

PROPOSAL FORM FOR ANNUITY PLANSPlease fill this form in **BLACK INK & CAPITAL** letters only.**For office use only**

| | | | |
|------------------|----------------------|-----------------------------|----------------------|
| LOB / Agent Code | <input type="text"/> | Agent / AFSM Name | <input type="text"/> |
| Bank | <input type="text"/> | Branch | <input type="text"/> |
| Source | <input type="text"/> | AFSM Code | <input type="text"/> |
| LIM / CSR Code | <input type="text"/> | Bank A/C | <input type="text"/> |
| Cafos Code | <input type="text"/> | SP/ POS Code | <input type="text"/> |
| PAN of POS Agent | <input type="text"/> | Other document of POS Agent | <input type="text"/> |

Proposer's Photograph
(Please affix color photograph)

IMPORTANT GUIDELINES: 1) Insurance is a contract of utmost good faith between the Insurer and the Insured. The Proposer and the Life to be Assured are required to disclose all facts in response to the questions in this proposal form. 2) Any cancellation/alteration is to be signed by Proposer/Life to be Assured as applicable. 3) For adding nominee(s) or assignee to the policy please refer to the servicing forms available on our website.

I/we understand the importance of disclosing all material information and confirm that I/we shall share details which are true and correct, failing which the company reserves the right to cancel the policy and/or repudiate any claims under the policy and initiate appropriate action.

Signature / Thumb
impression of Proposer

I. Generic details

Existing Policy Owner, Kindly enter policy number / client id Policy No Client ID

Is this policy self proposed? ☐ Yes ☐ No If No, please answer the following details

Type of Proposer ☐ Individual ☐ Non-individual

Relationship with Primary Annuitant Type of Proposal Employer Employee ☐ Keyman ☐ Trust ☐ HUF ☐ MWPA

II. Proposer/Policy Owner Details (Please fill in details of Primary Annuitant if same as Proposer)

| | First Name | Middle Name | Last Name |
|---|--|--|--|
| Full Name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Father Name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Mother Name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Spouse Name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Communication Address of the Proposer (Address to which policy document will be dispatched) | | | |
| LINE 1 | <input type="text"/> | | |
| LINE 2 | <input type="text"/> | | |
| LANDMARK | <input type="text"/> | | CITY <input type="text"/> |
| STATE | <input type="text"/> | | |
| COUNTRY | <input type="text"/> | | Pin Code <input type="text"/> |
| Permanent Address of the Proposer (If different from the above address) | | | |
| LINE 1 | <input type="text"/> | | |
| LINE 2 | <input type="text"/> | | |
| LANDMARK | <input type="text"/> | | CITY <input type="text"/> |
| STATE | <input type="text"/> | | |
| COUNTRY | <input type="text"/> | | Pin Code <input type="text"/> |
| Mobile* + (<input type="text"/>) | Landline+ (<input type="text"/>) | | |
| | Country Code | *Receive alerts through SMS | *Receive communication via e-mail STD/ISD |
| Email ID* | <input type="text"/> | | |
| DOB | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Gender | <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Transgender |
| Nationality | <input type="checkbox"/> Indian | <input type="checkbox"/> Non Indian | |
| Marital Status | <input type="checkbox"/> Unmarried | <input type="checkbox"/> Married | <input type="checkbox"/> Widow(er) |
| | <input type="checkbox"/> Divorced | <input type="checkbox"/> Resident | <input type="checkbox"/> NRI |
| | <input type="checkbox"/> PIO | <input type="checkbox"/> Foreign National | |
| Education | <input type="checkbox"/> Post Grad. | <input type="checkbox"/> Graduate | <input type="checkbox"/> Diploma |
| | <input type="checkbox"/> 12 th pass | <input type="checkbox"/> 10 th pass | <input type="checkbox"/> Below 10 th |
| Occupation | <input type="checkbox"/> Salaried | <input type="checkbox"/> Professional | <input type="checkbox"/> Self Employed |
| | <input type="checkbox"/> Student | <input type="checkbox"/> Housewife | <input type="checkbox"/> Retired |
| | <input type="checkbox"/> Others | (Please Specify if Others) | |
| Industry Type | <input type="checkbox"/> Jewellery | <input type="checkbox"/> Import/Export | <input type="checkbox"/> Mining |
| | <input type="checkbox"/> Shipping | <input type="checkbox"/> Scrap Dealing | <input type="checkbox"/> Real Estate |
| Organisation Type | <input type="checkbox"/> Govt. | <input type="checkbox"/> Pvt. Ltd. | <input type="checkbox"/> Public Ltd. |
| | <input type="checkbox"/> Partner/Proprietor | <input type="checkbox"/> Trust | <input type="checkbox"/> HUF |
| | <input type="checkbox"/> Society | <input type="checkbox"/> Section 25 Company | <input type="checkbox"/> Others |
| Name of the Org./Business | <input type="text"/> | | |
| Income(Annual) | <input type="text"/> | | |
| Are you a Politically Exposed Person (Proposer/Primary Annuitant)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Do you wish to share portfolio/fund details with your advisor/ agent? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | (Default value will be taken as No if left blank.) |
| Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, example, Heads of State or of Governments, senior politicians, senior government / judicial / military officials, senior executives of state owned corporations, important political party officials, etc., including their family members and close relatives. | | | |
| Have you ever been or currently being investigated, charge sheeted, prosecuted or convicted or acquitted or having pending charges in respect of any criminal/civil offences in any court of law in India or abroad? If Yes, give details. | | | |
| | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Address Proof* (Proposer) | <input type="text"/> | | |
| * Residential proof only | | | |
| Other Document | <input type="text"/> | | |

