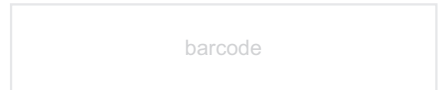


# 11S CHANGE IN OWNERSHIP OF THE POLICY



Policy Number



Full Name of the Life Assured  Salutation  First Name  Surname

Full Name of the deceased Proposer  Salutation  First Name  Surname

## GUIDELINES

- Change in Owner is allowed only in case of death of Proposer (i.e. Where the Life Assured and the Proposer are two different persons) or when Minor Life Assured turns major.
- The Proposer of an Insurance Policy is the owner of the Policy (also referred to as the Policy Holder) entitled to receive any benefit there under, and has the right to carry out any transaction under the Policy. Therefore, in view of this, the Policy forms part of his / her estate as a result of death of a Proposer.
- Filling up this form and submitting the same would help the Company in recording the new owner for the above mentioned Policy.
- The form is to be duly filled and signed by all the Class I legal heirs.
- Class I legal heirs are the immediate family members of the deceased person. E.g. As per the Hindu Succession Act, the legal heirs of a man are wife, children and the mother.
- In case the Life Assured is selected as the New Owner, It is mandatory to fill the nomination details.
- All benefits / rights are subject to the conditions stated in the Policy.
- Where the Life Assured is minor, the New Owner shall remain as the Owner of the Policy only till the Life Assured turns major.
- All future communications will be sent in the name of the new Owner.

## DECLARATION

The Life Assured is  Major  Minor

If Major is selected above, it is not required to fill the below details. The Life Assured will be the New Owner of the Policy.

**If Minor is selected above, please continue filling the form below:**

The Proposer expired on           and the above Policy has become part of his/her estate. We declare and state that we are the only Class I heirs entitled to succeed to his/her estate.

We hereby declare that we have no objection to Mr/ Ms \_\_\_\_\_ becoming the absolute owner of the above Policy. We are aware that the New Owner shall have all the rights and benefits under the above Policy henceforth and the Premiums will be paid from bona fide sources. We are aware and fully understand that in case of the Life Assured being minor at the time of death of the proposer, the owner selected by us now shall remain as owner of the Policy only till the Life Assured attains majority.

## AUTHORIZATION OF ALL THE CLASS I LEGAL HEIRS OF THE DECEASED PROPOSER FOR THE OPTION SELECTED ABOVE

For any legal heir who is minor, his/her guardian should sign on his/her behalf. Please attach a separate sheet in case of more names.

Full name & Signature	Date of birth	Complete Address	Relation with the deceased Proposer	Percentage% (to be specified in case of Surrender)
Date & Place				
Date & Place				
Date & Place				
Date & Place				

**Note:** We, the signatories to the Authorization above do hereby declare that we are the only Class I Legal Heirs of the deceased and are entitled to succeed to the estate of the deceased policyholder. We hereby declare that the particulars furnished above are true, complete and correct in all respects. In the event any of the particulars is found to be incorrect / false, we undertake to indemnify the Company against all losses, damages, costs and expenses (including the costs of any Litigations) that the Company may incur or may be put to as a consequence thereof.

## PAN UPDATION

Kindly submit PAN/Form 60 (as defined under Income Tax Act, 1962), if not already submitted at the time of applying for the policy. Also PAN/Form 60 is mandatory where the premium amount exceeds ₹ 50,000 in a Financial year. The premium payment can be done only through the acceptable premium collection modes. Where any customer/policyholder wishes or proposes to make any payment in cash, it can be accepted up to the limit of ₹ 49,999/- only at the authorized collection points.

PAN Number

Name (as is appears on the PAN Card)  Salutation  First Name  Surname

Document Submitted:  PAN Card Copy  Form 60

**NEW OWNER DETAILS**

**Name** \_\_\_\_\_  
Salutation First Name Surname

**Gender**  Male  Female **Date of Birth** [D][D][M][M][Y][Y][Y][Y]

**Address :**  Residential Address  Permanent Address \_\_\_\_\_

\_\_\_\_\_ City State Pin Code

**Contact Number** \_\_\_\_\_  
STD Residence STD Office Ext. ISD Mobile

**E-Mail ID** \_\_\_\_\_

**Marital Status**  Unmarried  Married  Widower  Divorced

**Nationality**  Indian  Non Indian **Residential Status**  Resident Indian  Non Resident Indian **Resident Country** \_\_\_\_\_

**You are :**

- **Salaried**  Private Ltd.  Public Ltd.  Government  Trust  Partner/Proprietor  Others \_\_\_\_\_
- **Business Owner**  Trading  Manufacturing  Service \_\_\_\_\_
- **Self Employed**  \_\_\_\_\_  Housewife  Student  Agriculturist  Others \_\_\_\_\_

**If Retired/Pensioner, please mark details of your last organization, profession and position held:**

- **Your Organization**  Private Ltd.  Public Ltd.  Government  Others \_\_\_\_\_
- **Nature of Job / Business** \_\_\_\_\_ **Designation** \_\_\_\_\_

\*CKYC Number/KIN (If available) \_\_\_\_\_

\*To know your CKYC/KIN identifier visit the web Portal (www.karvykra.com or www.cvlkra.com)

**KYC Documents:**

- 1) Recent Photograph of the new owner
- 2) PAN/form 60 for individual assignees
- 3) Officially valid document
  - Passport
  - Proof of possession of Aadhaar ( First 8 digit of Aadhaar should be in the masked form)
  - Driving License
  - Voter ID card issued by Election Commission of India
  - Job card issued by NREGA duly signed by an officer of the State Government
  - Letter issued by the National Population Register containing details of name, address or any other document as notified by the Central Government in consultation with the Regulator
- 4) Income proof if applicable
- 5) Succession certificate/ will/ legal heir certificate, if applicable

Kindly carry original KYC documents of assignee / new policy owner for verification (along with photocopies).

