APPLICATION FOR POSTPONEMENT OR OPEN MARKET OPTION (NONULIP)	6	DICICI PRUENTIAL	
SECTION A: APPLICATION FOR POSTPONEMENT OF ORIGINAL VESTING DATE			
Policy Number			
I wish to postpone the original vesting date to $ \begin{array}{ c c c c c c c c c c c c c c c c c c c$			
Notes: 1. The annuitant's age should not exceed 75 years on the postponed vesting date. 2. The Life Cover ceases on the original vesting date of the policy. 3. The Company shall pay interest subject to review at the beginning of every calendar year. 4. The interest shall be paid on the maturity amount for the period starting from the original vesting date till the postpone of the annuitant on the postponed vestion of the postponed v			
SECTION B: APPLICATION FOR OPEN MARKET OPTION			
Policy Number			
I wish to utilize% of the maturity amount towards the purchase of the annuity from and% as lump sum. (Maximum amount 33.33%); OR		(please specify the Insurance company)	
I wish to utilize the entire maturity amount towards the purchase of the annuity from		(please specify the Insurance company)	
Option for OMO payout: Electronic Cheque			
If you select Electronic payout mode, please fill below details: Insurance Company Bank Account Number:			
Insurance Company IFSC Code:			
Applicable for OMO, (not applicable for postponement)			
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Limited shall be discharged of all its' liabilities in relation to the above claim upon the payment of the Claim moneys.	derstand and ag	gree that ICICI Prudential Life Insurance Company	
 I confirm, I shall complete all the formalities / documentation or any requirement for purchasing annuity from the other insurance company under 'Open Market Option'. ICICI Prudential Life Insurance Company Limited shall draw a cheque in the name of the specified Insurance Company as opted by me herein, and the balance lump sum if any, will be paid to me (annuitant). 			
para como (amatam).		Date D D M M Y Y Y Y	
Signature		Place	
Full name of the Life Assured / Annuitant:		Surname	
		Date DDDMMJYYYY	
Signature of the Life Assured / Annuitant		Place	
DECLARATION FOR SIGNING IN VERNACULAR LANGUAGE OR AFFIXING THUMB IMPRESSION:			
I certify that I have read out the contents of this statement to Mr. / Mrs & he/she has			
understood the same. I also certify that Mr. / Mrs. has signed/affixed his/her thumb impression/signature is vernacular language in my presence after I have explained the above contents to him/her. I declare that whatever I have stated herein above is true & correct to			
the best of my knowledge & belief.			
Name Mr./Ms./Mrs. First Name	Surname		
Address			
Landmark Pin Code			
		Signature of the witness	
FOR OFFICE USE ONLY:		Signature of the witness STAMP 8 TIME	
о опир	l	1000	
		STAMP &	
Scanning Cabinet Received By Remarks		TIME	
ACKNOWLEDGEMENT SLIP			
Policy Number Date D D M M Y	YYY	STAMP	
Branch Name:		& TIME	
Received By		TIIVIL	