GROUP SUPERANNUATION SCHEME CLAIM INTIMATION FORM	LIFE INSURANCE
Policy Number Name of th	ne Trust:
Type of Claim (please tick one) Normal Retirement Equitable Transfer	Early Retirement Resignation Death
Name of the member :       Salutation   First Name	
Employee ID:	PAN Number (mandatory):
Date of leaving/death: $D D M M Y Y Y Y$	form)
Cause of Death:	
DETAILS OF WITHDRAWAL OF UNITS: (ONLY IN CASE OF DEF	NED BENEFIT SUPERANNUATION SCHEMES):
Plan	Withdrawal (%) basis
Group Short Term Debt Fund	
Group Debt Fund	
Group Balanced Fund	
Group Growth Fund Group Capital Guarantee Short Term Debt Fund	
*Please tick the appropriate option below (the options are governed by the	Pulse of the Schemelu
	through ICICI Pru Life 1/3 of value of units to be paid in lumpsum (commutation) nrough ICICI Pru Life 1/2 of value of units to be paid in lumpsum (commutation) on through ICICI Pru Life
Specify name of Payee for payment	
B. Open Market Option** or Transfer to the new Fund***	
Specify name of insurance company / new fund for payment	
<ul> <li>C. Transfer of superannuation fund to NPS</li> <li>POP (Name of POP) Collection Account-NPS Trust</li> <li>PRAN (12 Digit No.)</li> </ul>	
<ul> <li>D. Equitable Transfer documents required:</li> <li>Transfer request letter from the client &amp; new trust</li> <li>Bank A/C details of new trust</li> </ul>	
TDS applicable on commuted value and first year annuity paymen	t (to be provided by trust for TDS deduction
Tax Regime Type: New Tax Regime Old Tax Regime	
Net taxable income	Income tax deducted till date $\Box \Box \Box M M Y Y Y$
TDS applicable on commuted value and annuity payments:	
	It the above information id not submitted first (separation) year as per the above mentioned rate or maximum slab (as vould be treated as sole income for calculating TDS and tax would be applied
• The tax rate levied has been applied as per the meaning given i	n the TDS agreement between the trust and the company.
C. DETAILS OF BENEFICIARY IN CASE THE CLAIM IS ARISING DUE	TO DEATH
Full Name of the Beneficiary	Surname
Full Name of the bank:	Branch: Branch:
A/C no.:	tte of birth: DDMMYYYYY Gender: Male Female
Specify age proof (Please attach with this form): Birth certificate	Passport School College extract
Employer's certificate: PSU Govt company	Public Ltd company

DETAILS OF IMMEDIATE PENSION WHERE OPTION CHOSEN IS A (I)
Annuitant's Full Name
Salutation First Name Surname
Full Name of the bank:          Branch:
A/C no.:         D         D         M         Y         Y         Y         Gender:         Male         Female
Specify age proof (Please attach with this form): Birth certificate Passport School College extract
Employer's certificate: PSU Govt company Public Ltd company
ANNUITY PAYMENTS:
Frequency of pension payment Monthly Quarterly Half yearly Yearly
ANNUITY OPTIONS - (Please tick the appropriate box)
Life annuity Life annuity with return of premium
Joint life last survivor (JLSS) (This option is applicable only when annuitant has spouse at time of commencement of pension.
