

PAYOUT REQUEST FOR SURRENDER



Policy Number		Date	
Name of Annuitant			
	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

FULL SURRENDER

Documents Submitted: ☐ Welcome Kit / Policy document / Certificate of Insurance

Reason for Full Surrender ☐ Moving out of India ☐ Critical illness

Note: Amount payable on Surrender/ Full Withdrawal of the units shall be as per the policy terms & conditions. The Surrender / Full Withdrawal of the units will result in termination of the policy and all rights / title and interest under the policy shall stand extinguished.

If Critical illness, then

- ☐ Cancer of Specified Severity
- ☐ Heart Attack
- ☐ Open Chest CABG:
- ☐ Kidney Failure Requiring Regular Dialysis:
- ☐ Stroke Resulting In Permanent Symptoms:
- ☐ Major Organ/ Bone Marrow Transplant
- ☐ Permanent Paralysis of limbs

ACKNOWLEDGEMENT SLIP

This is to acknowledge the receipt of application for: ☐ Partial Withdrawal (Amount. ₹) ☐ Surrender

Policy Number Form Generation Date

Spaarc Call ID Surrender Request Date

Documents Submitted ☐ Welcome Kit / Policy document ☐ Self Attested Photo ID ☐ Signed Cancelled Cheque

Received By

STAMP
&
TIME

CONTACT US

 Visit our website:
www.icicilife.com

 Email us at:
myannuity@icicilife.com

 Call us at:
1860 266 1999*

 Write to us at our
Communication Address

*Call us at 1860 266 1999 (local charges apply) – for Group Annuity queries please select option 1 from the main menu. Please do not prefix "+" or "91" or "00" before the number. Call Center timings: 10.00 A.M. to 7.00 P.M. Monday to Saturday (except national holidays).

Communication Address:

Group Annuity Helpdesk: ICICI Life Insurance Limited (formerly known as ICICI Prudential Life Insurance Co. Ltd.),
Unit No. 901A, Prism Towers, Mindspace, Link Road, Goregaon (West), Mumbai - 400 104. IL/COMP/DOC/Nov/2017/0554