

SELECTION OF ANNUITY (PENSION) PAYOUT OPTION

(For Annuitants to Ensure Timely Pension Payouts)



Skip The Form - Go Paperless (Recommended)

Visit www.iciciprulife.com Customer Service → Select Annuity Registration for Immediate Annuity or Annuity Postponement for Deferred Annuity → Enter payout option/ bank details/KYC for Annuity Registration or select postponement period for Annuity Postponement

Policy Details

Policy No.

Name of Policyholder

Contact Nos.

E-Mail ID

Current Address

City PIN Code

State Country

In case of change in address, please submit address proof. The request will be processed on receipt of relevant address proof

*CKYC Number/KIN (If available):

*To know your CKYC/KIN identifier visit the web Portal (www.karvykra.com or www.cvlkra.com)

Affix
Recent Photo

Portion of Maturity Amount to be Received as Pension

☐ I wish to receive pension from 100% of my maturity amount. OR

☐ I wish to withdraw _____% of my maturity amount (maximum 33.33% of the maturity amount allowed) and utilise the balance to receive pension.

I hereby declare that I have been assisted by the below employee (if applicable) in filling up the form

Employee Name	Business Code	Bank:
		Branch:
		Source:

Selection of Annuity (Pension) Payout Option (Any 1 from Options A, B, C, D to be selected)

A. Immediate Income (Start Income on Policy Maturity) (I13)

Sr. No.	Option Name	
1	Single Life without Return of Purchase Price	☐
2	Joint Life without Return of Purchase Price	☐
3	Single Life with Return of Purchase Price	☐
4	Joint Life with Return of Purchase Price	☐
5	Single Life with Return of Purchase Price at Age 80	☐
6	Single Life with 50% Return of Purchase Price at Age 80	☐
7	Single Life with Return of Purchase Price from the Age of 76	☐
8	Single Life with Return of Purchase Price on Critical Illness (CI) or Permanent Disability Due to Accident (PD) or Death	☐

Frequency ☐ Yearly ☐ Half Yearly ☐ Quarterly ☐ Monthly

B. Deferred Annuity (Postpone Policy Maturity For Higher Annuity Income) (I14)

Deferment Period:

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Sr. No.	Option Name	
1	Deferred Single Life with Return of Purchase Price	☐
2	Deferred Joint Life with Return of Purchase Price	☐
3	Deferred Single Life with Return of Purchase Price on Critical Illness (CI) or Permanent Disability Due to Accident (PD) or Death	☐

Pension payout frequency ☐ Yearly ☐ Half Yearly ☐ Quarterly ☐ Monthly

C. POS - Guaranteed Pension Plan (I15)

Sr. No.	Option Name	
1	Single Life with Return of Purchase Price	☐

Frequency ☐ Yearly ☐ Half Yearly ☐ Quarterly ☐ Monthly

D. Saral Pension (I17)

☐ Life Annuity with Return of 100% of Purchase Price (ROP)

☐ Joint life Last Survivor Annuity with Return of 100% of Purchase Price (ROP) on death of the last survivor

Frequency ☐ Yearly

☐ Half Yearly

☐ Quarterly

☐ Monthly

Details of Secondary Annuitant (applicable only for joint life option)

Name _____
Mr./Ms./Mrs. First Name Surname

Relationship with you _____ Date of Birth

Gender ☐ Male ☐ Female Marital Status ☐ Married ☐ Unmarried ☐ Widow(er) ☐ Divorced

Contact Nos. E-Mail ID _____

Current Address _____

City _____ PIN Code _____

Sate _____ Country _____

In case of change in address, please submit address proof. The request will be processed on receipt of relevant address proof

Recent
photograph

Details of Nominee

Name _____
Mr./Ms./Mrs. First Name Surname

Relationship with you _____ Date of Birth

Gender ☐ Male ☐ Female Marital Status ☐ Married ☐ Unmarried ☐ Widow(er) ☐ Divorced

Current Address _____

City _____ PIN Code _____

Sate _____ Country _____

In case of change in address, please submit address proof. The request will be processed on receipt of relevant address proof

Contact Nos.

