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 $\Box\Box\Box\Box\Box\Box\Box\Box\Box\Box\Box$ 1. Postponement of vesting will be allowed upto the maximum age mentioned in terms and condition of your policy. 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. 5. Surrender is not allowed after original vesting date for ICICI Pru InvestSheild Pension Plan. SECTION B: APPLICATION FOR OPEN MARKET OPTION Policy Number • I wish to utilize _________ for 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) $_{-}$ (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 DDMMYYYYY Signature Full name of the Life Assured / Annuitant: Date DDMMYYYY Place Signature of the Life Assured / Annuitant 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. ___ 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 COMP/DOC/Oct/2023/1210/4328 Signature of the witness FOR OFFICE USE ONLY: Spaarc Call ID D D M M Y Y Y Y 2, Scanning Cabinet Received By ACKNOWLEDGEMENT SLIP Date | D | D | M | M | Y | Y | Y | Y Policy Number & Branch Name: Received By