11S CHANGE IN OWNERSHIP OF THE POLICY Policy Number Full Name of the Life Assured Full Name of the Current Proposer **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 attains the age of majority. Filling up this form and submitting the same would help the Company in recording the new owner for the above mentioned Policy. In the event ownership is being changed due to the (a) death of the policyholder when the Life Assured is major; or (b) when the Life assured has attained the age of majority, then the Life Assured will have to be selected as the New Owner. In the event of death of the policyholder when the Life Assured is a minor, the ownership can be changed to the lawful guardian of the minor life assured and shall remain New Owner only till the Life Assured attains the age of majority. It is mandatory to fill the nomination details, in the event Life Assured has been made the new owner of the policy. All benefits / rights are subject to the terms and conditions stated in the Policy documents. All future communications will be sent in the name of the new Owner. DECLARATION: Applicable where ownership is being changed due to the death of the policyholder The Life Assured is Major Minor If Major is selected above The policyholder has expired on: _ (Life Assured) am aware and understand that I shall be the new policyholder/owner of the policy. I shall be entitled to all benefits and subject to all obligations under the policy as per the terms and conditions. If Minor is selected above _ (Life Assured) is a minor as on date of submission of this form. The policyholder has expired on: _ $.\mathsf{The}_{-}$ $_{ m L}$ (please specify relation with life assured) and I I. Mr/ Ms _, declare and state that the Life Assured is my $_$ am the Life Assured's lawful/natural guardian. I hereby declare that I have no objection in becoming the absolute owner of the above Policy until the Life Assured attains the age of majority. I understand that I shall be subject to all obligations under the policy and entitled to all benefits on behalf of the minor Life Assured. Below details are required in the event ownership is being changed due to (a) death of the policyholder when the Life Assured is major; or (b) when the Life Assured has attained the age of majority 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 authorised collection points. PAN of New Owner Name (as is appears on the PAN Card) **Document Submitted:** PAN Card Copy Form 60 **NEW OWNER DETAILS** Name Gender Male Female Address : Residential Address Permanent Address Contact Number E-Mail ID Marital Status Unmarried Widower Divorced Nationality 🔲 Indian 🔲 Non Indian Residential Status Resident Indian Non Resident Indian Resident Country ☐ PIO Foreign National You are: • Entity Type Private Ltd. Public Ltd. Trust Partner/Proprietor Others Government Professional Self Employed/Businessman Student Housewife • Occupation Salaried Retired Others • Industry Type | Jewellery | Import/Export | Building/Construction (Real Estate) Shipping Scrap Mining Agriculture Others

