

Request for Updating PAN

PAN Available Yes No

PAN Number

Name (as it appears on the PAN Card)

Document Submitted: PAN Card Copy Form 60 Form 61 Declaration in lieu of PAN

Consent for sharing Policy Details

I/We provide consent for sharing policy details with my/our servicing agents.

I/We do not wish to share my/our policy details with my/our servicing agents.

Note: Policy details includes fund value, unit statement and portfolio statement details, bonus amounts, etc.

Cover Continuance Option (CCO) / Automatic Premium Payment (APP)

Register for CCO / APP

Deletion of CCO / APP

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.
- On activation of APP, premium will be collected through cancellation of units. • APP can be availed once if term less than 15 years and twice if term is greater than 15 years. • APP facility is available only in Investshield Cash (U28), Investshield Life (U29), Investshield Pension (U30) and Investshield Gold (U34). • APP facility can be deleted only if the same has been registered but not activated.

E-Pin Generation

Generate E-Pin to enable internet access to my policies

E-Welcome Kit

Request for E-Welcome Kit

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 are subject to the policy terms and conditions and 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

Scanning Cabinet _____

Received By _____

Remarks _____

STAMP
&
TIME



Communication Address

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