I hereby give consent and voluntarily submit my Aadhaar number to ICICI Prudential Life Insurance Co. Ltd. For the purpose of \_\_\_\_\_ to fulfill "Know Your Customer" regulations in order for my above mentioned servicing request to be processed.

For the purpose of identity and address proof, please submit an officially valid document (Passport/Driving License/Voters ID/Masked Aadhaar copy/NREGA Job Card).

I have voluntarily submitted my aadhaar card and hereby give ICICI Prudential Life Insurance Company Ltd. my consent to use and store my aadhaar details for the purposes of processing/servicing this insurance policy. I was provided with options of submitting OVDs other than Aadhaar.

Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions by a **foreign country**, for example, Heads of State or of Governments, senior politicians, senior government / judicial / military officials, senior executives of state owned corporations, important political party officials, etc., including their family members and close relatives.

Are you a politically exposed person or a relative of a politically exposed person  Yes  No

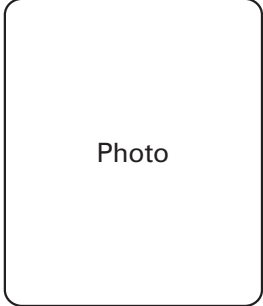
**Relationship with the Life Assured** \_\_\_\_\_

**Relationship with the deceased Owner** \_\_\_\_\_

I hereby consent to receiving information from Central KYC Registry through SMS/email on the registered number/email address. I/we also agree that the PAN details and other KYC information provided by me/us for any servicing requests may be used by the Company to download/verify my/our KYC documents from CERSAI\*

CKYC portal: \*Central Registry of Securitisation and Asset Reconstruction and security Interest of India. I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that ICICI Prudential reserves the right to take appropriate action.

\_\_\_\_\_  
 Signature of Old Owner      Signature of New Owner      Signature of Life Assured      Date [D][D][M][M][Y][Y][Y][Y]      Place \_\_\_\_\_



**NEW NOMINATION**

Name of Nominee	Date of Birth	Mobile No. & E-mail ID	Communication Address	Relationship with Life Assured	Share %
Share % should total to					<b>100 %</b>

\*In case nominee is a minor, please fill Appointee details

All the moneys secured by the above mentioned policy shall be paid to the above nominee/s in the event of my death

Executed at \_\_\_\_\_ the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of the New Policy Holder

APPOINTEE(S) DETAILS: MANDATORY, IF NOMINEE(S) IS A MINOR

The nominee(s) being a minor, I hereby appoint the below as the appointee(s) to receive the moneys secured by the policy during the minority of the nominee(s)

Name of Appointee	Date of Birth	Mobile No. & E-mail ID	Communication Address	Relationship with Nominee	Name of Nominee

Executed at \_\_\_\_\_ the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_. In consent of the above appointment I sign here under.

\_\_\_\_\_  
Signature of Appointee

\_\_\_\_\_  
Signature of the New Policy Holder

**DECLARATION FOR SIGNING IN VERNACULAR LANGUAGE OR AFFIXING THUMB IMPRESSION**

Application /Policy Number

Name of the Life Assured   
Mr./Ms./Mrs. First Name Surname

Name of the Proposer   
Mr./Ms./Mrs. First Name Surname

This is to certify that I have read out the contents of this statement to Mr. / Mrs. \_\_\_\_\_  
\_\_\_\_\_ and he/she has understood the same.

Further, I would also like to certify that Mr. / Mrs. \_\_\_\_\_  
\_\_\_\_\_ has affixed his/her thumb marks in my presence after I have explained the above contents to him/her.

I declare that whatever I have stated herein above is true and correct to the best of my knowledge & belief.

Name of the Witness: \_\_\_\_\_

Relationship with Proposer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of the New Policy Holder

FOR OFFICE USE ONLY:

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

Date

Scanning Cabinet \_\_\_\_\_

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

Remarks \_\_\_\_\_

STAMP  
&  
TIME

**ACKNOWLEDGEMENT SLIP**

This is to acknowledge the receipt of application for:  PAN Update  Change in Ownership  Nomination  Mandate form  Payout Mandate

Policy Number

Date

Received By

STAMP  
&  
TIME



Kindly call our Customer Service Number 1860-266-7766 (local charges apply)  
Call Center timings: 10.00 A.M. to 7.00 P.M. Monday to Saturday (except national holidays)

**Communication Address**

ICICI Prudential Life Insurance Co. Ltd., Unit No. 1A & 2A, Raheja Tipco Plaza, Rani Sati Marg,  
Malad (east), Mumbai 400097. COMP/DOC/Jan/2023/201/2051