APPLICATION FOR POLICY ALTERATION – PREMIERLIFE GOLD

ICICI PRUDENTIAL LIFE INSURANCE

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

Name of Proposer/ Life Assured

Salutation | First Name | Surname

Contact Nos.

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

I request you to revise my Annual Renewal Premium to Rs. _____/-, Rupees in words: _____
_____

Note: Premiums can be reduced only to 75% of initial year's premium

Further, only in case of Reduction In Premium, I request you to (Please tick as applicable):

☐ Decrease my Sum Assured to Rs. _____ /-, Rupees in words: _____
_____ . (Minimum Sum Assured allowed is higher of (Term/ 2 x Annual Premium) and (Annual Premium x 5).

☐ Keep my Sum Assured at the original level of Rs. _____/-, Rupees in words: _____
_____

I declare that all the information provided herein is true to the best of my knowledge. I also understand that:

1. The Policy Alteration would be effective from the Policy Anniversary Date.
2. An increase in Premium will lead to a proportional increase in Sum Assured.
3. I will have to bear the cost of Medical Tests (if any) that may be required to increase the sum assured.

Note: Your request to increase the premium can be submitted only on the Policy Anniversary before payment of premium due.

Signature of Proposer / Policy Owner

Comm/Form/PolAltPrGold/1.0

ACKNOWLEDGEMENT OF APPLICATION FOR POLICY ALTERATION – PREMIERLIFE GOLD

Proposal/ Policy No.: _____

Name of Policyholder: _____

Branch Name: _____

Stamp

Date: D D M M Y Y Y Y

Received by: _____

Note: The Application for Policy Alteration will be effected on receipt of this form at an ICICI Prudential authorised centre, subject to terms and conditions