6	9	K	C		C	•	P	R	U	K	EN	1	Π/	<b>AL</b>	
	L	1	F	E		N	S		R						

NOMINATION FOR	RM			ICICI PRUDE		
GUIDELINES:			_			
<ul><li>Please fill this form clearly in CA</li><li>This form needs to be submitte</li></ul>		vith the terms and conditions (	(Page 2) mentioned therein.			
Annuity Policy Number			, · · J · · , · · · · · · · · · · · · ·			
Name of Annuitant:						
Salutation		First Name	Surname			
Contact Numbers						
STD Residenc	Α	STD Office	Ext.	Mobile		
E-mail ID:						
☐ NOTICE OF NOMINA	ATION					
To, ICICI Prudential Life Insurance Co Unit No. 901A, Prism Towers, Min Link Road, Goregaon (West), Mur	idspace,					
Dear Sir / Madam, Please make the following chang	e:					
Appointment of Fresh Nomir	nee(s)/Addition	al Nominee as given belov	V			
Name of Nominee	Date of Birth	Mobile No. & E-mail ID	Communication Address	Relationship wi annuitant	th Share %	
For more than 2 nominees please *In case the nominee is a minor, p	· ·					
All the moneys secured by th	e above mentio	ned policy shall be paid to	the above nominee/s in the event of	my death		
Executed at	the	day of	, 20			
Change of Existing Nominee	(s)			Annuitant's	Signature	
Name of Nominee	Date of Birth	Mobile No. & E-mail ID	Communication Address	Relationship wi annuitant	th Share %	
					1225	
				Share % should total	to 100 %	
All the moneys secured by th	e above mentio	ned policy shall be paid to	the above nominee/s in the event of	f my death		
Executed at	the	day of	20			
			,	Annuitant's	Signature	
				Amurants		
		ATORY, IF NOMINEE	• •			
The nominee(s) being a mino nominee(s)	r, 1 hereby appo	int the below as the appoi	ntee(s) to receive the moneys secure	a by the policy during	tne minority of the	
Name of Appointee	Date of Birth	Mobile No. & E-mail ID	Communication Address	Relationship with Nominee Name of Nominee		
Executed at	the	day of	, 20 In consent of the a	bove appointment I sig		



For any queries, please call Customer Service Number on 1860 266 1999

Call Center Timing 10.00 A.M. to 7.00 P.M. Monday to Saturday (except National holidays). Local charges apply.

Name & Signature of Appointee Name & Signature of Appointee Name & Signature of Appointee

ICICI Prudential Life Insurance Company Limited, Unit No. 901A, Prism Towers, Mindspace, Link Road, Goregaon (West), Mumbai - 400 104.

Annuitant's Signature

DECLARATION FOR	R THUMB IMPRESSION / SIGNING IN VERNACULAR LANGUAGE						
Declaration by Witness							
This is to certify that I have rea	d out and explained the contents of the nomination form to	(Policyholder).					
Post which the policyholder h	as affixed his / her thumb impression or has signed in vernacular language in my presence	).					
I further declare that the deta nature of questions.	ills recorded in the nomination form, have been provided to me by the policyholder only aft	er understanding the					
Name of Witness:	ation First Name Surname						
Address:							
Relationship with Annuitant:	Contact Numbers STD Residence	Mobile					
Date:							
Place:	Sig	gnature of Witness					
Declaration by Annuitant							
In the consideration of the ab explained to me / us and I / w	ove declaration by witness, I / we confirm that the contents of the nomination form have be have understood the same.	een read out and					
I further confirm that the details / preferences required in the nomination form, have been recorded accurately by the witness and are in accordance with the instructions given by me.							
Date:							
Place:							
List of KYC documents:	Annuitant's Signat	ure/Thumb Impression					
1) PAN/Form 60 (As applicab	ole under Income Tax Rules); and						
2) Any one of the officially vo	ılid document required; and						
<ul><li>- Passport</li><li>- Driving License</li></ul>							
=	ued by Election Commission of India						
•	A duly signed by an officer of the State Government						
•	onal Population Register containing details of name, address or any other document as no	tified by the Central					
Government in consultati	ion with the Regulator adhaar number ( to be taken in masked form / take redacted Aadhaar)						
3) Recent Photograph	dulidal humber ( to be taken in musked form) take reducted Addition						
TERMS AND CONDITIO	DNS – NOMINATION						
	or the existing nomination can be changed to a new nominee by the Annuitant at any time dui	ring the term of the policy by					
	change or cancellation of nomination is subject to the receipt of notice and the form by ICICI Pr	·uLife.					
	ng the cancellation of nomination, the policy form and notice must be sent for registration to o						
4. If the Annuitant is not conversant with English or is illiterate, the form should be witnessed and the witness needs to certify before such witnessing							
	nomination form were explained by him to the named Annuitant in vernacular and that the sion in his (witness's) presence after thoroughly understanding the same.	e Annuitant has affixed his					
	an appointee must be appointed to whom the money secured by the policy shall be paid in	n the event of the assured's					
death during the minority of the nominee.							
6. If share % is not mentioned	d, benefits will be distributed in equal proportion.						
FOR OFFICE USE OF	NLY:						
☐ ER Request submitted	by C C CR CS						
Spaarc Call ID		STAMP					
Scanning Cabinet	Received By	& TIME					
Remarks							
ACKNOWLEDGEMENT	T SLIP						
This is to acknowledge the re		STAMP					
Appointment Of Fresh Nom	inee/Change of Existing Nominee/s Notice Of Nomination	&					
Policy Number		TIME					
Received By							
	ed within 6 working days from the date we receive this form.	2 of 2					