



**Cover Continuance Option (CCO)**

Register for CCO

Deletion of CCO

**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 the minimum requirement, the policy would be foreclosed and surrender value would be paid to you. 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.

**E-Pin Generation**

Generate E-Pin to enable internet access to my policies

**Change in Specimen Signature**

I hereby declare that the below mentioned specimen boxes have my signatures provided on:

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ and the same is witnessed hereunder.

Signature One (Old)	Specimen 1
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Signature One (New)	Specimen 2
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Signature Two (Old)	Specimen 1
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Signature Two (New)	Specimen 2
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Full Name of Witness: \_\_\_\_\_

Employee Code: \_\_\_\_\_

Department: \_\_\_\_\_

Location: \_\_\_\_\_

**Note:** The Specimen Signature change should be completed by the Proposer / Life Assured and in the presence of a witness who should be an employee of ICICI Prudential Life Insurance Company Limited.

**Signature of the Proposer:** \_\_\_\_\_

**Signature of Assignee:** \_\_\_\_\_  
(Required in case of Absolute Assignment of policy)

**Note:** I have understood the meaning and scope of the change request form and take complete responsibility of the changes submitted by me. Any changes in the Policy / Personal Details our subject to the policy terms and conditions and the relevant underwriting guidelines.

**DECLARATION**

Applicable when the Proposer is illiterate or suffering from disability due to which writing is restricted or the proposer has signed in vernacular language. Note: Must be witnessed by someone other than the advisor/agent/employee of the Company.

I (Full name of Witness) \_\_\_\_\_ (Relation with Proposer) \_\_\_\_\_ adult and inhabitant of (Address) \_\_\_\_\_ do hereby declare that I have read and explained the contents of this form to the Proposer and he/she/they have understood the same. **Signature of Witness** \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Spaarc Call ID \_\_\_\_\_

Date 

D	D	M	M	Y	Y	Y	Y
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Scanning Cabinet \_\_\_\_\_

Received By \_\_\_\_\_

Remarks \_\_\_\_\_

STAMP & TIME
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Kindly call our Customer Service Toll Free Number 1-800-22-2020 from your MTNL or BSNL line  
Call Center timings: 9.00 A.M. to 9.00 P.M. Monday to Saturday (except national holidays)



**Communication Address**

ICICI Prudential Life Insurance Company Ltd., Vinod Silk Mills Compound, Chakravarthy Ashok Nagar, Ashok Road, Kandivali ( E ), Mumbai 400 101.