Joint life last survivor with return of Purchase price (JLSS) (This option is applicable only when annuitant has spouse at time of
image: commencement of pension.)         image: Life annuity guaranteed for 5 years and life thereafter
Life annuity guaranteed for 10 years and life thereafter
Life annuity guaranteed for 15 years and life thereafter
Life Annuity with Return of 50% Purchase Price
Life Annuity with Return of 75% Purchase Price
Life Annuity with Return of Balance Purchase Price
Life Annuity Guaranteed for 5/10/15 years and payable for life thereafter
Life Annuity with Return of Purchase Price on Critical illness (CI) or Permanent Disability due to accident (PD) or Death
Life Annuity with annual increase of 5%
Joint Life, Last Survivor with Return of Purchase Price in parts
Address for communication:
City :         Image: State :<
Landline number :      Mobile number :
Landline number :       Mobile number :       Image: Constraint of the second s
Alternate Mobile number* :
Alternate Mobile number*:   Email id (Personal):   Image: Alternate Mobile number   Name of the spouse (In case of JLSS Policy)   Image: Solutation   First Name   Salutation   First Name   Surname   Date of birth of spouse (in case of JLSS policy)   Image: Delta of birth of spouse (in case of JLSS policy)     Image: Delta of birth of spouse (in case of JLSS policy)   Delta of birth of spouse (in case of JLSS policy)   Image: Delta of birth of spouse (in case of JLSS policy)   Delta of birth of spouse (in case of JLSS policy)   Image: Delta of birth of spouse (in case of JLSS policy)   Delta of birth of spouse (in case of JLSS policy)   Image: Delta of birth of spouse (in case of JLSS policy)   Spouse Email id:   Image: Delta of birth of spouse (in case of JLSS policy)   Delta of birth of spouse (in case of JLSS policy)   Image: Delta of birth of spouse (in case of JLSS policy)   Delta of birth of spouse (in case of JLSS policy)   Image: Delta of birth of spouse (in case of JLSS policy)   Delta of birth of spouse (in case of JLSS policy)   Image: Delta of birth of spouse (in case of JLSS policy)   Delta of birth of spouse (in case of JLSS policy)   Image: Delta of birth of spouse (in case of JLSS policy)   Delta of birth of spouse (in case of JLSS policy)   Image: Delta of birth of spouse (in case of JLSS policy)   Delta of birth of spouse (in case of JLSS policy)   Image: Delta of birth of spouse (in case of JLSS policy)   Delta of birth of spouse (in c
Alternate Mobile number* :     Email id (Personal) :     Name of the spouse (In case of JLSS Policy)     Salutation     First Name     Date of birth of spouse (in case of JLSS policy)     D   M   Y   Y   Spouse Email id :     Birth certificate   Passport   School   College extract
Alternate Mobile number*:     Email id (Personal):     Name of the spouse (In case of JLSS Policy)     Salutation     First Name     Date of birth of spouse (in case of JLSS policy)     D M M Y Y Y   Spouse Mobile number:     Spouse Email id:     Specify age proof of spouse (in case of JLSS policy)     Birth certificate     Passport     School   College extract
Alternate Mobile number* :   Email id (Personal) :   Image: Second Se
Alternate Mobile number*:     Email id (Personal):     Name of the spouse (In case of JLSS Policy)     Salutation     First Name     Date of birth of spouse (in case of JLSS policy)     D M M Y Y Y   Spouse Mobile number:     Spouse Email id:     Specify age proof of spouse (in case of JLSS policy)     Birth certificate     Passport     School   College extract
Alternate Mobile number* :   Email id (Personal) :   Image: Second Se
Alternate Mobile number*:   Email id (Personal):   Email id (Personal):   Name of the spouse (In case of JLSS Policy)   Solutation   First Name Date of birth of spouse (in case of JLSS policy)   Date of birth of spouse (in case of JLSS policy)   Description:   Specify age proof of spouse (in case of JLSS policy)   Birth certificate   Place of Annuity payment:   Regular Cheque   PDC   Electronic Credit   Annuity Card *In case of Electronic Credit please provide the following details   1. MICR Code
Alternate Mobile number*:
Alternate Mobile number* :     Email id (Personal) :     Name of the spouse (In case of JLSS Policy)     Solutation     First Name     Date of birth of spouse (in case of JLSS policy)     Date of birth of spouse (in case of JLSS policy)     Date of birth of spouse (in case of JLSS policy)     Def and the spouse (in case of JLSS policy)     Barth certificate     Passport     School   College extract     (Please attach with this form)   Mode of Annuity payment:   Regular Cheque   PDC   Electronic Credit Please provide the following details     1. MICR Code     2. IFSC Code     BANK DETAILS:   Bank Name:     Contact no of Bank Branch:     STD
Alternate Mobile number*:   Email id (Personal):   Image: Alternate Mobile number*:   Alternate Mobile number*:   Image: Alternate Mobile number*:   Name of the spouse (In case of JLSS Policy)   Image: Salutation   First Name   Date of birth of spouse (in case of JLSS policy)   Det of birth of spouse (in case of JLSS policy)   Image: Det of birth of spouse (in case of JLSS policy)   Dimage: Mode of Annuity payment:   Regular Cheque   PDC   Electronic Credit   Annuity Card   *In case of Electronic Credit please provide the following details   1. MICR Code   Image: Mode   Stduction   Stduction Stduction Stduction Stduction Please provide the details of beneficiary where the option is Annuity with return of purchase price:
Alternate Mobile number* :     Email id (Personal) :     Name of the spouse (In case of JLSS Policy)     Solutation     First Name     Date of birth of spouse (in case of JLSS policy)     Date of birth of spouse (in case of JLSS policy)     Date of birth of spouse (in case of JLSS policy)     Def and the spouse (in case of JLSS policy)     Barth certificate     Passport     School   College extract     (Please attach with this form)   Mode of Annuity payment:   Regular Cheque   PDC   Electronic Credit Please provide the following details     1. MICR Code     2. IFSC Code     BANK DETAILS:   Bank Name:     Contact no of Bank Branch:     STD
Alternate Mobile number*:
Alternate Mobile number*:
Alternate Mobile number*:
Alternate Mobile number* :
Alternate Mobile number* :

Details of the Appointee (who should be a major) whenever beneficiary is a minor: Full Name of the Appointee:											
Salutation First Name		Surno	ime	_							
Relationship of appointee with beneficiary:											
Date of birth: D D M M Y Y Y Y M Mobile number	r:										
Email id:											
Acceptance & Sign of Appointee:											
We are aware that ICICI Prudential has a right to call for further information/documents for verification,	inclu	dina	conf	irm	atio	on fr	om	the	Tru	ste	es.
