REQUEST FOR SWITCH/PREMIUM REDIRECTION/ATS/ATP/CIPS/Top-Up							
Policy Number Date D M Y Y Y Y Y Y Barcode Name of Proposer							
E-Mail ID All fields are mandate	ry. (Atleast one contact no. is	mandatory for processing y	our request. The Contact details mentioned abo	ve will be updated for all fut	ure communication)		
IMPORTANT GUIDELINES: • If the policy has been assigned, request would be accepted on receipt of request / NOC from the Assignee of the policy. • If application for Unit Linked Product is received up to 3:00 pm IST on a weekday (Mon-Fri), the same day's unit value will be applicable. • However, if the application is received after 3:00 pm IST, then the next declared NAV will be applicable. • To enable us to process your request, please mention the fund name clearly and fund allocation in percentage form. • Only one transaction on your ULIP policy can be processed on every working day(day when markets are open). If you submit multiple requests, then one request will be processed on the first day and remaining on consecutive working days (days when markets are open). For e.g. If you submit a request for reviving a ULIP policy, doing a Fund switch, changing the portfolio strategy on the same day, then first the policy will be re-instated. On the next working day your Fund switch request will be processed and on the following working day, your portfolio strategy will be changed. All transactions will be processed as per the NAV applicable on that working day.							
	WITCH (To change fund allocation in the ta		ture premium, please use the	Premium Redire	ction section below	v)	
	Percentage		OM (Name of the Fund)	то) (Name of the Fund)		
Note:							
Please refer to		••	nditions pertaining to Fund Switch. me day, the premium paid will not be cor	isidered for processing t	he switch.		
PREMIU	M REDIRECTION (Allocation of Fut	ture Premium)				_
	Name of the Fund Percentage						
			Total	100%			
If Yes, current pre	your renewal premium pa emium to be invested as to the policy documents fo	per Existing		No ion as per the above ta ction.	ble		
	ATIC TRANSFER S						
1 st of the m	nonth	15^{th} of the month	1				
	FROM		TO (Only 1 fu	nd)	Amount	(Rs.)	
	e ATS/ATP to the policy documents fo	r applicable terms and	conditions pertaining to ATS.				
PAN UPDATION Effective July 1, 2011, it is mandatory to provide PAN where policyholder pays premium aggregating Rs. 50,000/- or more in a financial year. The premium payment can be through cash or a banking transaction and is applicable in case of Top-Ups as well. Policyholders who do not have a PAN can submit Form 60 or Form 61. PAN Number							
Name (as is appears on the PAN Card)							
Salutation First Name Surname Document Submitted PAN Card Copy Form 60 Form 61							
Signature of the Proposer:							
	OGEMENT SLIP wledge the receipt of a	pplication for					• •
Switch Premium Redirection Automatic Transfer Strategy PAN Updation Change in Portfolio Strategy Top-Up							
Policy Number		Am	nount (Rs.)				
Cash/Cheque/DI) No.		Date D D M M Y Y	Y Y Y		STAMP ស	
Received By	Received By Image: Second se						
Note: The switch re	equest will be processed pro	vided no other financial t	ransactions are pending .				

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Note: The switch request will be processed provided no other financial transactions are pe	Vote:	The switch	request	will be	processed	provided	no	other	financial	transactions	are	pend
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CHANGE IN PORTFOLIO ST	RATEGY (CIPS)							
Fixed Portfolio Strategy to Lifecycle/		Lifecycle/ Trigger Portfolio Strateg	v to Fixed Portfolio Strategy					
Lifecycle to Trigger Portfolio Strategy		Trigger to Lifecycle Portfolio Strate						
New fund allocation if applicable:								
-	Name of the Fund	Percentage						
-								
-								
-								
-	Total	100%						
		ilable free of cost. • CIPS is allowed only on	e in a policy year OR four times during the policy term					
Top-Up Fill up the fund allocati	ion of your Top-Up premium in the table below							
	Name of the Fund	Amount (Rs.)	Affix Photo Here					
_								
_								
	Total							
A. Increase in Death benefit: 125% of Top-Up amount 500% of Top-Up amount 1000 % of Top-Up amount (Applicable only for Product codes UA1,UA2, UA3,UA4,UA5,UA6) Note: # Not applicable for pension products. • Top-Up premium is subject to applicable Top-Up allocation charge. • Please note that submission of duly filled Personal Health Declaration is mandatory for increase in death benefit and same will be subject to underwriting norms and terms & conditions of the policy. • KYC documents required (i) ID Proof and Address Proof to be submitted (Proofs are not required if provided earlier) (ii) Income proof reflecting the source of funds for the Top-Up amount (only if the amount of Top-Up is equal to or more than Rs. 100,000/-) (iii) If the Top-Up amount is being paid by a person other than proposer, the following documents need to be additionally collected (a) ID and Address proof of the payer (b) Income proof of the payer reflecting source of funds (c) Declaration for third party payments. • For certain products, there will be a lock-in period (from the date of payment) on the Top-Up premium for the purpose of partial withdrawals. Please refer to the terms and conditions of your policy. • In case of dishonor of payment made towards top-up, the company shall deduct applicable dishonor charges. Is the Top-Up Amount paid by a person other then the Proposer? YES (Tick if applicable, default value is NO) If Yes, please submit third party declaration.								
Signature of the Proposer:								
DECLARATION								
	ering from disability due to which writing is restricted nt/employee of the Company.	or the proposer has signed in vernacular langua	age. Note: Must be					
I (Full name of Witness)		(Bela	tion with Proposer)					
		adult and inhabit	ant of (Address)					
declare that I have read and explained the contents	of this form to the Proposer and he/she/they have under	rstood the same.	do hereby Signature of Witness					
FOR OFFICE USE ONLY:								
			[]					
<u>.</u>								
Spaarc Call ID	Date D	\mathbb{M} \mathbb{M} \mathbb{Y} \mathbb{Y} \mathbb{Y} \mathbb{Y}	STAMP & TIME					
Scanning Cabinet	Received By							
Receipt No.	Remarks							
-								
	Kindly call our Customer Service Numl Call Center timings: 10.00 A.M. to 7.00 P.M. I	ber 1860-266-7766 (local charges apply) Monday to Saturday (excent national bo						
			iuays)					
	ØICICI PR							
		··· /·						
	LIFE INSU	RANCE						
	Communica	tion Address						
ICICI Prudential Life Insurance	e Co. Ltd., Unit No. 1A & 2A, Raheja Tipco Plaz	a, Rani Sati Marg, Malad (East), Mumbai 4	100097. Comp/doc/Nov/2011/629.					

Comm/Form/Switch_PR_ATS_CIPS_Top-Up/1.7