III. Proposer/Policy Owner Electronic Insurance Account (eIA)

- Note: Please note that if you already have an existing Electronic Insurance Account then new eIA will not be created and policies will be credited into your existing electronic insurance account if opted for in point no.3. Also eIA will be opened only if Email, Mobile and PAN is provided in the proposal form.

IV. Details of the Life to be Assured (Please fill section II only if Life to be Assured is different from Proposer)

V. Previous Policy Details (If any)

- \$ Mention year of Lapse/Revival applied for

- | Total Sum Assured of all Inforce Life Insurance policies | Policy no and Name of the Company | Husband's/Parent's Occupation/Income |
|--|-----------------------------------|--------------------------------------|
|--|-----------------------------------|--------------------------------------|

VI. Particulars Of Product Applied For

1. Objective of taking this policy ☐ Saving ☐ Protection ☐ Saving & Protection ☐ Retirement

2. Annuity Plan Details

Product Name: Annuity Option:

Deferment Period (If applicable):

Frequency of Annuity payments: ☐ Yearly ☐ Half-Yearly ☐ Quarterly ☐ Monthly

Annuity Start Date: If you require backdation, please mention date:
(Applicable if "Save the Date" is opted)

Single Premium: (in ₹) Modal Premium: (in ₹)
(As mentioned on Electronic Benefit Illustration (EBI), inclusive of taxes) (As mentioned on Electronic Benefit Illustration (EBI), inclusive of taxes)

Mode of Payment (for regular/limited premium payment) ☐ Yearly ☐ Half-Yearly ☐ Monthly

Premium Payment Term:

Mode of Renewal Payment ☐ Credit Card ☐ Direct Debit ☐ ECS ☐ Cheque/DDCash ☐ Others

Death Benefit payout option (applicable for GPP Flexi) - ☐ Lumpsum ☐ Income

i) If income is opted then proportion of death benefit Income Lumpsum

ii) If Income is opted then mode of income payout ☐ Yearly ☐ Half-Yearly ☐ Quarterly ☐ Monthly

Secondary Annuitant Name (Leave a blank space between First & Last Name) Mr. Ms. Dr.

Secondary Annuitant DOB: Gender of Secondary Annuitant: ☐ Male ☐ Female ☐ Transgender

Relationship with Primary Annuitant: Waiver of Premium: ☐ Yes ☐ No

Address Proof* (Primary Annuitant) Other Document
* Residential proof only

Identity proof (Life Assured) Identity proof Number

Identity proof PAN (Proposer) Income Proof (Secondary Annuitant)
*Applicable only for Passport and Driving licence (Including form 60 if PAN is not available)

Expiry Date*

Existing KYC number (Central KYC registry number, if available)

VII. Nominee Details

Full Name (Leave a blank space between First and Last Name)

