APPLICATION FOR REGISTRATION/ DELETION OF COVER CONTINUANCE OPTION (CCO)

ICICI PRUDENTIAL LIFE INSURANCE

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

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

Contact Nos. STD | Residence | STD | Office | Ext. | ISD | Mobile

E-Mail ID

I wish to:

☐ Register for the Cover Continuance Option for my Policy Number given above.

☐ Delete the Cover Continuance Option for my Policy Number given above.

Note:

- Cover Continuance gives you the option of continuing your life cover and the rider cover even if you stop paying premiums. If the fund value reaches 110% or 150% of the current Annual Premium, the policy would be foreclosed and proceeds paid to you after deduction of the Surrender charges [if any].
- During Cover Continuance period the mortality and policy administration charges will be deducted via cancellation of units.
- Future premiums for this policy will not be accepted once the cover continuance option is activated.

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Signature of Proposer / Policy Owner

Comm/Form/CCO/1.0

ACKNOWLEDGMENT FOR ☐ REGISTRATION ☐ DELETION OF COVER CONTINUANCE OPTION (CCO)

Application / Policy No. | | | | | | | | |

Name of Policy Holder _____

Branch Name _____

Stamp

Date D D M M Y Y Y Y **Received By** _____