



**DETAILS OF SECONDARY ANNUITANT (applicable only for joint life option)**

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

Relationship with you

Date of Birth            
D D M M Y Y Y Y

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

Contact Nos.          
STD Residence STD Office Ext.

ISD Mobile

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

Recent  
photograph

**DETAILS OF NOMINEE**

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

Date of Birth         Relationship with you

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

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

Contact Nos.          
STD Residence STD Office Ext. ISD Mobile

**If the nominee is a minor, please name an appointee**

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

Date of Birth

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

Relationship of the appointee to the nominee

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

Contact Nos.          
STD Residence STD Office Ext. ISD Mobile

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:

## 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:**
  - Passport (Valid)
  - Proof of possession of Aadhaar (First 8 digit of Aadhaar should be in the masked form)
  - Driving License (Valid)
  - 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 60**.
- 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 60
- For NRI customers following documents are mandatory:
  - Pan card or Form 60
  - Passport (valid)
  - NRI Questionnaire
  - Immigration stamp on passport



## YOU CAN SUBMIT THIS FORM AND DOCUMENTS THROUGH ANY OF THESE OPTIONS

**Email:**

Email the scanned copy of the form and documents to [lifeline@iciciprulife.com](mailto:lifeline@iciciprulife.com).

**Branch:**

Submit the form and documents at any of our branches. To locate the nearest branch, visit [www.iciciprulife.com/branchlocator](http://www.iciciprulife.com/branchlocator).

**Courier:** Courier the form and documents to

Pension Department, ICICI Prudential Life Insurance Co. Ltd., Unit No. 1A & 2A, Raheja Tipco Plaza, Rani Sati Marg, Malad (East), Mumbai- 400 097.

## DECLARATION

I hereby consent to receiving information from Central KYC Registry through SMS/email on the registered number/email address.

I/we also agree that the PAN details and other KYC information provided by me/us for any servicing requests may be used by the Company to download/verify my/our KYC documents from CERSAI\*

CKYC portal:\*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.

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) \_\_\_\_\_ (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)