

APPLICATION FOR POSTPONEMENT OR OPEN MARKET OPTION (ULIP)



SECTION A: APPLICATION FOR POSTPONEMENT OF ORIGINAL VESTING DATE

Policy Number

I wish to postpone the original vesting date to

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 quote annuity rates based on age of the annuitant on the postponed vesting date.
4. For withdrawal of units, if the request received upto 3.00 p.m. IST on a weekday (Mon-Fri), the same day's unit value will be applicable. However, if the application is received after 3.00 p.m. IST, then the next declared NAV will be applicable.

SECTION B: APPLICATION FOR OPEN MARKET OPTION

Policy Number

- I wish to utilize _____% of the maturity amount towards the purchase of the annuity from _____ (Please specify the Insurance company) and _____% as lump sum (Maximum amount 33.33%); OR
- 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)

I _____ (name of the annuitant/ beneficiary) understand and agree that ICICI Prudential Life Insurance Company Limited shall be discharged of all its' liabilities in relation to the above claim upon the payment of the Claim moneys.

1. I confirm, I shall complete all the formalities / documentation or any requirement for purchasing annuity from the other insurance company under 'Open Market Option'.
2. 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).

Date

Signature _____

Place _____

Full name of the Life Assured / Annuitant:

Mr./Ms./Mrs.

First Name

Surname

Date

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 in vernacular language in my presence after I have explained the above contents to him/him. 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:

Spaarc Call ID _____

Date

Scanning Cabinet _____

Received By _____

Remarks _____

STAMP
&
TIME

ACKNOWLEDGEMENT SLIP

Policy Number

Date

Branch Name: _____

Received By

STAMP
&
TIME