11S CHANGE IN OWNERSHIP OF THE POLICY Policy Number Full Name of the Life Assured Full Name of the Current Proposer **GUIDELINES** Change in Owner is allowed only in case of death of Proposer (i.e. Where the Life Assured and the Proposer are two different persons) or when Minor Life Assured attains the age of majority. Filling up this form and submitting the same would help the Company in recording the new owner for the above mentioned Policy. In the event ownership is being changed due to the (a) death of the policyholder when the Life Assured is major; or (b) when the Life assured has attained the age of majority, then the Life Assured will have to be selected as the New Owner. In the event of death of the policyholder when the Life Assured is a minor, the ownership can be changed to the lawful guardian of the minor life assured and shall remain New Owner only till the Life Assured attains the age of majority. It is mandatory to fill the nomination details, in the event Life Assured has been made the new owner of the policy. • All benefits/rights are subject to the terms and conditions stated in the Policy documents. All future communications will be sent in the name of the new Owner. DECLARATION: Applicable where ownership is being changed due to the death of the policyholder The Life Assured is Major Minor If Major is selected above The policyholder has expired on: __ $_$ (Life Assured) am aware and understand that I shall be the new policyholder/owner of the policy. I shall be entitled to all benefits and subject to all obligations under the policy as per the terms and conditions. If Minor is selected above (Life Assured) is a minor as on date of submission of this form. The policyholder has expired on: ___ .The __, declare and state that the Life Assured is my ______ (please specify relation with life assured) and I I. Mr/ Ms am the Life Assured's lawful/ natural guardian. I hereby declare that I have no objection in becoming the absolute owner of the above Policy until the Life Assured attains the age of majority. I understand that I shall be subject to all obligations under the policy and entitled to all benefits on behalf of the minor Life Assured. Below details are required in the event ownership is being changed due to (a) death of the policyholder when the Life Assured is major; or (b) when the Life Assured has attained the age of majority PAN UPDATION Kindly submit PAN/Form 60 (as defined under Income Tax Act, 1962), if not already submitted at the time of applying for the policy. Also PAN/Form 60 is mandatory where the premium amount exceeds ₹50,000 in a financial year. The premium payment can be done only through the acceptable premium collection modes. Where any customer/policyholder wishes or proposes to make any payment in cash, it can be accepted up to the limit of ₹ 49,999/only at the authorised collection points. PAN of New Owner Name (as is appears on the PAN Card) **Document Submitted:** PAN Card Copy Form 60 **NEW OWNER DETAILS** Name Gender Male Female Address : Residential Address Permanent Address **Contact Number** STD E-Mail ID Marital Status Unmarried Married Widower Divorced Nationality Indian Non Indian Residential Status Resident Indian Non Resident Indian Resident Country • Salaried Private Ltd. Public Ltd. Government Trust Partner/Proprietor Trading Manufacturing Service • Self Employed Housewife Student Agriculturist

If Retired/Pensioner, please	mark details of	your last organisation, p	ofession and position held:			
• Your Organisation Private	Ltd. Public	Ltd. Government	Others			
Nature of Job / Business		Designation _				
Annual Income ₹		_				
*CKYC Number/KIN (If available)						
*To know your CKYC/KIN identifie	r visit the web Por	tal (www.karvykra.com or wv	vw.cvlkra.com)			
KYC Documents:				,		
 Recent Photograph of the new ov PAN/form 60 of the new owner 	vner					
3) Officially valid document						
- Passport - Proof of possession of Aadhaar (F	irst 8 digit of Agdb	gar should be in the masked form	n)			
- Driving License	iist o digit of Addin	dal silodia be ili tile iliasked fori	11)		Pho	to
Voter ID card issued by Election CoJob card issued by NREGA duly sig		f the State Government				
- Letter issued by the National Popu	lation Register cont		or any other document as notified by the Cer	ntral		
Government in consultation with the 4) Income proof if applicable	ne Regulator					
	plicable where the I	Life Assured is a minor and the o	guardian/New Owner is anyone other than th	e minor		
Kindly carry original KYC documents	•					
			Il Life Insurance Co. Ltd. For the purpose y above mentioned servicing request to be pr	ocessed.		
