

Request for Rider/Additional benefits addition

Rider/Additional benefit name: _____ Sum Assured ₹ _____

Note: Refer T&C for conditions on Rider addition

Please provide the following information:

Does your occupation/hobbies require you to engage in manual labour or hazardous activities or be part of military/paramilitary/security/merchant navy forces or require handling hazardous material (e.g. working with dangerous or corrosive chemicals, explosives, radiation, working underwater/underground or at height, working in mines, non-commercial flying activities, diving, mountaineering, any form of motorbike/car racing etc.)

If Yes, give details _____

YES NO

Has any of your insurance application or reinstatement application on life, accident, medical or health, critical illness, or disability ever been declined, postponed or accepted at extra premium or modified terms?

If Yes, give details _____

Have you in past or are you currently suffering from any congenital defect/ physical or mental defects/impairment/infirmity/leformity or any condition that may affect your mobility/ sight/hearing/speech? OR Have you ever suffered or are suffering from or been advised to undergo regular medical consultation/investigations or treatment including hospitalization for poliomyelitis/Nervous disorders/stroke/paralysis/epilepsy psychiatric disorders?

If Yes, give details _____

Policy Discontinuance

I am fully aware that I will not be entitled to any policy benefit after Discontinuing it. I will only receive the Discontinuance Policy Fund Value after deduction of applicable charges, upon completion of the fifth policy year.

Request for Foreclosure Reversal

• I hereby request you to revive my policy number which has been foreclosed

DECLARATION

- I understand that the Company has accepted my request for foreclosure reversal of the above policy purely as a gesture of goodwill.
- I undertake to pay regular premiums and keep the policy in force so that I can continue to enjoy the benefits available under the same.
- I agree and undertake that I will not surrender the above policy at least for a period of one year from the date of this request. Further, I also agree and undertake that I will not assign the above policy for a period of one year to any individual entity.
- I agree and understand that if I submit any request for (i) surrender or (ii) assignment of the policy to any individual entity, within one year from the date of this request then the Company will not be under any obligation to process my request and I shall not hold the company liable for the same

Cover Continuance Option (CCO) / Automatic Premium Payment (APP)

Register for CCO / APP Deletion of CCO / APP

Note: • Cover Continuance gives you the option of continuing your life cover and the rider cover even if you stop paying premiums. If the fund value reaches the minimum requirement, the policy would be foreclosed and surrender value would be paid to you. • During cover continuance period the mortality and policy administration charges will be deducted via cancellation of units. • Future premiums for this policy will not be accepted once the cover continuance option is activated. • On activation of APP, premium will be collected through cancellation of units. • APP can be availed once if term less than 15 years and twice if term is greater than 15 years. • APP facility is available only in Investshield Cash (U28), Investshield Life (U29), Investshield Pension (U30) and Investshield Gold (U34). • APP facility can be deleted only if the same has been registered but not activated

Consent for sharing Policy Details

I/We provide consent for sharing policy details with my/our servicing agents

I/We do not wish to share my/our policy details with my/our servicing agents.

Note: Policy details includes fund value, unit statement and portfolio statement details, bonus amounts, etc

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) _____ (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

Signature of Policy Holder (Proposer): _____

Signature of Assignee* / Trustee : _____

(*Required in case of Absolute Assignment of Policy)

(*Required in case of Policy covered under MWPA)

Note: I have understood the meaning and scope of the change request form and take complete responsibility of the changes submitted by me. Any changes in the Policy / Personal Details are subject to the policy terms and conditions and relevant underwriting guidelines.

FOR OFFICE USE ONLY:

ER Request submitted by C S CR CS

Spaarc Call ID _____

Date

Scanning Cabinet _____

Received By _____

Remarks _____

STAMP
&
TIME

Kindly call our Customer Service Number 1860-266-7766 (local charges apply)
Call Center timings: 10.00 A.M. to 7.00 P.M. Monday to Saturday (except national holidays)



Communication Address

ICICI Prudential Life Insurance Co. Ltd., Unit No. 1A & 2A, Raheja Tipco Plaza, Rani Sati Marg, Malad (East), Mumbai 400097. COMP/DOC/Nov/2023/811/4643.