DOB Gender ☐ Male ☐ Female ☐ Transgender Relationship with Primary Annuitant

VIII. Appointee Details (If Nominee is less than 18 years, Appointee is mandatory. Appointee MUST be above 18 years of age)

Full Name (Leave a blank space between First and Last Name)

DOB Gender ☐ Male ☐ Female ☐ Transgender Relationship with Nominee

IX. Particulars Of First Premium Deposit

1. Mode of deposit ☐ Cash ☐ Cheque/ DD ☐ Credit Card ☐ Others

2. Amount (in ₹) 3. Bank 4. Cheque/DD No.

5. Is the premium paid by a person other than Proposer (If yes, please submit third party declaration) ☐ Yes (Tick if applicable, default value No)

6. Source of Funds ☐ Salary ☐ Business Income ☐ Sale of Assets ☐ Inheritance ☐ Others Specify

Note: 1. Cheque/DD should be drawn in favour of "ICICI Prudential Life Insurance Co. Ltd." only. Please mention application no. and name of the proposer behind the cheque/DD. 2. In the event of non-realization of first premium deposit, the policy, if issued, shall be treated as cancelled/void from inception. 3. In case of non-acceptance/withdrawal of this application for insurance, the company shall return the first premium deposit without any interest and after deducting the expenses incurred on the medical tests/examination. 4. Kindly submit PAN/Form 60 (as defined under Income Tax Rules, 1962), at the time of applying for the policy. The premium payment can be done only through the acceptable premium collection modes. Where any customer/policyholder wishes or proposes to make any payment in cash, it can be accepted up to the limit of ₹ 49,999/- only at the authorized collection points. In case you opt to pay cash up to an acceptable limit, you are requested to pay cash only at the authorized collection points and not to advisor or employee. The company will not be responsible for any loss in this regard. 5. Please submit a cash authority letter along with the cash if you are depositing the cash through a third party. 6. Payments made through credit cards can be accepted only if the card is issued in the name of the relevant proposer/policy holder.

X. Payout Mode (Choose any one mode only)

Mode selected would be used by the company to make payout(s) to the Proposer. Payout would be in accordance and subject to the terms and conditions of the policy.

1. Mode of deposit ☐ ECS ☐ Direct Credit (Select Banks only) ☐ NEFT 2. Account Type ☐ Current ☐ Savings

3. Bank Name 4. Bank Branch

5. Account Number 6. MICR Code

7. IFSC Code

Note: 1. Please provide a cancelled copy of your cheque if any of the above payout option is selected. 2. In case of non credit to my bank account with/ without assigning any reasons there of or if the transaction is delayed or not effected at all for reasons of incomplete/ incorrect information, I would not hold ICICI Prudential Life Insurance Co. Ltd. responsible. 3. Further, the Company reserves the right to use any alternative payout option in spite of opting for Direct Credit option.

Signature of Proposer

XI. HEALTH DECLARATION

Applicable for products as permitted under Board Approved Underwriting Policy (BAUP)

Have you ever suffered or are suffering from or been advised to undergo regular medical consultation/ investigations or treatment or hospitalization for any of the following? ☐ Yes ☐ No

• Diabetes or Hypertension • Lung related ailments • Chest pain/Heart attack/any other Heart related ailments • Physical deformity/disability or defect • Nervous disorders/Stroke/Paralysis/Epilepsy • Cancer or tumor of any kind • Mental or Nervous disorders • Kidney related ailments • Any other disorder/medical condition not mentioned above.

