

8M PAYOUT REQUEST (OTHERS)

Policy cancellation during the freelook period is chargeable. Premium paid will be refunded to your account after (1) deduction of stamp duty, expenses borne by us for conducting medical tests, if any and (2) adjustment for NAV fluctuations (if any) or deduction of proportionate risk premium, for ULIP and Term/Endowment Policy, respectively.

Policy Number Date

Name of Proposer

Contact Nos.

Email Id

All fields are mandatory. (At least one contact no. is mandatory for processing the request. The contact no. mentioned above will be updated in our records and will be used for all future communications)

ENTITY DETAILS

Entity Type ☐ Individual ☐ Non Individual

Entity Regulations (If any) ☐ Non Profit Organization ☐ Regulated by RBI / SEBI / IRDA ☐ Others ☐ Not Applicable

IMPORTANT GUIDELINES:

- The Policyholder is required to personally visit the branch for submitting this request.
- If the request for Unit Linked Product is received up to 3:00 pm IST on a weekday (Mon-Fri), the same day's NAV will be applicable. However, if the application is received after 3:00 pm IST the next declared NAV will be applicable.
- Where the policy is assigned, this request would be processed only on receiving consent / no objection from the Assignee of the policy.
- All communication will be sent to the mailing address registered with us. The Company will not be liable for any loss arising from non receipt of communication.
- Documents required for ANY withdrawal transaction: 1. Self attested photo ID proof 2. Signed cancelled cheque 3. Original Policy Certificate.
- Payout will be made in Savings Accounts only.
- Bank account number provided in this form should match with the account number appearing on the cheque. The account number must be pre-printed.
- NRE payouts will be processed by cheque only.

Is this policy Assigned? ☐ Yes ☐ No

If Yes, Name of the Assignee

PRE-ISSUANCE CANCELLATION

Application Number

Reason for Pre-issuance cancellation ☐ Not happy with the revised premium/ offer ☐ Unhappy with medical test centre service ☐ Personal reasons

☐ Unhappy with the service of Web aggregators/ Partners ☐ Unhappy with ICICI Pru Life service ☐ Product features and requirements not explained

☐ Plan change through new application ☐ Purchased other insurance company product

Note: If you want to cancel the policy taken under NPS (National Pension Scheme), the money will be transferred to the CRA (Central Recordkeeping Agency) from whom the money was received.

FREELOOK

Reason for Freelook:

☐ Policy sold as FD/ other financial instrument ☐ Policy feature / Charges & Exclusions not explained ☐ New policy issued without customer consent (Fraud)

☐ Medical emergency ☐ Investment in Property/MF/FD/Other insurance company ☐ Child's marriage/education ☐ Changed my decision/ not interested in the product

Freelook option executed for ☐ Change in Product ☐ Change in the Policy Feature ☐ Policy cancellation & Refund (Incase of this option please complete the payment details on the reverse side of the form)

☐ NPS* (National Pension Scheme)

*For NPS policies, amount (post deductions) to be transferred to _____ (ASP – Annuity Service Provider).

Cheque will be issued in the name of the ASP – Annuity Service Provider mentioned here.

Documents Submitted ☐ Welcome Kit / Policy document

In case of Product & feature change, please complete the table below:

Name of New Product	Sum Assured	Policy Term	Premium Payment Term	Premium Payment Mode

Please select Portfolio Strategy ☐ Life Cycle based Portfolio Strategy ☐ Fixed Portfolio Strategy*

*For Fixed Portfolio Strategy please provide

Name of New Fund	Percentage
Total	100%

I understand that submission of this request does not mean that my request will be accepted. I understand that as per the underwriting norms of the Company, the decision might result in postponement, decline, charging of revised premium or asking for additional requirements. Any fluctuations in the NAV as a result of the Freelook change/ refund will be borne by the policyholder.

*For product change cases, further verification may not be conducted. The above shall be considered as the consent for issuance of the policy.

I would like to opt for Automatic Transfer Strategy** ☐ Yes ☐ No

From	To (any one)	Amount ` (per month)	Transfer date
Debt Fund Name#	Equity Fund Name#	Min ₹ 2000#	<input type="checkbox"/> 1 st of the Month <input type="checkbox"/> 15 th of the Month

**Automatic Transfer Strategy (ATS) is available only in select products. #Refer product brochure for more details.

Is there any change in the information given by you with respect to the Life Assured from the date of signing the proposal form for the above ☐ Yes ☐ No

If yes, please provide details of the changes _____

Post Issuance - Policy Cancellation (Saral Jeevan Bima)

☐ Single Pay (Customer can cancel the policy anytime after the policy is issued) ☐ Limited pay (Customer can cancel the policy only after payment of 2 full years premiums)

ACKNOWLEDGEMENT SLIP

This is to acknowledge the receipt of application for: Pre-Issuance Cancellation ☐ Freelook Cancellation

Policy Number Date

Documents Submitted ☐ Welcome Kit / Policy document ☐ Self Attested Photo ID ☐ Signed Cancelled Cheque

Received By

STAMP & TIME

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

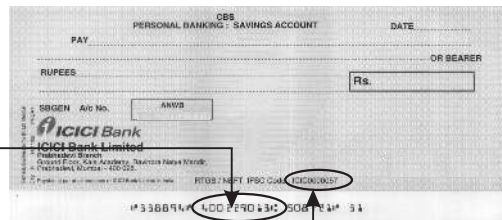
Branch Name

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.
- I/We further confirm that the account details provided herein are not pertaining to NRE account.
- I/We understand and agree to inform ICICI Prudential with an advance notice of 6 weeks; in case I/we desire to change my bank details or withdraw the current mode of payment due to any reason, however, ICICI Prudential shall retain the right to accept/reject this in case the revised bank details are not enabled under this NEFT Framework. In case details are not submitted 6 weeks in advance, then any payments falling due in the interim period shall be processed and sent by the Company by way of cheque at your communication address last registered with us. This mandate shall be then for future payments, if any.
- I/We understand and agree that for cases where the payout via NEFT cannot be processed by ICICI Prudential, payout will be processed through cheque.

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Signature of Proposer

Signature of Proposer

Signature of Assignee

Signature of Assignee

List of KYC documents:

- 1) PAN/Form 60 (As applicable under Income Tax Rules); and
- 2) Any one of the officially valid document required; and
 - Passport
 - Driving License
 - Voter's Identity Card issued by Election Commission of India
 - Job card issued by NREGA duly signed by an officer of the State Government
 - Letter issued by the National Population Register containing details of name, address or any other document as notified by the Central Government in consultation with the Regulator
 - Proof of possession of Aadhaar number (to be taken in masked form / take redacted Aadhaar)
- 3) Recent Photograph

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 _____



STAMP & TIME

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Kindly call our Customer Service Number 1800 2660 (Toll-free)
Call Center timings: 10.00 A.M. to 7.00 P.M. Monday to Saturday (except national holidays)



Communication Address

ICICI Prudential Life Insurance Company Limited, Unit No. 1A & 2A, Raheja Tipco Plaza, Rani Sati Marg, Malad (East), Mumbai 400097. COMP/DOC/Mar/2022/173/7675.

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