

Request for Systematic Withdrawal Plan

Date: _____

Folio: _____

Amt Rs. _____

Scheme: _____

Option: _____

Start Date	M M Y Y Y Y
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End Date	M M Y Y Y Y
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REQUEST FOR SYSTEMATIC WITHDRAWAL PLAN ARN-181211

☐ New Registration ☐ Cancellation

Date: _____

I/We wish to opt for the Systematic Withdrawal Plan from the ICICI Prudential _____
_____ Plan/Fund _____ option

for Rs. _____ per month/quarter.

(Rupees _____ only)

Start Date	M	M	Y	Y	Y	Y
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End Date	M	M	Y	Y	Y	Y
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Folio No.	
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(Name of the First Holder)

(Signature)

(Name of the Second Holder)

(Signature)

(Name of the Third Holder)

(Signature)