APPLICATION FOR TRANSFER OF FUNDS

ICICI PRUDENTIAL LIFE INSURANCE

Policy Number | **Policy Name**

Name of Proposer / Assignee
Mr./Ms./Mrs. | First Name | Middle Name | Surname

If your contact details have changed, please update us with the same:

Address

Contact Numbers
STD | Residence | STD | Office | Ext. | Mobile

E-Mail ID

TRANSFER OF FUNDS DETAILS

Reason for Transfer of Funds: (Please tick)

☐ Top Up for another policy ☐ Lapse Reinstatement of another policy ☐ Renewal premium for another policy

☐ Issuance of another policy* ☐ Refund Cheque Resubmitted*

* Issuance of a new policy is only applicable for Pre-issuance & Freelook refund provided that the sourcing agent is same for both the policies

In case of Refund Cheque Resubmitted, please provide the following details:

Cheque No

Cheque Amount

Bank Name & Branch ______________________

A. Application/Policy No (From where the funds will be transferred)	B. Application/Policy No.(To where the funds will be transferred)	Amount (Rs.)

In case of any balance amount payable, we shall transfer the same to the application no. mentioned in column B.
In case you want us to refund the balance amount, then please tick the below option :

☐ Refund the balance amount payable

Please note:

- Transfer of Funds or Refund Cheque resubmitted for issuance of a new policy is not allowed for Misseling/ Surrender/ Partial Surrender Refund.
- Please mention the correct Application/Policy number, wherever applicable.
- Sufficient funds should be available in the Policy from where the funds will be transferred.
- Application/Policy should be of the same customer or he/she should be present in any of the roles.

Disclaimer:

I hereby declare that I have read and understood the contents of this form. I have thereafter applied to the Company for carrying out the transaction indicated by me in the form of tick marks in the relevant boxes.

I understand and agree that in carrying out the above transaction as applied by me, the Company shall be deemed to have carried it out entirely as per my instructions and shall incur no liability whatsoever in that regard.

I also understand and agree that this transaction does not in any way mean that the Company has accepted the risk under the said Application or that the Policy stands issued by the Company.

Signature of Proposer/Assignee*
*in case of absolute assignment

ACKNOWLEDGEMENT OF APPLICATION FOR TRANSFER OF FUNDS

Application / Policy No.

Name of Policy Holder ______________________

Branch Name ______________________

Date D D M M Y Y Y Y

Stamp