If Yes, please provide the details

XII. DECLARATION & AUTHORIZATION

I/We declare that I/we have answered all the questions in the proposal form and have duly signed it after understanding its contents. I/ We have fully understood the nature of the questions and the importance of disclosing all material information while answering such questions. I/We declare that the answers given by me/us to all the questions in the proposal form and the information given to ICICI Prudential Life Insurance Co. Ltd. are true and complete in every respect and that I/we have not withheld any material information or suppressed any material fact. I/ We have made no statement to the Insurance Advisor or any other person associated with the Company which in any way modifies the answer given by me/ us in this proposal form. I/We undertake to notify the Company of any change in the information given by me/ us in the proposal form subsequent to the signing of this proposal form and before the receipt of the policy document. I/We also understand that the premium and the benefits payable under the Policy are subject to taxes/ duties/ charges in accordance to applicable laws. I/We confirm that all premiums will be paid from bonafide sources. I/We hereby authorize ICICI Prudential Life Insurance Co. Ltd. to send all service related communications to the contact details registered with the company. I/we agree and authorize the Company, for the purpose of processing of this Proposal or servicing of the resulting policy, to verify/share relevant information provided herein on confidential basis within ICICI group and/or third party agencies. This proposal form shall be a part of the life insurance policy contract, in case of its acceptance by the Company. I/we agree that the PAN details and other information provided by me/us in the proposal form maybe used by the Company to download/verify/register/update my/our KYC documents on/from the CERSAI* CKYC portal for processing this application and for any servicing, claims and other requests. I/We understand that only the acceptable officially valid documents would be relied upon for processing this application, any servicing, claims and other requests. (*Central Registry of Securitisation and Asset Reconstruction and security Interest of India.) I hereby consent to receiving information from Central KYC Registry through sms/ email on the above registered number/email address. I understand that in case of fraud or misstatement by me/us, the policy shall be treated by the Company in accordance with Section 45 of the Insurance Act, 1938 as amended from time to time.

Date

Place

Signature / Thumb
impression of Proposer

Signature / Thumb impression
of Primary Annuitant
(TO BE SIGNED ONLY
IF DIFFERENT
FROM PROPOSER)

XIII. DECLARATION

(If signed in Vernacular language/ If you have affixed a Thumb impression above/ proposal form is filled by person other than Primary Annuitant or Proposer)

Applicable where the Proposer is illiterate or is suffering from disability that restricts the proposer to provide consent/ signature in the proposal form or where the Proposer has signed in vernacular language. (Note: The below must be witnessed by someone other than the advisor /employee of the Company)

I, (full name of the declare) _____ hereby declare that I have explained the contents of the proposal form to the Primary Annuitant/ Proposer in _____ language and that I have read out the answers to the questions explained by me to the Primary Annuitant/ Proposer and that the Primary Annuitant/ Proposer has/ have put his/ her thumb impression after fully understanding the contents thereof.

Date

Place

Signature of Declarant

I/We certify that the contents of the proposal form have been clearly explained to me/us and I/we have fully understood them. I/ We further certify that the replies in the proposal form have been recorded as per the information provided by me/us.

Date

Place

Signature/ thumb impression of Primary Annuitant/
Proposer signing in vernacular language

