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: 34147056 Name of Proposer: SASIKUMAR B Email Id: SAC2212@GMAIL.COM Assignee Name	Date: 14/05/2024 Contact No: 9789755607 Is this Policy Assigned? YES NO
ENTITY DETAILS Entity Type:	☐ Others ☐ Not Applicable ☐ Yes ☐ No
 IMPORTANT GUIDELINES: The Policyholder is required to personally visit the branch for submitting this request. If the request under the Unit Linked Product is received up to 3:00 pm IST on a weekday (Mon-F application is received after 3:00 pm IST, then the next declared NAV will be applicable. Where the policy is assigned, this request would be processed only on receiving consent / no ob. All communications will be sent to the mailing address registered with us. The Company will not a communication If the application for re-instatement/renewal premium and surrender is received on the same day done and then the surrender will be processed on the next working day and the NAV of the date 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. Amount payable on Surrender/ Full Withdrawal of the units shall be as per the policy terms & cor result in termination of the policy and all rights / title and interest under the policy shall stand exti 9. Aadhaar-PAN linkage should be done as per Section 139AA and other provisions of the Income thereto from time to time. 	jection from the Assignee of the policy. be liable for any loss arising from non-receipt of r, first the policy will be re-instated/Premium allocation will be of processing will be applicable. and will be charged as per prevailing tax laws. accordance with Section 194DA (Resident Indians) and as per prevailing rates. TDS credit will not be available to nditions. The Surrender / Full Withdrawal of the units will nguished.
FULL SURRENDER Documents Submitted: Self-Attested E-Kit / Policy document. Self-Attested Photo ID. Reason for Full Surrender: I have urgent financial requirement	Signed Cancelled Cheque.
ACKNOWLEDGEMENT SLIP This is to acknowledge the receipt of application for: Partial Withdrawal (Amount. Rs Policy Number Form Generation Date Reference ID Surrender Request Date Documents Submitted E-Welcome-Kit /Policy document Self Attested Photo ID Signed Cheque Received By	STAMP & TIME

PAYMENT DETAILS:		
Name of Proposer as in the Bank Account *: Sasikumar B * Where the policy is absolutely assigned the payout will be processed in favor of the Assignee		
Bank Name: HDFC BANK LTD TIRUPUR MAIN		
Bank Account Number : 50100028801962	DATE	
Bank Account Type : Savings Current NRE NRO Aadhaar linked account**	RUPES	
Branch Name :	NYZ Benk Limited	
Aadhaar Number: **Alternate bank account details to be mentioned for the event if payout cannot be credited to the Aadhaar linked account.		
MICR Code: 641240102 (You can get this code from your cheque book)		
IFSC Code : HDFC0000445 (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. The account number and name of account holder must be pre-printed. 4. This electronic mandate request will apply to all policies held by you with ICICI Prudential where no mandate is currently attached 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 incomplete or incorrect information, I shall not hold the company responsible in any manner. 7. Please submit original leaf of cancelled cheque for this transaction. Account holder name to be available on the cheque. Incase name is not available then provide latest bank statement/ bank passbook with bank seal. 8. I/We further confirm that the account details provided herein are not pertaining to NRE account and NRE payouts 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 change my bank details or withdraw the current mode of payment due to any reason, however, ICICI Prudential shall retain the 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, then the interim payments will be processed by way of cheque & will be sent at your registered communication address. This mandate shall be used for future payments, if any.		
any. 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 Proposer Signature of Ass	ignee Signature of Trustee	
DECLARATION		
Applicable when the Proposer is illiterate or suffering from disability due to which writing is restricted or the proposer has signed in vernacular language. Note: Must be witnessed by someone other than the advisor/agent/employee of the Company. I (Full name of Witness)		
	same.	
Signature of Witness Mobile Number of Witness	same.	
Signature of Witness Mobile Number of Witness FOR OFFICE USE ONLY: Form Spaarc Call ID	same.	
FOR OFFICE USE ONLY:	same.	
FOR OFFICE USE ONLY: Form Spaarc Call ID	same.	
FOR OFFICE USE ONLY: Form Spaarc Call ID Form Generation Date Surrender Request Date	same.	
FOR OFFICE USE ONLY: Form Spaarc Call ID Form Generation Date Surrender Request Date		
FOR OFFICE USE ONLY: Form Spaarc Call ID Form Generation Date Surrender Request Date Received by		
FOR OFFICE USE ONLY: Form Spaarc Call ID Form Generation Date Surrender Request Date Received by STA 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.		
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 of surrender of the aforementioned policy to the policy holder. BRANCH OPERATIONS EMPLOYEE DETAILS: Ops Employee Name and ID SALES EMPLOYEE DETAILS:		
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 of surrender of the aforementioned policy to the policy holder. BRANCH OPERATIONS EMPLOYEE DETAILS: Ops Employee Name and ID	MP & TIME	
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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 of surrender of the aforementioned policy to the policy holder. BRANCH OPERATIONS EMPLOYEE DETAILS: Ops Employee Name and ID SALES EMPLOYEE DETAILS:	MP & TIME (Signature of specified person)	
FOR OFFICE USE ONLY: Form Spaarc Call ID Form Generation Date Surrender Request Date Received by	(Signature of specified person) (Signature of specified person)	
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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/Jul/2020/107/3963.