If the nominee is a minor, please name an appointee

Appointee Name _____
Mr./Ms./Mrs. First Name Surname

Gender ☐ Male ☐ Female Marital Status ☐ Married ☐ Unmarried ☐ Widow(er) ☐ Divorced

Relationship of the appointee with the nominee _____

Current Address _____

City _____ PIN Code _____

Sate _____ Country _____

In case of change in address, please submit address proof. The request will be processed on receipt of relevant address proof

Contact Nos.

Acceptance signature of the Appointee

Signature of Policyholder

Your Bank Account Details to Receive Pension

Name of Customer _____

(as mentioned in the bank account and printed on your cheque)

Name of Bank _____

Branch Address _____

Account Type ☐ Current Account ☐ Saving Account ☐ NRE Account (Please submit premium collection proof)

Bank Account No. _____
(as printed on your cheque)

IFSC Code of Bank _____

MICR Code of Bank _____

9 digit code as appearing on the Cheque copy issued by bank.

Signature of Policyholder

Place: _____ Date: DD/MM/YYYY

CBS		PERSONAL BANKING : SAVING ACCOUNT		DATE	
PAY		OR BEARER			
RUPEES		Rs.			
SBGEN A/c No. 005070123756		RTGS / NEFT IFSC Code : ICIC0000097		Amit Wadekar	
ICICI Bank Limited		RTGS / NEFT IFSC Code : ICIC0000097		Amit Wadekar	
Prabhadol Branch		RTGS / NEFT IFSC Code : ICIC0000097		Amit Wadekar	
Ground Floor, Kala Academy, Ravindra		RTGS / NEFT IFSC Code : ICIC0000097		Amit Wadekar	
Prabhadol Mumbai - 400 022		RTGS / NEFT IFSC Code : ICIC0000097		Amit Wadekar	
Branch Address		MICR Code		IFSC Code	
Account No.		MICR Code		IFSC Code	

Submit This Form With The Following Documents

- ☒ Cancelled cheque of your bank account. Name of account holder and account number should be printed on the cheque.
- ☒ Officially Valid Documents for Address proof and Identity Proof:
 - Valid Passport
 - Proof of possession of Aadhaar (First 8 digit of Aadhaar should be in the masked form)
 - Valid Driving License
 - Voter ID card issued by Election Commission of India
 - Job card issued by NREGA duly signed by an officer of the State Government
 - Letter issued by the National Population Register containing details of name, address or any other document as notified by the Central Government in consultation with the Regulator
- ☒ Signed copy of your PAN card or Form 97
- ☒ For the secondary annuitant (if you choose a joint life pension option)-
 - Any Officially Valid Document from the list above for age proof
 - PAN card or Form 97
- ☒ For NRI customers following documents are mandatory:
 - PAN card or Form 97
 - Valid Passport
 - NRI Questionnaire
 - Immigration stamp on passport



Submission of Form And Documents



Email:

Email the scanned copy of the form and documents to lifeline@iciciprulife.com.



Courier Address:

Courier the form and documents to Pension Department, ICICI Prudential Life Insurance Co. Ltd., Unit no. 901A, 901B, A & B Wing, Prism Tower, Mindspace, Link Road, Goregaon (West), Mumbai - 400 104.



Visit a Branch:

Submit the form and documents at any of our branches. To locate the nearest branch, visit www.iciciprulife.com/branchlocator

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/we agree that the PAN details and other personal information including mobile number provided by me/us in this form maybe used by the Company to download/verify/ register/ update my/our KYC documents on/from the CERSAI* CKYC portal for processing this request, any future applications, or any other requests. I/We understand that only the acceptable officially valid documents would be relied upon for processing any requests/applications. I/we hereby consent to receiving information from Central KYC Registry through SMS/ Email on the above registered number/email address. (*Central Registry of Securitisation and Asset Reconstruction and security Interest of India.)

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that ICICI Prudential reserves the right to take appropriate action.

I (Full name of Witness) _____ (Relation with Proposer) _____ adult and inhabitant of

(Address) _____ do hereby declare that I have read and explained the contents of this form to the Proposer and he/she/they have understood the same.

(Signature of Witness)