Signature of the Employee:											
We (name of the Trust) understand and agree that ICICI Prudential Life Insurance Compo in relation to the above claim upon the payment of the Claim moneys in case of acceptance of the clai						ed o	fall	liał	oiliti	es	
Please affix ₹ 1/- revenue stamp & sign across the stamp		Г								_	
			9	Star	mp	of t	he 1	Trus	t:		
Signature of the authorized signatory Name of the signatory:		L									
	-	) at a					~			-	
Place:		Date	. []		IVI	IVI	Ť	r r	ľ		
Signature of the Member/Beneficiary:											
<ul> <li>Instructions:</li> <li>1. The units to be withdrawn for the claim payment will be computed by using the NAV on the day of receipt of cl whichever is later.</li> <li>2. Applicable charges will be deducted from Payment.</li> <li>3. Eligibility to receive benefits must be confirmed by the Employer/ Trust</li> <li>4. Eligibility to receive benefit, nature of benefit and type of pension are governed by the Rules of the Scheme of t</li> <li>5. Pension will be paid always in arrears.</li> <li>6. Pension will be paid by an account payee cheque. However the Company has the right to introduce new modes</li> <li>1. ICICI Prudential Life Insurance Company Ltd shall require survival proof from the Annuitant at least once a yea</li> <li>8. Submission Methods: You can submit the form by any of these convenient methods :</li> <li>• By email - Please submit the form online by logging into www.icciprulife.com OR kindly submit the form to the official email id of the authorized signatory.</li> <li>• By Fax - Please fax the form to Group Service at fax no. 022 4038 8199</li> <li>• By Courier - Please courier the form to :</li> <li>ICICI Prudential Insurance Company Limited, Group Service Desk, Unit 1A &amp; 2A, Raheja Tipco Plaza, Rani Sati Marg, Malad (East), Mumbai-400097.</li> <li>9. The claim cheque would be dispatched to the last address recorded by us</li> </ul>	he Tru s of pa ır	ıst. aymei	nt							rom	
10. For any assistance kindly write to us at mysuperannuation@iciciprulife.com											
<ol> <li>ICICI Prudential Life Insurance Company shall be discharged of all liabilities in relation to the above claim upon mentioned above.</li> </ol>	receip	ot of o	claim	am	ount	t by	the	paye	ee		
<ol> <li>Investments are subject to market risks</li> <li>Insurance is the subject matter of the solicitation</li> </ol>											
14. Tax benefits are as per the Income Tax Act, 1961, and are subject to amendments made thereto from time to ti	me.										
*ICICI Prudential shall process the claim on the basis of the information provided in this claim form without any verificat the same with the Trust Rules.	tion as	s to th	e app	olica	bility	y an	d/or	corr	ectn	ess	of
** As per IRDAI (IRDAI (Unit Linked Insurance Products) Regulations, 2019, currently 50%, of the entire proceeds of t case the annuitant opts for purchase of annuity from other insurance company under "open market option". ICICI Pru responsible for completing the formalities / documentation or any other requirement in this case. ***Payment will be made in favor of the insurance company opted by the annuitant for purchase of annuity or shall be	dentia	al Life	Insu	ranc	ce Co	omp	any	Ltd	will ı	not	be
the member.					1-1-1-1			, u.	P		.,
ICICI Prudential Life Insurance Company Limited. Registered Address: - ICICI PruLife Towers, 1089 Appasaheb Marat Regn No. 105. CIN:L66010MH2000PLC127837. Call us on 1800-266-1999 (10am-7pm, Monday to Saturday, except from India). Trade Logo displayed above belongs to ICICI Bank Ltd & Prudential IP services Ltd and used by ICICI Pruder Comp code: COMP/DOC/Jul/2024/117/6601.	nation	nal ho	liday	s an	nd vo	alid o	only	for c	alls	ma	de