If Retired/Pensioner, please	mark details of	your last organisation,	profession and	d position held:			
• Your Organisation Private	Ltd. Public I	Ltd. Government	Others				
Nature of Job / Business		Designation	1				
Annual Income ₹		_					
*CKYC Number/KIN (If available)							
*To know your CKYC/KIN identifie	r visit the web Por	tal (www.karvykra.com or v	vww.cvlkra.com)				
KYC Documents: 1) Recent Photograph of the new or 2) PAN/form 60 of the new owner 3) Officially valid document - Passport - Proof of possession of Aadhaar (Figure 1) - Driving License - Voter ID card issued by Election Corection - Job card issued by NREGA duly signature 1 - Letter issued by the National Popul Government in consultation with the statement of the superior of the s	wner First 8 digit of Aadho pmmission of India gned by an officer of ulation Register cont he Regulator plicable where the I s of assignee / new paterily submit my Ac	aar should be in the masked for f the State Government taining details of name, addres Life Assured is a minor and the policy owner for verification (a adhaar number to ICICI Pruder	orm) as or any other do e guardian/New O long with photoco tial Life Insurance	wner is anyone other than topies). Co. Ltd. For the purpose	he minor	Photo	
of to fu	lfil "Know Your Cust	omer" regulations in order for	my above mention	ned servicing request to be	processed.		
For the purpose of identity and a	ny aadhaar card a	nd hereby give ICICI Pruden	tial Life Insuranc	e Company Ltd. my conse	nt to use and store my	,	
purposes of processing/service Politically Exposed Persons" (PEF	s) are individuals v	who have been entrusted w	ith prominent pu	blic functions by a foreign	country, including the		
Governments, senior politicians, s Are you a politically exposed pers	J	•		res ot state-owned corpor	ations and important p	olitical party	officials.
Relationship with the Life As	ssured						
Relationship with the Currer	nt Owner						
I/we agree that the PAN details a documents on/from the CERSAI* valid documents would be relied I hereby declare that the details f immediately. In case any of the a take appropriate action.	CKYC portal for pr upon for processin urnished above an	ocessing this request, any for g any requests/applications e true and correct to the bes	uture application (*Central Registi t of my knowled	s, or any other requests. I/ ry of Securitisation and A: ge and belief and I undert	We understand that or sset Reconstruction and ake to inform you of an	nly the accepted security Inte y changes the	able officiall rest of India erein,
					Place		
Signature of Old Owner	Signatu	re of New Owner	Signature of	Life Assured	Fluce		
NEW NOMINATION Where the ownership of the polic nominee is a minor, please fill Apple	,		is mandatory to	select Nomination as per	Section 39 of the Insur	ance Act 193	8. In case
Name of Nominee	Date of Birth	Mobile No. and E-mail ID	Comm	unication Address	Relationship Life Assu		Share %
All the moneys secured by the ab					Share % should	total to	100 %
_		•			Signature of the	New Policy	/ Holder
APPOINTEE(S) DETAILS	: MANDATORY,	IF NOMINEE(S) IS A MI	NOR				
The nominee(s) being a minor, I ha	ereby appoint the l	pelow as the appointee(s) to	receive the mon	eys secured by the policy	during the minority of t	he nominee(s))
Name of Appointee	Date of Birth	Mobile No. & E-mail ID	Commu	unication Address	Relationship with Nominee	Name of	Nominee
Executed at	the	day of	, 20		above appointment	I sign here ι	ınder.
Signature of Appointee					Signature of th	ne New Polic	v Holder

Application /Policy Number								
Name of the Life Assured Mr./Ms./Mrs. First Name	Surname							
Name of the Proposer	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								
I declare that whatever I have stated herein above is true and correct to the best of my knowledge & belief.	above contents to minyrici.							
Name of the Witness:								
Relationship with Proposer:								
Address:								
Address.								
Signature of Witness Sign	ature of the New Policy Holder							
TEOR OFFICE LISE ONLY:								
FOR OFFICE USE ONLY:								
Spaarc Call ID Date DD MM YYYY	STAMP							
Spaarc Call ID Date D M M Y Y Y Y Scanning Cabinet Received By	STAMP & TIME							
Spaarc Call ID Date DD MM YYYY	&							
Spaarc Call ID Date D M M Y Y Y Y Scanning Cabinet Received By Remarks	&							
Spaarc Call ID Date D D M M Y Y Y Y Scanning Cabinet Received By Remarks	& TIME							
Spaarc Call ID Date Date M_MY Y Y Y Y Scanning Cabinet Received By Remarks ACKNOWLEDGEMENT SLIP This is to acknowledge the receipt of application for: PAN Update Change in Ownership Nomination Mandate form Payout Mandate Policy Number Date D M_M Y Y Y Y	& TIME							
Spaarc Call ID Date Date M M Y Y Y Y Scanning Cabinet Received By Remarks ACKNOWLEDGEMENT SLIP This is to acknowledge the receipt of application for:PAN Update Change in Ownership Nomination Mandate formPayout	& TIME late STAMP &							



Kindly call our Customer Service Number 1800 2660 (toll-free

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. 901A, 901B, 1001A & 1002B, Prism Towers, Mindspace, Link Road, Goregaon (West), Mumbai-400104. COMP/DOC/Jul/2024/117/6591.