For the purpose of identity and ac	ldress proof, pleas	se submit an acceptable offici	ally valid document (Kindly refer the list given	ven in point no.3	mentioned abo	ove)
	•	, ,	al Life Insurance Company Ltd. my consen otions of submitting OVDs other than Aad		re my aadhaar (details for the
Politically Exposed Persons" (PEP Governments, senior politicians, s	s) are individuals enior government	who have been entrusted with or judicial or military officers,	n prominent public functions by a foreign c senior executives of state-owned corpora	ountry, including tions and impor	g the heads of S tant political pa	States or rty officials.
Are you a politically exposed pers	on or a relative of	f a politically exposed person	Yes No			
Relationship with the Life As	sured					
Relationship with the Curren	t Owner					
I/we also agree that the PAN deta documents from CERSAI* CKYC portal: *Central Registry of I hereby declare that the details for	ills and other KYC Securitisation and urnished above ar	information provided by me/u I Asset Reconstruction and se e true and correct to the best	/email on the registered number/email add s for any servicing requests may be used l curity Interest of India. of my knowledge and belief and I underta r misleading or misrepresenting, I am awa	by the Company ke to inform you	of any changes	s therein,
				Date	D M M	YYYY
Signature of Old Owner	Signatu	re of New Owner	Signature of Life Assured	Place		
	_		mandatory to select Nomination as per S	Section 39 of the	Insurance Act	1938. In case
nominee is a minor, please fill App	pointee details bei	ow.			11 21	
Name of Nominee	Date of Birth	Mobile No. and E-mail ID	Communication Address	I	onship with Assured	Share %
				Share 04 ch	nould total to	100 %
All the moneys secured by the ab	ove mentioned po	olicy shall be paid to the above	nominee/s in the event of my death	Shule % Sr	iouiu total to	100 70
Executed at	the	day of	, 20			
APPOINTEE(S) DETAILS	: MANDATORY,	IF NOMINEE(S) IS A MIN	OR	Signature o	of the New Po	licy Holder
The nominee(s) being a minor, I he	ereby appoint the l	below as the appointee(s) to r	eceive the moneys secured by the policy d	uring the minori	ty of the nomine	e(s)
Name of Appointee	Date of Birth	Mobile No. & E-mail ID	Communication Address	Relationsh with Nomi		of Nominee
Executed at	the	day of	, 20 In consent of the c	bove appoint	ment I sign he	re under.
Signature of Appointee				Sianature	of the New P	olicy Holder

DECLARATION FOR SIGNING IN VERNACULAR LANG	GUAGE OR AFFIXING THUMB IMPRESSION
Application /Policy Number	
Name of the Life Assured Mr./Ms./Mrs. First Name	Surname
Name of the Proposer Mr./Ms./Mrs. First Name	Surname
This is to certify that I have read out the contents of this stat	tement to Mr. / Mrs
	and he/she has understood the same.
Further, I would also like to certify that Mr. / Mrs	
has affixe	ed his/her thumb marks in my presence after I have explained the above contents to him/her.
I declare that whatever I have stated herein above is true an	nd correct to the best of my knowledge & belief.
Name of the Witness:	
Relationship with Proposer:	
Address:	
Signature of Witness	Signature of the New Policy Holde
FOR OFFICE USE ONLY:	
FOR OFFICE USE ONLY: Spaarc Call ID	Date DDMMYYYY
_	Received By &
Spaarc Call ID	Received By STAMP & TIME
Spaarc Call ID Scanning Cabinet	Received By STAMP & TIME
Spaarc Call ID Scanning Cabinet	Received By STAMP & TIME
Spaarc Call ID Scanning Cabinet Remarks ACKNOWLEDGEMENT SLIP This is to acknowledge the receipt of application for: PAN Update	Received By STAMP & TIME TIME STAMP & TIME TIME
Spaarc Call ID Scanning Cabinet Remarks ACKNOWLEDGEMENT SLIP This is to acknowledge the receipt of application for: PAN Update	Received By 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/Apr/2024/124/5858.