## **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

Policy Number : 17640086  Name of Proposer : SRIKANTH RAMAKRISHNAN	Date : 03/12/2020 Contact No : 9715629664	
Email Id: RSK2008@GMAIL.COM	Is this Policy Assigned?	YES NO
Assignee Name		
ENTITY DETAILS		
Entity Type:	Others Not Applicable	
Residential Status:		
Have you availed any tax benefits under 80C/80CCC for this policy?(For NRI customers only)	☐ Yes ☐ No	
IMPORTANT GUIDELINES:		
<ol> <li>The Policyholder is required to personally visit the branch for submitting this request.</li> <li>If the request under the Unit Linked Product is received up to 3:00 pm IST on a weekday (Mon-Fr application is received after 3:00 pm IST, then the next declared NAV will be applicable.</li> <li>Where the policy is assigned, this request would be processed only on receiving consent / no obj.</li> <li>All communications will be sent to the mailing address registered with us. The Company will not be communication</li> <li>If the application for re-instatement/renewal premium and surrender is received on the same day,</li> </ol>	ection from the Assignee of the police liable for any loss arising from no	cy. n-receipt of
done and then the surrender will be processed on the next working day and the NAV of the date  6. Amount payable on surrender/ partial withdrawal of the units shall be net of all applicable taxes, a  7. Tax will be deducted at source (TDS) on net amount i.e. gross payout minus premiums paid, in a Section 195 (Non – resident Indians) of the Income Tax Act, 1961. TDS rates will be applicable a you,if valid PAN is not submitted with us.  8. Amount payable on Surrender/ Full Withdrawal of the units shall be as per the policy terms & con result in termination of the policy and all rights / title and interest under the policy shall stand extir  9. Aadhaar-PAN linkage should be done as per Section 139AA and other provisions of the Income thereto from time to time.	of processing will be applicable.  Ind will be charged as per prevailing coordance with Section 194DA (Res s per prevailing rates. TDS credit widitions. The Surrender / Full Withdranguished.	tax laws. ident Indians) and ill not be available to awal of the units will
FULL SURRENDER		
Documents Submitted: ☐ Self-Attested E-Kit / Policy document. ☐ Self-Attested Photo ID.	Signed Cancelled Cheque.	
Reason for Full Surrender : I have urgent financial requirement		
ACKNOWLEDGEMENT SLIP		
This is to acknowledge the receipt of application for: Partial Withdrawal (Amount. Rs	) 📝 Surrender/l	Full Withdrawal
Farm Oursesting Date		
Policy Number Form Generation Date  Reference ID Surrender Request Date		
Documents Submitted	Cancelled	STAMP &
Cheque		TIME

