## PAYOUT REQUEST FOR SURRENDER **Policy Number** Date Name of Annuitant Mr./Ms./Mrs First Name Contact Nos. Email Id Is this Policy Assigned? **Assignee Name** Mr./Ms./Mrs **FULL SURRENDER Documents Submitted:** Welcome Kit / Policy document / Certificate of Insurance Reason for Full Surrender Moving out of India Critical illness Note: Amount payable on Surrender / Full Withdrawal of the units shall be as per the policy terms & conditions. The Surrender / Full Withdrawal of the units will result in termination of the policy and all rights / title and interest under the policy shall stand extinguished. If Critical illness, then Cancer of Specified Severity Heart Attack Open Chest CABG: Kidney Failure Requiring Regular Dialysis: Stroke Resulting In Permanent Symptoms: Major Organ/ Bone Marrow Transplant Permanent Paralysis of limbs **ACKNOWLEDGEMENT SLIP** This is to acknowledge the receipt of application for: Partial Withdrawal (Amount. ₹\_ Surrender **Policy Number** Form Generation Date STAMP Surrender Request Date Spaarc Call ID 8 TIME Welcome Kit / Policy document Self Attested Photo ID Signed Cancelled Cheque Received By **CONTACT US** Visit our website: Email us at: Write to us at our Call us at: www.iciciprulife.com myannuity@iciciprulife.com 1860 266 1999\* **Communication Address** \*Call us at 1860 266 1999 (local charges apply) – for Group Annuity queries please select option 1 from the main menu. Please do not prefix "+" or "91" or "00" before the number. Call Center timings: 10.00 A.M. to 7.00 P.M. Monday to Saturday (except national holidays). **Communication Address** Group Annuity Helpdesk: ICICI Prudential Life Insurance Company Limited, Unit No. 901A, Prism Towers, Mindspace, Link Road, Goregaon (West), Mumbai - 400 104. Comp code: Comp/doc/Nov/2017/0554