

# CHANGE IN PREMIUM CONTRIBUTION/ SUM ASSURED



Policy/ Application Number

Date

Name of Policyholder      
Mr./Ms./Mrs. First Name Middle Name Surname

Product Name

Premium Paying Term  years (for Premier Life series of products)

Address   
  
Landmark  PIN Code

Contact Numbers        
STD Residence STD Office Ext. Mobile

E-Mail ID   
Personal/ Official

## Annual Premium contribution:

From : Rs. \_\_\_\_\_/-

To : Rs. \_\_\_\_\_/-

### NOTE

- Any change in premium contribution can only be done at Policy anniversary
- Change in Premium Contribution can be made subject to policy terms and conditions minimum premium for the product

## REDUCTION IN SUM ASSURED/ DEATH BENEFIT

From : Rs. \_\_\_\_\_/-

To : Rs. \_\_\_\_\_/-

### NOTE

- Decrease in Sum Assured/Death Benefit can be done anytime during the policy year
- Change in Sum Assured/Death Benefit can be made subject to policy terms and conditions
- Personal Declaration Report to be submitted for increase in Death Benefit

\_\_\_\_\_  
Signature of the Proposer

\_\_\_\_\_  
Signature of Witness if Proposer signs in Vernacular Language

## ACKNOWLEDGEMENT OF APPLICATION FOR CHANGE IN PREMIUM CONTRIBUTION/SUM ASSURED

Proposal/ Policy No.

Stamp/ Time Stamp

Name of Policyholder \_\_\_\_\_

Received an amount of Rupees \_\_\_\_\_

by  Cash  Cheque  DD Number:

Received by \_\_\_\_\_

Branch Name \_\_\_\_\_ Date:

Note: The Change in Premium Contribution/Sum Assured will be effected on receipt of this form at an ICICI Prudential authorized centre, subject to terms and conditions.