APPLICATION FOR POSTPONEMENT OR OPEN MARKET OPTION (ULIP)

ICICI PRUDENTIAL LIFE INSURANCE

Section A : Application for Postponement of Original Vesting Date

Policy no: ☐☐☐☐☐☐☐☐

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, the NAV applicable shall be of the valuation date immediately following the date of receipt of the completed documents at ICICI Prudential.

Section B: Application for Open Market Option

Policy No: ☐☐☐☐☐☐☐☐

☐ 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 shall be discharged of all liabilities in relation to the above claim upon the payment of the Claim moneys.

Please affix Re 1/- revenue stamp & sign across the stamp

____
Signature

Date : ☐☐ ☐☐ ☐☐☐☐
D D M M Y Y Y Y

Place ____________________

Notes:

1. ICICI Prudential Life Insurance Company Ltd. will draw a cheque in the name of the specified Insurance Company, and the lump sum if any will be paid directly to the annuitant.
2. ICICI Prudential Life Insurance Company will not be responsible for completing the formalities / documentation or any other requirement for purchasing annuity from the other insurance company under "open market option".

Full name of the life assured / annuitant: ☐☐☐
Mr./Ms./Mrs. First Name Surname

Signature of the life assured / annuitant

Date ☐☐ ☐☐ ☐☐☐☐
D D M M Y Y Y Y

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/her. 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 :____
____
____

____
Signature of the witness