# APPLICATION FOR ELECTRONIC PAYOUT MODE

ICICI PRUDENTIAL LIFE INSURANCE

**At the time of submitting the form, please provide a copy of Policy holder's (Proposer) self attested photo identity proof & cancelled cheque having A/c No. Additional documents may be required for verification at the discretion of the branch.**

**All future communication will be sent to the mailing address which is registered with us. Please ensure that your correct address is updated with us. The Company will not be liable for any loss arising from non receipt of communication.**

**Policy Number** | | | | | | | | | **Date** D D M M Y Y Y Y

**Name of Proposer** Mr./Ms./Mrs. First Name Surname

**Contact Nos.** STD Residence STD Office Ext. ISD Mobile

**E-Mail ID**

**All fields are mandatory. (Atleast one contact no. is mandatory for processing your request. The Contact details mentioned above will be updated for all future communication)**

## PAYMENT DETAILS

**Please select one of the following payout options:**

☐ Direct Credit (This will be a direct transfer to your bank account) ☐ Cheque Dispatch (Will be sent to the communication address as per Company records)

**Name of Bank Account Holder**

**Bank Name**

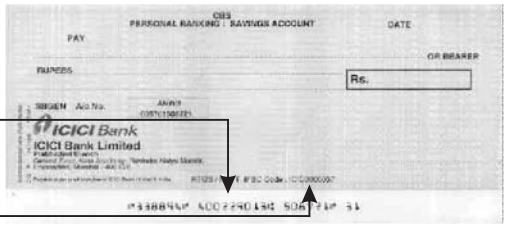
**Branch Name**

**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 and agree that the submission of this form does not mean that the request will be processed. I understand that any payout under the policy shall be strictly in accordance with the policy terms and conditions. Also any payment under shall be subject to 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 genuineness and correctness of the details filled herein.
- If the transaction is delayed or not effected at all for any reasons due to incomplete or incorrect information, I shall not hold the company responsible in any manner whatsoever.
- Further, I understand that the company shall not be held responsible for any non receipt of payment on account of 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.

**Signature of the Proposer**

## FOR OFFICE USE ONLY:

**Spaarc Call ID** **Date** D D M M Y Y Y Y

**Scanning Cabinet** **Received By**

**Remarks**

STAMP & TIME

## ACKNOWLEDGEMENT SLIP

**This is to acknowledge the receipt of application for payout mode:**

☐ **Direct Credit** ☐ **Cheque Dispatch**

**Policy Number** **Date** D D M M Y Y Y Y

**Received By**

STAMP & TIME

**Note:** • Please save this acknowledgement till the transaction is complete. The application will be effected on receipt of this form at an ICICI Prudential authorized centre, subject to terms and conditions mentioned in the policy document. • Please contact any of our touch points to know more about any of the Payout Modes mentioned above.

**For any queries, please call Customer Service Number on 1860 266 7766**
**Call Center Timing 9.00 A.M. to 9.00 P.M. Monday to Saturday (except National holidays). Local charges apply.**