointee to the nominee			
Current Addres	, , , , , , , , , , , , , , , , , , , ,			
	City State	Country		
	In case of change in address, please submit address proof.		essed on receipt of relevant address proof	
Contact Nos.				
	STD Residence STD	Office	Ext. ISD Mobile	
Acceptance sig	nature of the Appointee		Signature of Policyholder	
YOUR BANK	ACCOUNT DETAILS TO RECEIVE PENSION			
Name of Custor				
(as mentioned in the bank account and printed on your cheque) Name of Bank				
Branch Address				
Account Type Current Account Saving Account MRE Account (Please submit premium collection proof) Bank Account No. (as printed on your cheque)				
IFSC Code of Bo	nk		CBS PERSONAL BANKING : SAVING ACCOUNT DATE	
MICR Code of Bank				
9 digit code as appearing on the Cheque convissued by bank				
5	- 12		ICICI Bank Limited Probladeder Beard-Indiatory, Reprinters State Manufacture Probladed Municipal Amid Manufacture (Probladed Municipal 400 028 RTGS / NEFT IFSC Code : ICIC00000077	
			7338894 7 400229013 : 000000 7 31	
			Branch Address MICR Code IFSC Code Name	
			Account No.	

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 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. 1A & 2A, Raheja Tipco Plaza, Rani Sati Marg, Malad (East), Mumbai- 400 097. **DECLARATION** I hereby consent to receiving information from Central KYC Registry through SMS/email on the registered number/email address. I/we also agree that the PAN details and other KYC information provided by me/us for any servicing requests may be used by the Company to

I/we also agree that the PAN details and other KYC information provided by me/us for any servicing requests may be used by the Company to download/verify my/our KYC documents from CERSAI*

CKYC portal:*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.

l (Full name of Witness)	(Relation with Proposer)	adult and inhabitant of
(Address)	do hereb	by declare that I have read and
explained the contents of this form to the Propose		
		(Signature of Witness)