



**Request for Updating PAN**

PAN Available  Yes  No

PAN Number

Name (as it appears on the PAN Card)

Document Submitted:  PAN Card Copy  Form 60  Form 61  Declaration in lieu of PAN

**Consent for sharing Policy Details**

I/We provide consent for sharing policy details with my/our servicing agents.

I/We do not wish to share my/our policy details with my/our servicing agents.

**Note:** Policy details includes fund value, unit statement and portfolio statement details, bonus amounts, etc.

**Cover Continuance Option (CCO) / Automatic Premium Payment (APP)**

Register for CCO / APP

Deletion of CCO / APP

**Note:**

- Cover Continuance gives you the option of continuing your life cover and the rider cover even if you stop paying premiums. If the fund value reaches the minimum requirement, the policy would be foreclosed and surrender value would be paid to you. • During cover continuance period the mortality and policy administration charges will be deducted via cancellation of units. • Future premiums for this policy will not be accepted once the cover continuance option is activated.
- On activation of APP, premium will be collected through cancellation of units. • APP can be availed once if term less than 15 years and twice if term is greater than 15 years. • APP facility is available only in Investshield Cash (U28), Investshield Life (U29), Investshield Pension (U30) and Investshield Gold (U34). • APP facility can be deleted only if the same has been registered but not activated.

**E-Pin Generation**

Generate E-Pin to enable internet access to my policies

**E-Welcome Kit**

Request for E-Welcome Kit

**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. Any changes in the Policy / Personal Details are subject to the policy terms and conditions and relevant underwriting guidelines.

**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:**

ER Request submitted by  C  S  CR  CS

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

Date

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

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

Remarks \_\_\_\_\_

\_\_\_\_\_  
**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.