XIV. THE INSURANCE LAWS (AMENDMENT) ACT, 2015

Section 39 Nomination by policyholder: (1) The holder of a policy of life insurance on his own life may, when effecting the policy or at any time before the policy matures for payment, nominate the person or persons to whom the money secured by the policy shall be paid in the event of his death: Provided that, where any nominee is a minor, it shall be lawful for the policyholder to appoint any person in the manner laid down by the insurer, to receive the money secured by the policy in the event of his death during the minority of the nominee. (2) Any such nomination in order to be effectual shall, unless it is incorporated in the text of the policy itself, be made by an endorsement on the policy communicated to the insurer and registered by him in the records relating to the policy and any such nomination may at any time before the policy matures for payment be cancelled or changed by an endorsement or a further endorsement or a will, as the case may be, but unless notice in writing of any such cancellation or change has been delivered to the insurer, the insurer shall not be liable for any payment under the policy made bona fide by him to a nominee mentioned in the text of the policy or registered in records of the insurer. (3) The insurer shall furnish to the policyholder a written acknowledgement of having registered a nomination or a cancellation or change thereof, and may charge such fee as may be specified by regulations for registering such cancellation or change. (4) A transfer or assignment of a policy made in accordance with section 38 shall automatically cancel a nomination: Provided that the assignment of a policy to the insurer who bears the risk on the policy at the time of the assignment, in consideration of a loan granted by that insurer on the security of the policy within its surrender value, or its reassignment on repayment of the loan shall not cancel a nomination, but shall affect the rights of the nominee only to the extent of the insurer's interest in the policy: Provided further that the transfer or assignment of a policy, whether wholly or in part, in consideration of a loan advanced by the transferee or assignee to the policyholder, shall not cancel the nomination but shall affect the rights of the nominee only to the extent of the interest of the transferee or assignee, as the case may be, in the policy: Provided also that the nomination, which has been automatically cancelled consequent upon the transfer or assignment, the same nomination shall stand automatically revived when the policy is reassigned by the assignee or retransferred by the transferee in favour of the policyholder on repayment of loan other than on a security of policy to the insurer. (5) Where the policy matures for payment during the lifetime of the person whose life is insured or where the nominee or, if there are more nominees than one, all the nominees die before the policy matures for payment, the amount secured by the policy shall be payable to the policyholder or his heirs or legal representatives or the holder of a succession certificate, as the case may be. (6) Where the nominee or if there are more nominees than one, a nominee or nominees survive the person whose life is insured, the amount secured by the policy shall be payable to such survivor or survivors. (7) Subject to the other provisions of this section, where the holder of a policy of insurance on his own life nominates his parents, or his spouse, or his children, or his spouse and children, or any of them, the nominee or nominees shall be beneficially entitled to the amount payable by the insurer to him or them under sub-section (6) unless it is proved that the holder of the policy, having regard to the nature of his title to the policy, could not have conferred any such beneficial title on the nominee. (8) Subject as aforesaid, where the nominee, or if there are more nominees than one, a nominee or nominees, to whom sub-section (7) applies, die after the person whose life is insured but before the amount secured by the policy is paid, the amount secured by the policy, or so much of the amount secured by the policy as represents the share of the nominee or nominees so dying (as the case may be), shall be payable to the heirs or legal representatives of the nominee or nominees or the holder of a succession certificate, as the case may be, and they shall be beneficially entitled to such amount. (9) Nothing in sub-sections (7) and (8) shall operate to destroy or impede the right of any creditor to be paid out of the proceeds of any policy of life insurance. (10) The provisions of sub-sections (7) and (8) shall apply to all policies of life insurance maturing for payment after the commencement of the Insurance Laws (Amendment) Act, 2015 (5 of 2015). (11) Where a policyholder dies after the maturity of the policy but the proceeds and benefit of his policy has not been made to him because of his death, in such a case, his nominee shall be entitled to the proceeds and benefit of his policy. (12) The provisions of this section shall not apply to any policy of life insurance to which section 6 of the Married Women's Property Act, 1874 (3 of 1874), applies or has at any time applied: Provided that where a nomination made whether before or after the commencement of the Insurance Laws (Amendment) Act, 2015 (5 of 2015), in favour of the wife of the person who has insured his life or of his wife and children or any of them is expressed, whether or not on the face of the policy, as being made under this section, the said section 6 shall be deemed not to apply or not to have applied to the policy.

Section 41 Prohibition of rebates: No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.

Section 45 Policy not to be called in question on ground of mis statement after three years: (1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later. (2) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based. Explanation I. – For the purposes of this sub-section, the expression 'fraud' means any of the following acts committed by the insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy: (a) the suggestion, as a fact of that which is not true and which the insured does not believe to be true; (b) the active concealment of a fact by the insured having knowledge or belief of the fact; (c) any other act fitted to deceive; and (d) any such act or omission as the law specially declares to be fraudulent. Explanation II. – Mere silence as to facts likely to affect the assessment of the risk by the insurer is not fraud, unless the circumstances of the case are such that regard being had to them, it is the duty of the insured or his agent, keeping silence to speak, or unless his silence is, in itself, equivalent to speak. (3) Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer. Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive. Explanation. – A person who solicits and negotiates a contract of insurance shall be deemed for the purpose of the formation of the contract, to be the agent of the insurer. (4) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based: Provided further that in case of repudiation of the policy on the ground of mis-statement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation. Explanation – For the purposes of this sub-section, the mis-statement of or suppression of fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer, the onus is on the insurer to show that had the insurer been aware of the said fact no life insurance policy would have been issued to the insured. (5) Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal."

XV. Advisor's Confidential Report (Mandatory for Advisor/AFSM to fill):

I hereby declare that the customer has understood the nature of questions in the proposal form and the importance of disclosing all the material information. I declare the facts disclosed in the proposal form are true and correct to the best of my knowledge and belief. I confirm having verified the identity of the Proposer and Primary Annuitant, source of fund and address of the customer and the proofs submitted along with this form with the original documents.

