	APPLICATION FOR POSTPONEMENT OR OPEN MARKET OPTION (NONULIP)	PICICI PRUDENTIAL
	SECTION A: APPLICATION FOR POSTPONEMENT OF ORIGINAL VESTING DATE	
	Policy Number	
	I wish to postpone the original vesting date to $ D D MM M YYYY$	
	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 5. In case of postponement, the Company shall quote annuity rates based on age of the annuitant on the period. 6. Surrender is not allowed after original vesting date for ICICI Pru Forever Life Plan.	
	SECTION B: APPLICATION FOR OPEN MARKET OPTION	
	Policy Number	
	 I wish to utilize% of the maturity amount towards the purchase of the annuity from 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 Option for OMO payout: Electronic Cheque If you select Electronic payout mode, please fill below details: 	
	Insurance Company Bank Account Number:	
	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.	
	 I confirm, I shall complete all the formalities / documentation or any requirement for purchasing annu 'Open Market Option'. ICICI Prudential Life Insurance Company Limited shall draw a cheque in the name of the specified Insurabalance lump sum if any, will be paid to me (annuitant). 	ity from the other insurance company under
	Signature	Place
	Full name of the Life Assured / Annuitant:	Surname
		Date DD MM YYYY
	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	rname
	Address	
	Landmark	
	Editation 1 in Code	
		Signature of the witness STAMP & TIME
	FOR OFFICE USE ONLY:	
	Spaarc Call ID	STAMP
	Scanning Cabinet Received By	_ TIME
	Remarks	
ACKNOWLEDGEMENT SLIP		
	Policy Number Date DD MM YYYY	Y STAMP
	Branch Name:	& TIME
	Received By	111716