8M PAYOUT REQUEST (OTHERS)			OICICI PRUDENTIAL			
Policy Number			Date D D M M Y Y Y Y			
Name of Proposer			Last Name			
Contact Nos. STD Residence	STD	Office	Ext. ISD Mobile			
Email Id						
All fields are mandatory. (At least one contact no. is manda used for all future communications)	tory for processing the r	equest. The contact no	. mentioned above will be updated in our records and will be			
ENTITY DETAILS						
Entity Type Individual Non Individual						
Entity Regulations (If any) Non Profit Organization	Regulated by RBI /	SEBI / IRDA 0t	thers Not Applicable			
pm IST the next declared NAV will be applicable. Where the policy is assigned, this request would be processed. All communication will be sent to the mailing address registe. Documents required for ANY withdrawal transaction: 1. Self. Payout will be made in Savings Accounts only. Bank account number provided in this form should match wit. I/We further confirm that the account details provided herein. NRE payouts will be processed by cheque only. I/We understand and agree to inform ICICI Prudential with an to any reason, however, ICICI Prudential shall retain the right submitted 6 weeks in advance, then any payments falling duregistered with us. This mandate shall be then for future payor. I/We understand and agree that for cases where the payout volume is the policy Assigned? Yes No	am IST on a weekday (Mored only on receiving conseived with us. The Company attested photo ID proof 2. Such the account number appare not pertaining to NRE and advance notice of 6 weeks to accept/reject this in case in the interim period shall nents, if any.	nt / no objection from the A will not be liable for any lo Signed cancelled cheque 3 earing on the cheque. The account. s; in case I/we desire to cl se the revised bank detail be processed and sent by	oss arising from non receipt of communication. 3. Original Policy Certificate. account number must be pre-prlinted. hange my bank details or withdraw the current mode of payment due is are not enabled under this NEFT Framework. In case details are not y the Company by way of cheque at your communication address last			
If Yes, Name of the Assignee						
PRE-ISSUANCE CANCELLATION Application Number						
FREELOOK						
Reason for Freelook cancellation						
Freelook option executed for Change in Product	Change in the Policy	Feature Policy ca	ancellation & Refund f this option please complete the payment			
Documents Submitted Welcome Kit / Policy do	cument		n this option please complete the payment on the reverse side of the form)			
In case of Product & feature change, please complete the ta	able below:					
Name of New Product	Sum Assured	Term	Premium Payment Mode			
Funds required:						
Name of New Product	Percentage	I understand that sub	omission of this request does not mean that my request will			
			stand that as per the underwriting norms of the Company, result in postponement, decline, charging of revised			
		premium or asking fo	or additional requirements. Any fluctuations in the NAV as			
Total	100%	a result of the Freelo	ok change/ refund will be borne by the policyholder.			
Is there any change in the information given by you with resp till the date of submitting this form? If yes, please provide details of the changes	ect to the Life Assured f	om the date of signing t	the proposal form for the above policy Yes No Page 1			
ACKNOWLEDGEMENT SLIP						
This is to acknowledge the receipt of application for: Pre-Issuance Cancellation Freelook Cancellation						
Policy Number Date DDMMMYYYYY						
Documents Submitted Welcome Kit / Policy document Self Attested Photo ID Signed Cancelled Cheque						
	t Self Attested Ph	noto ID Signed Ca	·			

Please take due care and caution to ens	ure that the bank related information is fille	d correctly	
 Payout will be done through Direct Cred This electronic mandate request will ap Where the first premium is paid via elec 	it (direct transfer to your bank account) ply to all policies held by you with ICICI Pru	dential where no mandate is attached. etc.), in case of cancellation of policy, the refund a	amount shall be credited to the
Name of Proposer as in the Bank Account			
* Where the policy is absolutely assigned the	payout will be processed in favor of the Assig	nee	
Bank Name			
Branch Name			
Bank Account Number		PARACIAL MARKING	AS ANN MESS MODERNY DATE
Bank Account Type Savings	Current	FIREMAN,	Tax.
MICR Code	(You can get this code from you	ur cheque book)»	
IFSC Code	(You can get this coo		COMULESC SIL
I take full responsibility of accuracy and co If the transaction is delayed or not effected company responsible in any manner whats	at all or is effected in some other account for sever.	any reasons due to incomplete or incorrect informati	on given by me, I shall not hold the
I also understand and agree that the Comp	any reserves the right to use any alternative pa		
			Signature of Assignee
I also understand and agree that the Comp Signature of Proposer DECLARATION	Signature of Proposer uffering from disability due to which writing is loyee of the Company.	Signature of Assignee restricted or the proposer has signed in vernacular I (Relation with Proposer)	Signature of Assignee anguage. Note: Must be witnessed
Signature of Proposer DECLARATION Applicable when the Proposer is illiterate or so by someone other than the advisor/agent/empl (Full name of Witness) and inhabitant of (Address)	Signature of Proposer uffering from disability due to which writing is loyee of the Company.	Signature of Assignee restricted or the proposer has signed in vernacular I (Relation with Proposer)	Signature of Assignee anguage. Note: Must be witnessedadult
Signature of Proposer DECLARATION Applicable when the Proposer is illiterate or so by someone other than the advisor/agent/empl (Full name of Witness) and inhabitant of (Address)	Signature of Proposer uffering from disability due to which writing is loyee of the Company.	Signature of Assignee restricted or the proposer has signed in vernacular I (Relation with Proposer)	Signature of Assignee anguage. Note: Must be witnessed adult do hereby
Signature of Proposer DECLARATION Applicable when the Proposer is illiterate or so by someone other than the advisor/agent/emplicable when the Proposer is illiterate or so by someone other than the advisor/agent/emplicable when the read and explained the condition of the condi	Signature of Proposer Uffering from disability due to which writing is loyee of the Company. tents of this form to the Proposer and he/she/t	Signature of Assignee restricted or the proposer has signed in vernacular I (Relation with Proposer) they have understood the same.	Signature of Assignee anguage. Note: Must be witnessed adult do hereby

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