REQUEST FOR SWITCH/PREMIUM REDIRECTION/ATS/ATP/CIPS/Top-Up

ICICI PRUDENTIAL LIFE INSURANCE

Policy Number | | | | | | | | | **Date** D D M M Y Y Y Y

Barcode

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

Contact Nos.
STD Residence STD Office Ext. ISD Mobile

E-Mail ID

All fields are mandatory. (Atleast one contact no. is mandatory for processing your request. The Contact details mentioned above will be updated for all future communication)

IMPORTANT GUIDELINES:

• If the policy has been assigned, request would be accepted on receipt of request / NOC from the Assignee of the policy • If application for Unit Linked Product is received up to 3:00 pm IST on a weekday (Mon-Fri), the same day's unit value will be applicable • However, if the application is received after 3:00 pm IST, then the next declared NAV will be applicable • To enable us to process your request, please mention the fund name clearly and fund allocation in percentage form • Only one transaction on your ULIP policy can be processed on every working day(day when markets are open). If you submit multiple requests, then one request will be processed on the first day and remaining on consecutive working days (days when markets are open). For e.g. If you submit a request for reviving a ULIP policy, doing a Fund switch, changing the portfolio strategy on the same day, then first the policy will be re-instated. On the next working day your Fund switch request will be processed and on the following working day, your portfolio strategy will be changed. All transactions will be processed as per the NAV applicable on that working day

☐ FUND SWITCH (To change allocation of future premium, please use the Premium Redirection section below)

Fill up new fund allocation in the table below

Percentage	FROM (Name of the Fund)	TO (Name of the Fund)

Note:
- Please refer to the policy documents for applicable terms and conditions pertaining to Fund Switch
- If the premium payment and switch request is received on the same day, the premium paid will not be considered for processing the switch

☐ PREMIUM REDIRECTION (Allocation of Future Premium)

Name of the Fund	Percentage
Total	100%

Are you making your renewal premium payment along with this request? ☐ Yes ☐ No

If Yes, current premium to be invested as per ☐ Existing Allocation ☐ New Allocation as per the above table

Note: Please refer to the policy documents for applicable terms and conditions pertaining to Premium Redirection.

☐ AUTOMATIC TRANSFER STRATEGY / PLAN (ATS / ATP)

For ULIP products as per product specification

Date of ATP: ☐ 1st of every month ☐ 15th of every month.

FROM	TO (Only 1 fund)	Amount (₹)

Note: Minimum Transfer amount per transfer: ₹ 2,000

For ICICI Pru Signature Plan

(Applicable with Risk Commencement Date w.e.f and after 20th August, 2021)

Frequency: ☐ Monthly ☐ Fortnightly ☐ Weekly

Note: Minimum Transfer amount per transfer: Monthly frequency: ₹ 2,000, Fortnightly frequency: ₹ 1,000, Weekly frequency: ₹ 500

Start Date (subsequent ATPs will be processed basis frequency chosen): ☐ 1st ☐ 8th ☐ 15th ☐ 22nd

* For Monthly it will executed on the date chosen
* For Fortnightly it will be executed in the combination date of 1st and 15th OR 8th and 22nd
* For Weekly it will be executed and shall be effective from the date chosen

Type: ☐ Debt to Equity ☐ Equity to Debt

From Fund(s)	Amount (₹)	To Fund(s)	Percentage %

Note:
- For fund type please refer policy terms and conditions
- In the event of policy moving to discontinued or insufficient in source funds, ATPs will resume prospectively subject to policy being Inforce/money available in source fund
- Once request is submitted it will be executed on next effective date or the chosen date
- Incase the effective date is no NAV date, than the NAV will be applicable as per the next working day

☐ Deactivate ATS/ATP

Note: Please refer to the policy documents for applicable terms and conditions pertaining to ATS.

☐ PAN UPDATION

Effective July 1, 2011, it is mandatory to provide PAN where policyholder pays premium aggregating ₹ 50,000/- or more in a financial year. The premium payment can be through cash or a banking transaction and is applicable in case of Top-Ups as well. Policyholders who do not have a PAN can submit Form 60 or Form 61.

