REQUEST FOR PENSION (ANNUITY) PAYOUT

ICICI PRUDENTIAL LIFE INSURANCE

Policy Number

Name of Policyholder Mr./Ms./Mrs. First Name Surname

Contact Nos. STD Residence STD Office Ext. ISD Mobile

E-Mail ID

Aadhaar Number

PORTION OF YOUR MATURITY AMOUNT THAT YOU WANT TO RECEIVE PENSION FROM

☐ I wish to withdraw _____% of my maturity amount as a lump sum (maximum 33.33% of the maturity amount allowed) and utilize the balance to receive pension.

☐ I wish to receive pension from 100% of my maturity amount.

PENSION OPTIONS TO RECEIVE INCOME (Choose any one)

Sr. No.	Option name	
1	Life annuity without return of purchase amount	☐
2	Life annuity with return of purchase amount	☐
3(a)	Life annuity guaranteed for 5 years and life thereafter without return of purchase amount	☐
3(b)	Life annuity guaranteed for 10 years and life thereafter without return of purchase amount	☐
3(c)	Life annuity guaranteed for 15 years and life thereafter without return of purchase amount	☐
4	Joint life last survivor without return of purchase amount	☐
5	Joint life last survivor with return of purchase amount	☐

Pension payout frequency ☐ Yearly ☐ Half Yearly ☐ Quarterly ☐ Monthly

DETAILS OF NOMINEE (Applicable only if you choose option 2, 3, 4, 5 or 7)

Name Mr./Ms./Mrs. First Name Surname

Date of Birth D D M M Y Y Y Y Relationship with you

Current Address

City PIN Code

State Country

In case of change in address, please submit address proof. The request will be processed on receipt of relevant address proof

Contact Nos. STD Residence STD Office Ext. ISD Mobile

If the nominee is a minor, please name an appointee

Appointee Name Mr./Ms./Mrs. First Name Surname

Relationship of the appointee to the nominee

Current Address

City PIN Code

State Country

In case of change in address, please submit address proof. The request will be processed on receipt of relevant address proof

Contact Nos. STD Residence STD Office Ext. ISD Mobile

Acceptance signature of the Appointee

Signature of Policyholder

SPOUSE DETAILS (Applicable only if you have chosen option 6 or 7)

Name Mr./Ms./Mrs. First Name Surname

Date of Birth D D M M Y Y Y Y

Contact Nos. STD Residence STD Office Ext. ISD Mobile

E-Mail ID

YOUR BANK ACCOUNT DETAILS TO RECEIVE PENSION

Name of Customer .....
(as mentioned in the bank account and printed on your cheque)

Name of Bank .....

Branch Address .....

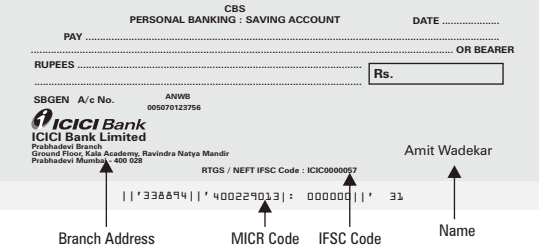
Account Type ☐ Current Account ☐ Saving Account

Bank Account No.

IFSC Code of Bank

MICR Code of Bank

9 digit code as appearing on the Cheque copy issued by bank.



Signature of Policyholder

Place: ..... Date: DD/MM/YYYY

SUBMIT THIS FORM WITH THE FOLLOWING DOCUMENTS:

- ☑ **Cancelled cheque** of your bank account.
- ☑ Signed copy of **identity proof** such as passport, driving license, PAN card etc.
- ☑ Signed copy of your **PAN card**.
- ☑ Signed copy of **address proof** (if you have changed your registered address).
- ☑ Signed copy of **age proof of spouse** such as passport, driving license, PAN card etc. (if you choose joint life pension option).

YOU CAN SUBMIT THIS FORM AND DOCUMENTS THROUGH ANY OF THESE OPTIONS:

Email:
Email the scanned copy of the form and documents to lifeline@iciciprulife.com.

Branch:
Submit the form and documents at any of our branches. To locate the nearest branch, visit www.iciciprulife.com/branchlocator.

Courier: Courier the form and documents to
Pension Department, ICICI Prudential Life Insurance Co. Ltd., Unit No. 1A & 2A, Raheja Tipco Plaza, Rani Sati Marg, Malad (East), Mumbai- 400 097.

ICICI Prudential Life Insurance Company. IRDAI Regn No. 105. CIN:U66010MH2000PLC127837. Registered Address:- 1089 Appasaheb Marathe Marg, Prabhadevi, Mumbai-400025. Comp/doc/Feb/2016/1012.