

POLICY SURRENDER FORM

THINK AGAIN!

Before you surrender this policy, ask yourself....

Am I taking the right decision?

Do I want to withdraw the financial security of my family?

By surrendering this policy, you will lose long term benefits like

☑ Life insurance cover ☑ Opportunity to earn good returns

Name of Proposer				
	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	
ENTITY DETAILS				
Entity Type:	ndividual Non Individual	Residential Status: NRI	RI	
Entity Regulations	lon Profit Organization Regulated by RBI		Applicable	
Have you availed any tax	penefits under 80C/ 80CCC for this policy? (Fo	or NRI customers only) Yes	No	
IMPORTANT GUIDELINES: 1. The Policyholder is required to personally visit the branch for submitting this request. 2. If the request under the 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, then the next declared NAV will be applicable. 3. Where the policy is assigned, this request would be processed only on receiving consent / no objection from the Assignee of the policy. 4. All communications 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. 5. If the applicable is assigned, this request would be processed only on receiving consent / no objection from the Assignee of the policy. 4. All communications 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. 5. If the applicable is assigned premium and surrender is received on the same day, first the policy will be re-instated/Premium allocation will be done and then the surrender will be processed on the next working day and the NAV of the date of processing will be applicable. 6. Amount payable on surrender/ partial withdrawal of the units shall be net of all applicable taxes, and will be charged as per prevailing tax laws. 7. TDS (Tax deducted at Source) provisions are applicable on all taxable payouts under section 194DA (Resident Indians) and 195 (Non-residents) subject to conditions under section 10(10D) for life insurance policies, 10(10A) for communication and other provisions of income lax Act, 1961. TDS credit will not be available to you if valid PAN is not submitted with us. TDS rate will 194A is a validable with us else 20% on total payout under all your taxable policies aggregating \$7,10,000 or more in a financial year. TDS rate will 194Day is a validable with us. TDS rate will 194A is and submitted will not be available to you if valid PAN is not su				
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PAYMENT DETAILS: 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	
Bank Account Number	
Bank Account Type Savings Current NRE NRO Aadhaar linked account**	DATE
Aadhaar Number	PAY OR BEARER
	RUPEES ₹
Branch Name	SBGEN A/c No. ANWB 0010101010000 XYZ Bank
MICR Code (You can get this code from your cheque book)>>	AVZ Bank Limited Addess 1 RTGS / NEFT IFSE Code: AAAA00000000
IFSC Code (You can get this code from your bank)»	,;;;;;; (555555555) 000000 , 00
Note:	
 Please take due care and caution to ensure that the bank related information is filled correctly. Payout will be made in Savings Account 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. 	
 Bank account number provided in this form should match with the account number appearing on the cheque. The account number must be pre-printed This electronic mandate request will apply to all policies held by you with ICICI Prudential where no mandate is currently attached Any payout under the policy shall be made after realization of the last renewal premium payment. 	
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, I shall not We further confirm that the account details provided herein are not pertaining to NRE account and NRE payouts will be processed by cheque only	hold the company responsible in any manner.
 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 cuthe 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. 	
sent at your registered communication address. This mandate shall be used for future payments, if any. 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	
 Further, I undertake that I shall not hold the Company responsible for non-receipt of payment due to wrong/ incorrect/ incomplete information given by me i use any alternative payout option. 	
 I am aware of the FATCA/CRS rules released by Central Board of Direct Taxes incorporated under Section 285BA of The Income Tax Act, 1961 read with ru I am aware that Tax at source, if applicable, will be deducted by the company from the payout amount and I will not hold the company responsible for the statement of the	
 I hereby indemnify the company against any adverse consequences under FATCA/CRS or any other tax regulation. 	
Signature of	Proposer Signature of Assignee
	Giginatal of 7,00,1910
DECLARATION	as signed in companies language. Note: Must be witnessed
Applicable when the Proposer is illiterate or suffering from disability due to which writing is restricted or the proposer has by someone other than the advisor/agent/employee of the Company.	as signed in vernacular language. Note: Must be withessed
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inhabitant of (Address)	with Proposer) adult and do hereby
	do hereby
inhabitant of (Address)	do hereby
inhabitant of (Address)	do hereby
inhabitant of (Address) declare that I have read and explained the contents of this form to the Proposer and he/she/they have understood the sa	do hereby
declare that I have read and explained the contents of this form to the Proposer and he/she/they have understood the sa Signature of Witness Mobile Number of Witness	do hereby
declare that I have read and explained the contents of this form to the Proposer and he/she/they have understood the sa Signature of Witness	do hereby
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inhabitant of (Address)	do hereby me. crc Call ID dest Date STAMP a TIME
declare that I have read and explained the contents of this form to the Proposer and he/she/they have understood the sa Signature of Witness Mobile Number of Witness FOR OFFICE USE ONLY: Form Spaarc Call ID Surrender Spaar Surrender Requirementation Date Received by MANDATORY DECLARATION BY BRANCH OPERATIONS & SALES EMPLOYEE: I hereby confirm that I have explained the benefits of policy continuance & the implications of surrender of the aforementioned policy to the policy holder. BRANCH OPERATIONS EMPLOYEE DETAILS:	do hereby me. crc Call ID dest Date STAMP a TIME
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ICICI Prudential Life Insurance Company Limited. Registered Address: ICICI PruLife Towers, 1089 Appasaheb Marathe Marg, Prabhadevi, Mumbai-400025. IRDAI Regn No. 105. CIN:L66010MH2000PLC127837 Call us on 1860-266-7766 (10am-7pm, Monday to Saturday, except national holidays and valid only for calls made from India). Trade Logo displayed above belongs to ICICI Bank Ltd & Prudential IP services Ltd and used by ICICI Prudential Life Insurance Company Ltd under license. Comp/doc/June/2017/0215.