

CHANGE IN PORTFOLIO STRATEGY (CIPS)

Fixed Portfolio Strategy to LifeCycle based / Trigger Portfolio Strategy LifeCycle based / Trigger Portfolio Strategy to Fixed Portfolio Strategy
(Incase of this option kindly complete the table below)

New Fund allocation in case of changed to Fixed Portfolio Strategy

Name of the Fund	Percentage
Total	100%

Note: • CIPS is allowed as per the applicable features of the chosen product. This facility is available free of cost. • CIPS is allowed only once in a policy year OR four times during the policy term (as per product norms).

TOP-UP

Fill up the fund allocation of your top-up premium in the table below

Name of the New Fund	Amount (Rs.)
Total	

Affix Photo Here

A. Increase in Death benefit: # 125% of top up amount 500% of top up amount

Note: # Not applicable for pension products. • Top-Up premium is subject to applicable Top-Up allocation charge. • Please note that submission of duly filled Personal Health Declaration is mandatory for increase in death benefit and same will be subject to underwriting norms and terms & conditions of the policy. • KYC documents required: (i) Photo ID proof (if top up amount is > Rs. 10,000) (ii) Address proof (required if different from the details updated in our records) (iii) Income proof (if amount is > Rs. 1 lakh).

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. If any of the above chosen request(s) is not as per the applicable features of the product, this service request will not be applicable.

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 _____

Receipt No. _____

Remarks _____

STAMP & TIME

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.