FORM FOR APPOINTMENT / ADDITION OF APPOINTEE

ICICI PRUDENTIAL LIFE INSURANCE

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

Policy Name

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

Address

City PIN/ ZIP Code

State Country

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)

Note:

The wording of this form could be copied out on the back of the Policy or this form may be filled in when the life assured is desirous of appointing an appointee when the policy is already issued.

I, _____hereby appoint Mr./Ms. _____

_____residing at _____

whose marital status is _____ & whose date of birth is _____as the appointee to receive the moneys secured by the policy during the minority of the nominee.

Executed at _____ the _____day of _____20_____

In consent of the above appointment I sign hereunder.

_____
Signature of the Life Assured

_____
Signature of the Appointee

CERTIFICATION WHERE THE LIFE ASSURED HAS SIGNED IN VERNACULAR OR HAS AFFIXED THUMB IMPRESSION:

I certify that I have read out and explained the contents of this form for appointment of appointee to Mr./Mrs. _____

_____ and he/she has understood the same and do hereby agree that the appointment of appointee has been made as per his/her specific request. I certify that the vernacular signature/thumb impression affixed herein above is that of Mr./Mrs. _____

_____ who has signed/affixed the same in my presence after I have explained the contents to him/her.

I declare that whatever I have stated herein above is true and correct to the best of my knowledge and 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

Name of Proposer: _____

Branch Name: _____

Received By

STAMP & TIME