REQUEST FOR SWITCH/PREMIUM REDIRECTION/ATS/ATP/CIPS/Top-Up										
Policy Number Date D M Y Y Y Barcode										
Name of Prop	Name of Proposer									
Contact Nos.				Office	Evt					
STD Residence STD Office Ext. ISD Mobile E-Mail ID										
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 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 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 										
FUND SWITCH (To change allocation of future premium, please use the Premium Redirection section below) Fill up new fund allocation in the table below										
	Percentage		FROM (Name of the Fund)			TO (Name of the Fund)				
			nd conditions pertaining to F							
			he same day, the premium p		ered for processing th	ne switch				
			Name of the Fund		Percent	tage				
						_	-			
			Total 10		0%					
Are vou makir	ا a vour renewal prer	mium pavme	ent along with this rea	quest? 🗌 Yes	100	J-90				
If Yes, current	premium to be inves	sted as per	Existing Allocat	tion Nev	v Allocation as p	per the above t	able			
			ble terms and condition		mium Redirection.					
	MATIC TRANSFE products as per pro		EGY / PLAN (ATS	S/AIP)						
			15th of every month	I.						
	FROM		1		Amount (₹)]			
Note: Minim	num Transfer amount per tr	ansfer:₹2.000								
For ICI	CI Pru Signature	e Plan								
(Applicable with Risk Commencement Date w.e.f and after 20th August, 2021) Frequency: Monthly Fortnightly Weekly										
Note: Minimum Transfer amount per transfer: Monthly frequency: ₹ 2,000, Fortnightly frequency: ₹ 1,000, Weekly frequency: ₹ 500 Start Date (subsequent ATPs will be processed basis frequency chosen): 1st 8th 15th 22nd										
* For Monthly it will executed on the date chosen										
* For Forthightly it will be executed in the combination date of 1st and 15th OR 8th and 22nd * For Weekly it will be executed and shall be effective from the date chosen										
Туре:	Debt to Equity	Equity to Del	ot Amount (₹)		To Fund(s)		Percentage %			
	(•)				x-7					
Note: • For fund t	Note: • For fund type please refer policy terms and conditions									
 In the eve 	 For failing type precise ferrer ported ferring and containing In the event of policy moving to discontinued or insufficient in source funds, ATPs will resume prospectively subject to policy being Inforce/money available in source fund Once request is submitted it will be executed on next effective date or the chosen date 									

Note: Please refer to the policy documents for applicable terms and conditions pertaining to ATS.

Incase the effective date is no NAV date, than the NAV will be applicable as per the next working day

PAN UPDATION								
Effective July 1, 2011, it is mandatory to provide PAN where policyholder pays premium aggregating ₹ 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								
Document Submitted PAN	Salutation	First Name	Surname					
			STAMP & TIME					
Signature of the Proposer:								
CHANGE IN PORTFOL								
Target Asset Allocation Strate		ed Portfolio Strategy 🗍 LifeCycle	e based Portfolio Strategy					
New fund allocation if applicable:			based i or done on acegy					
	Name of the Fund	Percentage						
			_					
	Total	100%						
	e features of the chosen product. This facility is available fr		cy year OR four times during the policy term					
(as per product norms) • Please refer to the p	policy documents for applicable terms and conditions perta	ining to CIPS						
Top-Up Fill up the fund al	llocation of your Top-Up premium in the tabl	le below						
	Name of the Fund	Amount (₹)						
			Affix Photo Here					
	Total							
A. Increase in Death benefit:"			s mentioned that 1000% is available for LIA					
A. Increase in Death benefit: 125% of Top-Up 500% of Top-Up amount is not applicable for amount of the product codes UA, UB and UW Products. Rest can be opted basis policy terms and conditions UW5) the same can be opted based on age and option								
Note: #• 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 ₹ 1,00,000/-) (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.								
Top up for Pension plans								
I13- IPRU Guaranteed Pensio	n Plan Immediate Annuity							
 III I I I I I I I I I I I I I I I I I								
115- IPRU Guaranteed Pension Plan POS								
I19- IPRU Guaranteed Pension Plan Flexi								
Amount								
Note: Frequency/Annuity Option change would not be allowed on top-up purchase price. It would remain the same as the original annuity option and frequency chosen. For Immediate Annuity options, the annuity payout would start post top-up.								
Signature of the Proposer:		Signature of Assignee* / Trustee [#] :						
•		(*Required in case of Absolute Assignment of F ("Required in case of Policy covered under MW	Policy)					
Note: • I have understood the meaning and scope of the change request form and take complete responsibility of the changes submitted by me. If any of the above chosen request(s) is not as per the applicable features of the product, this service request will not be applicable • For IPRU Guaranteed Pension Plan Flexi (19), top up option ca be chosen anytime during the deferment period only								
DECLARATION								
Applicable when the Proposer is illiterate or suffering from disability due to which writing is restricted or the proposer has signed in vernacular language. Note: Must be witnessed by someone other than the advisor/agent/employee of the Company.								
I (Full name of Witness) (Relation with								
Proposer)		addit and Inno	abitant UI					

do hereby declare that I have read and explained the contents of this form to the Proposer and he/she/they have understood the same.

(Address)

ACKNOWLEDGEMENT SLIP								
This is to acknowledge the receipt of application for								
Switch Premium Redirection Automatic Transfer Strategy PAN Updation Change in Portfolio Strategy Top-Up								
Policy Number Amount (₹) Cash/Cheque/DD No. Date D M Y Y Y Y								
Cash/Cheque/DD No. Date D M Y Y Y Received By I	STAMP & TIME							
Note: The switch request will be processed provided no other financial transactions are pending.								
FOR OFFICE USE ONLY:								
ER Request submitted by S CR CS C								
Spaarc Call ID Date D M Y Y Y	STAMP & TIME							
Scanning Cabinet Received By								
Receipt No Remarks								
Kindly call our Customer Service Number 1800 26 Call Center timings: 10.00 A.M. to 7.00 P.M. Monday to Saturda								
PICICI PRUDENTIA								
LIFE INSURANCE								
Communication Address ICICI Prudential Life Insurance Co. Ltd., Unit No. 901A, 901B, 1001A & 1002B, Prism Towers, Min	ndspace, Link Road, Goregaon (West), Mumbai-400104.							
COMP/DOC/Jun/2023/156/3271.								