REQUEST FOR SWITCH/PREMIUM REDIRECTION/ATS/ATP/CIPS/TOP-UP				OICICI PRUDENTIAL			
Policy Number Name of Proposer Mr./Ms./Mrs. First Name Contact Nos. STD Residence STD Office Ext. ISD Mobile E-Mail ID All fields are mandatory. (Atleast one contact no. is mandatory for processing your request. The Contact details mentioned above will be updated for all future 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. FUND SWITCH (To change allocation of future premium, please use the Premium Redirection section below)							
FIII up nev	v fund allocation in the table b Percentage	FROM (Name of the Fund)		TO (Name of the Fund)			
Note: Please refe	r to the policy documents for app	licable terms and conditions pertaining to Fund Switch					
PREMIL	JM REDIRECTION (Allo	ocation of Future Premium)					
		Name of the Fund	Percent	tage			
		Total	100	0/.			
Total 100% Are you making your renewal premium payment along with this request? Yes No							
If Yes, current premium to be invested as per Existing Allocation New Allocation as per the above table Note: Please refer to the policy documents for applicable terms and conditions pertaining to Premium Redirection.							
AUTOMATIC TRANSFER STRATEGY / PLAN (ATS / ATP)							
1st of the month 15th of the month							
	FROM	TO (Only 1 fund)		Amount (Rs.)			
Note: Please refer to the policy documents for applicable terms and conditions pertaining to ATS.							
	PDATION						
•		de PAN where policyholder pays premium aggregat pplicable in case of top-ups as well. Policyholders v	•				
PAN Number	1						
	pears on the PAN Card)	Salutation	First Name	Surname			
Document Submitted PAN Card Copy Form 60 Form 61							
Signature of the Proposer: Signature of Assignee: (Required in case of Absolute Assignment of policy)							
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 (Rs.) Stamp							
Cash/Cheque/DD No. Date D D M M Y Y Y Y Y <t< th=""></t<>							
Note: The switch request will be processed provided no other financial transactions are pending .							

CHANGE IN PORTFOLIO STRATEGY (CIPS)							
Fixed Portfolio Strategy to Lifecycle/ Trigger Portfolio Strategy							
Lifecycle to Trigger Portfolio Strategy Trigger to Lifecycle Portfolio Strategy							
New fund allocation if applicable:							
	Name of the Fund	Percentage					
	Total	100%					
Note: • CIPS is allowed as per the applicable	***		e in a nolicy year OR four times during the nolicy term				
Note: • CIPS is allowed as per the applicable features of the chosen product. This facility is available free of cost. • CIPS is allowed only once in a policy year OR four times during the policy term (as per product norms). • Please refer to the policy documents for applicable terms and conditions pertaining to CIPS.							
TOP-UP Fill up the fund allocation 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						
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.							
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: Signature of Assignee: (Required in case of Absolute Assignment of 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.							
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) adult and inhabitant of (Address)							
declare that I have read and explained the content	s of this form to the Proposer and he/she/they have understood the san	ne.	do hereby Signature of Witness				
FOR OFFICE USE ONLY:							
Spaarc Call ID	Date D D M _ M [YYYY					
Scanning Cabinet Received By			STAMP & TIME				
Receipt No.	Remarks						

Kindly call our Customer Service Toll Free Number 1-800-22-2020 from your MTNL or BSNL line Call Center timings: 9.00 A.M. to 9.00 P.M. Monday to Saturday (except national holidays)



Communication Address