

PAYOUT REQUEST FOR SURRENDER



Policy Number Date

Name of Annuitant
Mr./Ms./Mrs First Name Last Name

Contact Nos.
STD Residence STD Office Ext. ISD Mobile

Email Id

Is this Policy Assigned? Yes No

Assignee Name
Mr./Ms./Mrs First Name Last Name

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


Spaarc Call ID _____ Surrender Request Date


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


Received By


STAMP
&
TIME

CONTACT US

 Visit our website:
www.iciciprulife.com

 Email us at:
myannuity@iciciprulife.com

 Call us at:
1860 266 1999*

 Write to us at our
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. 1A & 2A, Raheja Tipco Plaza, Rani Sati Marg, Malad (East), Mumbai 400097. Comp code: Comp/doc/Nov/2017/0554