

# 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, please submit a separate nomination form to enable the Company to record the nomination.
- 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

Effective July 1, 2011, it is mandatory to provide PAN where policyholder pays premium aggregating Rs. 50,000/- or more in a financial year. The premium payment can be through cash or a banking transaction and is applicable in case of top-ups as well. Policyholders who do not have a PAN can submit Form 60 or Form 61.

PAN Number

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

Document Submitted:  PAN Card Copy  Form 60  Form 61

# NEW OWNER DETAILS

Name \_\_\_\_\_  
Salutation \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_  
Date of Birth

Gender  Male  Female

Address :  Residential Address  Permanent Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Pin Code \_\_\_\_\_

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

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

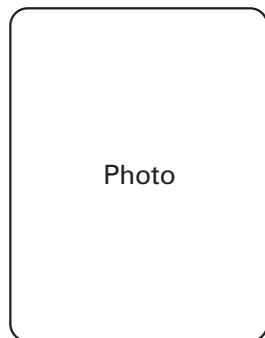
Marital Status  Unmarried  Married  Widower  Divorced

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 \_\_\_\_\_

- KYC Documents:**
1. Identity proof \_\_\_\_\_
  2. Address proof \_\_\_\_\_
  3. Income proof (if applicable) \_\_\_\_\_



Kindly carry original KYC documents of assignee / new policy owner for verification (along with photocopies).  
Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions in a **foreign country**, 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?  Yes  No

Relationship with the Life Assured \_\_\_\_\_  
Relationship with the deceased Owner \_\_\_\_\_

\_\_\_\_\_  
Signature of Old Owner      Signature of New Owner      Signature of Life Assured

Date

Place \_\_\_\_\_

**FOR OFFICE USE ONLY:**

ER    Request submitted by  C  S  CR  CS

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

Scanning Cabinet \_\_\_\_\_ Received By \_\_\_\_\_

Remarks \_\_\_\_\_



**ACKNOWLEDGEMENT SLIP**

This is to acknowledge the receipt of application for:  Change in Ownership  PAN Update

Policy Number \_\_\_\_\_ Date

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



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/Nov/2015/695.

# 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

## DECLARATION

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 Proposer

FOR OFFICE USE ONLY:

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

Scanning Cabinet \_\_\_\_\_ Received By \_\_\_\_\_

Remarks \_\_\_\_\_

STAMP  
&  
TIME

## ACKNOWLEDGEMENT SLIP

Policy Number  Date

Name of Proposer: \_\_\_\_\_

Branch Name: \_\_\_\_\_

Received By

STAMP  
&  
TIME