PAN Number _____

Name (as is appears on the PAN Card) _____
Salutation First Name Surname

Document Submitted ☐ PAN Card Copy ☐ Form 60 ☐ Form 61

STAMP & TIME

Signature of the Proposer: _____

☐ CHANGE IN PORTFOLIO STRATEGY (CIPS)

☐ Target Asset Allocation Strategy ☐ Trigger Portfolio Strategy ☐ Fixed Portfolio Strategy ☐ LifeCycle based Portfolio Strategy

New fund allocation if applicable:

Name of the Fund	Percentage
Total	100%

Note: • CIPS is allowed as per the applicable features of the chosen product. This facility is available free of cost • CIPS is allowed only once in a policy year OR four times during the policy term (as per product norms) • Please refer to the policy documents for applicable terms and conditions pertaining to CIPS

☐ Top-Up Fill up the fund allocation of your Top-Up premium in the table below

Name of the Fund	Amount (₹)
Total	

Affix Photo Here

A. Increase in Death benefit:# ☐ 125% of Top-Up amount ☐ 500% of Top-Up amount is not applicable for product codes UA, UB and UW Products. Rest can be opted basis policy terms and conditions ☐ Further in Top-up it is mentioned that 1000% is available for UA products, please note that for UB and UW products (excluding UW5) the same can be opted based on age and option

Note: #• Top-Up premium is subject to applicable Top-Up allocation charge • Please note that submission of duly filled Personal Health Declaration is mandatory for increase in death benefit and same will be subject to underwriting norms and terms & conditions of the policy • KYC documents required (i) ID Proof and Address Proof to be submitted (Proofs are not required if provided earlier) (ii) Income proof reflecting the source of funds for the Top-Up amount (only if the amount of Top-Up is equal to or more than ₹ 1,00,000/-) (iii) If the Top-Up amount is being paid by a person other than proposer, the following documents need to be additionally collected (a) ID and Address proof of the payer (b) Income proof of the payer reflecting source of funds (c) Declaration for third party payments • For certain products, there will be a lock-in period (from the date of payment) on the Top-Up premium for the purpose of partial withdrawals. Please refer to the terms and conditions of your policy • In case of dishonor of payment made towards top-up, the company shall deduct applicable dishonor charges

Is the Top-Up Amount paid by a person other then the Proposer? ☐ **YES (Tick if applicable, default value is NO) If Yes, please submit third party declaration.**

Top up for Pension plans

☐ I13- IPRU Guaranteed Pension Plan Immediate Annuity

☐ I14- IPRU Guaranteed Pension Plan Deferred Annuity

☐ I15- IPRU Guaranteed Pension Plan POS

☐ I19- IPRU Guaranteed Pension Plan Flexi

Amount _____

Note: Frequency/Annuity Option change would not be allowed on top-up purchase price. It would remain the same as the original annuity option and frequency chosen. For Immediate Annuity options, the annuity payout would start post top-up.

Signature of the 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. If any of the above chosen request(s) is not as per the applicable features of the product, this service request will not be applicable • For IPRU Guaranteed Pension Plan Flexi (I19), top up option ca be chosen anytime during the deferment period only

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

ACKNOWLEDGEMENT SLIP

This is to acknowledge the receipt of application for

☐ Switch ☐ Premium Redirection ☐ Automatic Transfer Strategy ☐ PAN Updation ☐ Change in Portfolio Strategy ☐ Top-Up

Policy Number _____ **Amount (₹)** _____

Cash/Cheque/DD No. _____ **Date** D D M M Y Y Y Y

Received By _____

STAMP & TIME

Note: The switch request will be processed provided no other financial transactions are pending.

☐ FOR OFFICE USE ONLY:

☐ **ER** **Request submitted by** ☐ **S** ☐ **CR** ☐ **CS** ☐ **C**

Spaarc Call ID _____ **Date** D D M M Y Y Y Y

Scanning Cabinet _____ **Received By** _____

Receipt No. _____ **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)

ICICI PRUDENTIAL
LIFE INSURANCE

Communication Address

ICICI Prudential Life Insurance Co. Ltd., Unit No. 1A & 2A, Raheja Tipco Plaza, Rani Sati Marg, Malad (East), Mumbai 400097. COMP/DOC/Jun/2023/156/3271.