APPLICATION FOR POSTPONEMENT OR OPEN MARKET OPTION (ULIP)

ICICI PRUDENTIAL LIFE INSURANCE

SECTION A: APPLICATION FOR POSTPONEMENT OF ORIGINAL VESTING DATE

Policy Number

I wish to postpone the original vesting date to D D M M Y Y Y Y

Notes:

1. The Annuitant's age should not exceed 75 years on the postponed vesting date.
2. The Life Cover ceases on the original vesting date of the policy.
3. The Company shall quote annuity rates based on age of the annuitant on the postponed vesting date.
4. For withdrawal of units, if the request received upto 3.00 p.m. IST on a weekday (Mon-Fri), the same day's unit value will be applicable. However, if the application is received after 3.00 p.m. IST, then the next declared NAV will be applicable.

SECTION B: APPLICATION FOR OPEN MARKET OPTION

Policy Number

- I wish to utilize __________% of the maturity amount towards the purchase of the annuity from ________________________________ (Please specify the Insurance company) and __________% as lump sum (Maximum amount 33.33%); OR
- I wish to utilize the entire maturity amount towards the purchase of the annuity from ________________________________ (Please specify the Insurance company)

Applicable for OMO, (not applicable for postponement)

I ____ (name of the annuitant/ beneficiary) understand and agree that ICICI Prudential Life Insurance Company Limited shall be discharged of all its' liabilities in relation to the above claim upon the payment of the Claim moneys.

1. I confirm, I shall complete all the formalities / documentation or any requirement for purchasing annuity from the other insurance company under 'Open Market Option'.
2. ICICI Prudential Life Insurance Company Limited shall draw a cheque in the name of the specified Insurance Company as opted by me herein, and the balance lump sum if any, will be paid to me (annuitant).

Please affix Re.1 Revenue Stamp & Sign across the stamp

Date D D M M Y Y Y Y

Signature

Place ____________________

Full name of the Life Assured / Annuitant:

Mr./Ms./Mrs. First Name Surname

Date D D M M Y Y Y Y

Signature of the Life Assured / Annuitant

Place ____________________

DECLARATION FOR SIGNING IN VERNACULAR LANGUAGE OR AFFIXING THUMB IMPRESSION:

I certify that I have read out the contents of this statement to Mr. / Mrs. ____________________________________ & he/she has understood the same. I also certify that Mr. / Mrs. ____________________________________ has signed/affixed his/her thumb impression/signature in vernacular language in my presence after I have explained the above contents to him/him. I declare that whatever I have stated herein above is true & correct to the best of my knowledge & belief.

Name

Mr./Ms./Mrs. First Name Surname

Address

Landmark Pin Code

Signature of the witness

FOR OFFICE USE ONLY:

Spaarc Call ID ____________________ Date D D M M Y Y Y Y

Scanning Cabinet ____________________ Received By ____________________

Remarks ____________________

STAMP & TIME

ACKNOWLEDGEMENT SLIP

Policy Number Date D D M M Y Y Y Y

Branch Name: ____________________

Received By

STAMP & TIME

Comp/doc/Jan/2012/848