PAYMENT DETAILS:		
Name of Proposer as in the Bank Account *: SRIKANTH RAMAKRISHNAN * Where the policy is absolutely assigned the payout will be pro	ressed in favor of the Assignee	
Bank Name: ICICI BANK LTD SELAIYUR		
Bank Account Number: 603701200887	DATE	
Bank Account Type : Savings Current NRE NRO Aadhaar linked account**	NUMES SOUTH A Fe In ANNO SOUTHWARD S	
Branch Name :	XX Birst Linked    XX   Dirth Linked	
Aadhaar Number :  **Alternate bank account details to be mentioned for the event if payout cannot be credited to the	Aadhaar linked account.	
MICR Code: 600229019 (You can get this code from your cheque book)		
IFSC Code: ICIC0006037 (You can get IFSC code from your bank) Note:		
1. Please take due care and caution to ensure that the bank related information is filled correctly. 2. Payout will be made in Savings Account only. 3. Bank account number provided in this form should match with the account number appearing on the cheque. Th 4. This electronic mandate request will apply to all policies held by you with ICICI Prudential where no mandate is of 5. Any payout under the policy shall be made after realization of the last renewal premium payment. 6. If the transaction is delayed or not effected at all or is effected in some other account for any reasons due to incoming any manner. 7. Please submit original leaf of cancelled cheque for this transaction. Account holder name to be available on the bank passbook with bank seal. 8. IWe further confirm that the account details provided herein are not pertaining to NRE account and NRE payout.	currently attached  omplete or incorrect information, I shall not hold the company responsible in cheque. Incase name is not available then provide latest bank statement/ s will be processed by cheque only	
9. I/We understand and agree to inform ICICI Prudential with an advance notice of 6 weeks; in case I/we desire to reason, however, ICICI Prudential shall retain the right to accept/reject this in case the revised bank details are n weeks in advance, then the interim payments will be processed by way of cheque & will be sent at your registere any.	ot enabled under this NEFT Framework. In case details are not submitted 6	
10. 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 the details filled herein.  11. 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 in this form. I also understand and agree that the Company reserves the right to use any alternative payout option.  12. 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 rules 114F to 114H.  13. 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 same.  14. I hereby indemnify the company against any adverse consequences under FATCA/CRS or any other tax regulation.		
Signature of Prop	poser Signature of Assignee Signature of Trustee	
DECLARATION		
Applicable when the Proposer is illiterate or suffering from disability due to which writing is restrict be witnessed by someone other than the advisor/agent/employee of the Company.  I (Full name of Witness) (Relation	ed or the proposer has signed in vernacular language. Note: Must on with Proposer)	
adult and inhabitant of (Address)	. ,	
adult and inhabitant of (Address) hereby declare that I have read and explained the contents of this form to the Proposer and he/sh	do	
	do	
hereby declare that I have read and explained the contents of this form to the Proposer and he/sh	do	
hereby declare that I have read and explained the contents of this form to the Proposer and he/sh  Signature of Witness Mobile Number of Witness  FOR OFFICE USE ONLY:	do	
Nereby declare that I have read and explained the contents of this form to the Proposer and he/sh  Signature of Witness Mobile Number of Witness  FOR OFFICE USE ONLY: Form Spaarc Call ID  Form Generation Date  Surrender Request Date	do	
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Nereby declare that I have read and explained the contents of this form to the Proposer and he/sh  Signature of Witness Mobile Number of Witness  FOR OFFICE USE ONLY: Form Spaarc Call ID  Form Generation Date  Surrender Request Date	e/they have understood the same.	
hereby declare that I have read and explained the contents of this form to the Proposer and he/sh  Signature of Witness	e/they have understood the same.  STAMP & TIME	
hereby declare that I have read and explained the contents of this form to the Proposer and he/sh  Signature of Witness Mobile Number of Witness  FOR OFFICE USE ONLY: Form Spaarc Call ID Form Generation Date Surrender Request Date Received by  MANDATORY DECLARATION BY BRANCH OPERATIONS & SALES EMPLOYEE: I hereby confirm that I have explained the benefits of policy continuance & the implications the aforementioned policy to the policy holder.	e/they have understood the same.  STAMP & TIME	
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Nereby declare that I have read and explained the contents of this form to the Proposer and he/sh  Signature of Witness	e/they have understood the same.  STAMP & TIME  s of surrender of	
Note that I have read and explained the contents of this form to the Proposer and he/sh Signature of Witness  FOR OFFICE USE ONLY: Form Spaarc Call ID Form Generation Date Surrender Request Date Received by  MANDATORY DECLARATION BY BRANCH OPERATIONS & SALES EMPLOYEE: I hereby confirm that I have explained the benefits of policy continuance & the implications the aforementioned policy to the policy holder. BRANCH OPERATIONS EMPLOYEE DETAILS: Ops Employee Name and ID  SALES EMPLOYEE DETAILS: Sales Employee Name and ID  REASON FOR NON-AVAILABILITY OF SALES PERSONNEL:  Not present in branch  Attending other customer(s)  Others (p. 1997)	e/they have understood the same.  STAMP & TIME  Sof surrender of  (Signature of specified person)  (Signature of specified person)	
Nereby declare that I have read and explained the contents of this form to the Proposer and he/sh  Signature of Witness	e/they have understood the same.  STAMP & TIME  s of surrender of  (Signature of specified person)  (Signature of specified person)	
Not present in branch   Others (p. 14.14)	e/they have understood the same.  STAMP & TIME  Sof surrender of  (Signature of specified person)  (Signature of specified person)  please specify)	

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/Jul/2020/107/3963.