1. Nature of Work
2. How do you know the Proposer/ Primary Annuitant?
3. How long have you known the Proposer/ Primary Annuitant? (yrs)
4. Is the Proposer/Primary Annuitant related to you? ☐ Yes ☐ No If Yes Give Details
5. Income details of Proposer/ Primary Annuitant (₹ Per annum) Give Details
6. Personal Asset details: (A) House ☐ Owned ☐ Rented ☐ Co. Provided (B) Vehicle ☐ 4 Wheeler ☐ 2 Wheeler ☐ NA
7. General Health details of Primary Annuitant as observed/ informed to you:
Physical Handicap/ Deformity ☐ Yes* Mental Retardation ☐ Yes* History of any Illness/ Surgery ☐ Yes* Medical Investigations done ☐ Yes*
If answer to any of the above questions is yes, please provide details _____
8. Any other risk associated with Occupation, Sports Pursuit or Personal Habits of Primary Annuitant/ Annuitant that could affect the risk in the insurance proposal, please provide details _____
9. Any other material information or facts as regards to the social/ financial status and the source of funds of the proposer which might have any adverse impact on acceptance of the proposal, please provide details _____
10. Is the Proposer a: ☐ Judge ☐ Member of Parliament ☐ Member of state legislature ☐ National / State level office bearer of political party
(*Tick if applicable, default value No)

I hereby confirm that I have received the cheque/DD /Debit authorization from the customer on

Reason for delay in submission to ICICI Prudential (if any) _____

Other Remarks: Material disclosure pertaining to any adverse habit, health or income inconsistency of the prospect

Signature of the Advisor/AFSM

Name and Code No. of the Advisor/AFSM

Date :

Place :



Application No. **WU00865992**

ACKNOWLEDGEMENT SLIP

Received from _____

the proposal for Life Insurance along with ₹ _____ by way of cash/ cheque/ DD No./ credit card/ IVR/ Net banking _____

drawn on _____ at the _____ Branch of ICICI Prudential Life Insurance Company.

Date of cheque/ deposit

Instrument No.

Drawn on/ Issuing Bank

Plan name

Date received

Signature and Rubber stamp of Branch official

FREELOOK PERIOD (30 day refund policy):

- The Freelook period of 30 days starts from the date you receive the policy document.
- During this period you are required to go through documents sent to you in the welcome kit. If you are not satisfied with the same, please return the policy document to the Company along with a request for cancellation within the period mentioned above.
- We will cancel the Policy and return the premium after deducting the stamp duty, expenses borne by the Company on medical examination, if any and fluctuation in NAV.

PLEASE NOTE:

In case of payments by Cheque / Demand Draft, please draw the instrument in favour of "ICICI Pru Life Application No. _____"

1. Any Cheque / Cash / Demand Draft payment made shall be deemed to be received by ICICI Prudential Life Insurance Co. Ltd. only when the same has been received by any office or collection point and after an official receipt is issued by the Company.
2. Should you choose to pay premium by Cash, you are advised to do so only at the nearest ICICI Prudential Life Insurance Co. Ltd. Branch or its authorized collection points. Handing over cash to any Advisor / Employee is solely at your own risk and the Company shall in no way be held responsible for any loss in this regard.
3. This acknowledgment slip does not in any way communicate acceptance or commencement of risk under the application submitted by you. This is only an acknowledgment slip and is not the premium receipt. This acknowledgment slip should not be used for Income Tax purposes.
4. The premium receipt shall be issued once the Company accepts the risk on your life and the amount deposited is applied to your policy as premium.
5. In case you do not receive the Policy Document within 17 days of completing all your requirements, please contact us on our customer service helpline.

CONTACT US



Visit us at
www.iciciprulife.com



Call us on:
1800 2660*



Write to us at our
Communication Address



E-mail us at
lifeline@iciciprulife.com

Call Centre Timings:

10 am. to 7 pm. IST Monday to Saturday, except National holidays. *When calling our customer service, please do not prefix "+" or "91" or "00" before the number. International Customers can call +91 80-6938-5555. Charges as applicable.

Communication Address:

ICICI Prudential Life Insurance Company Limited, Unit No. 901A, 901B, 1001A & 1002B, Prism Towers, Mindspace, Link Road, Goregaon (West), Mumbai - 400 104.