

PAYMENT DETAILS:

- Please take due care and caution to ensure that the bank related information is filled correctly.
- Payout will be done through Direct Credit (direct transfer to your bank account)
- This electronic mandate request will apply to all policies held by you with ICICI Prudential where no mandate is attached.
- Where the first premium is paid via electronic mode (online/debit card, credit card etc.), in case of cancellation of policy, the refund amount shall be credited to the source from where amount is received. This is subject to realisation of the amount by the Company.

Name of Proposer as in the Bank Account

* Where the policy is absolutely assigned the payout will be processed in favor of the Assignee

Bank Name

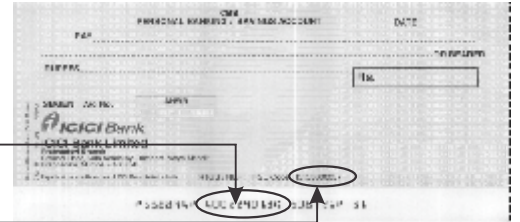
Branch Name

Bank Account Number

Bank Account Type Savings Current

MICR Code (You can get this code from your cheque book)»

IFSC Code (You can get this code from your bank)»



Note:

- I understand that any payout under the policy shall be in accordance with the policy terms and conditions.
- Any payout under the policy shall be made after, realisation of the last renewal premium payment.
- I hereby declare that the particulars given in this form are true, correct and complete in all aspects.
- I take full responsibility of accuracy and correctness of the details filled herein.
- If the transaction is delayed or not effected at all or is effected in some other account for any reasons due to incomplete or incorrect information given by me, I shall not hold the company responsible in any manner whatsoever.
- Further, I undertake that I shall not hold the Company responsible for non receipt of payment by me due to wrong/ incorrect/ incomplete information given by me in this form.
- I also understand and agree that the Company reserves the right to use any alternative payout option.

Signature of Proposer

Signature of Proposer

Signature of Assignee

Signature of Assignee

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

FOR OFFICE USE ONLY:

ER Request submitted by C S CR CS

Spaarc Call ID _____ Date

Received by _____

Emp ID & Name _____

Sign & Date _____



Kindly call our Customer Service Number 1860-266-7766 (local charges apply)
Call Center timings: 9.00 A.M. to 9.00 P.M. Monday to Saturday (except national holidays)



Communication Address

ICICI Prudential Life Insurance Company Ltd., Vinod Silk Mills Compound, Chakravarthy Ashok Nagar, Ashok Road, Kandivali (E), Mumbai 400 101.