

CHANGE IN PORTFOLIO STRATEGY (CIPS)

Fixed Portfolio Strategy to Lifecycle/ Trigger Portfolio Strategy

Lifecycle/ Trigger Portfolio Strategy to Fixed Portfolio Strategy

Lifecycle to Trigger Portfolio Strategy

Trigger to Lifecycle Portfolio Strategy

New fund allocation if applicable:

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). • Please refer to the policy documents for applicable terms and conditions pertaining to CIPS.

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

Name of the 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) ID Proof and Address Proof to be submitted (Proofs are not required if provided earlier) (ii) Income proof reflecting the source of funds for the top up amount (only if the amount of top-up is equal to or more than Rs. 100,000/-) (iii) If the top-up amount is being paid by a person other than proposer, the following documents need to be additionally collected (a) ID and Address proof of the payer (b) Income proof of the payer reflecting source of funds (c) Declaration for third party payments. • For certain products, there will be a lock-in period (from the date of payment) on the top-up premium for the purpose of partial withdrawals. Please refer to the terms and conditions of your policy.

Is the Top Up Amount paid by a person other then the Proposer? **YES** (Tick if applicable, default value is NO) If Yes, please submit third party declaration.

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 Number 1860 266 7766 (Local charges apply)
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. Comp/doc/Nov/2011/629.