6M REQUEST FOR CHANGE IN PERSONAL/POLICY DETAILS Policy Number D D M M Y Y Y Date Barcode Name of Proposer **Contact Nos.** 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) **Change in Name** Proposer Life Assured Appointee Nominee (Please fill the Name as you want it to appear) Mr/Ms/Mrs First Name Middle Name Surname Note: Supporting proofs will have to be submitted as per norms [i.e. Marriage Certificate / Gazette Copy / Adoption Deed / Divorce Deed] Change in Address Note: Supporting address proofs will have to be submitted as per norms. [i.e. Utility bills / Bank statement / Passport / Driving Licence] DOB | D | D | M | M | Y | Y | Y | Y Change in Date of Birth Proposer Life Assured Joint Life Assured Appointee Nominee Note: Supporting proofs will have to be submitted as per norms. [i.e. Birth Certificate / Driving Licence / Passport] **Change in Premium Payment Frequency** Monthly Half Yearly Yearly (This change will be applicable from the next premium payment date) Change in Premium Payment Mode (Tick the mode of payment required) Cash Cheque **Direct Debit** Credit Card Bill Desk Bill Junction **ECS** Post Dated Cheque Reason Note: If payment through ECS, Direct Debit or Credit Card is selected, Mandate needs to be filled and submitted at the nearest ICICI Prudential Life Insurance branch. **Change in Sum Assured** Required Rs. Note: In case of increase in Sum Assured, a Personal Health Declaration Form (PDR) will have to be submitted along with this form. **Change in Annual Premium** From Rs. Required Rs. Note: • Any change in premium contribution can only be done at policy anniversary • Change in premium contribution can be made subject to policy terms & conditions 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. Any changes in the Policy / Personal Details are subject to the policy terms and conditions and relevant underwriting guidelines. **ACKNOWLEDGEMENT SLIP** This is to acknowledge the receipt of application for change in: Email ID Date of Birth Name Address Contact Details **Annual Premium** Premium Payment Mode **Premium Payment Frequency** E-Pin Sum Assured **PAN Updation** Consent for sharing Policy Details E-Welcome Kit **Cover Continuance Option STAMP Policy Number** Date Si TIME Received By

Request for Updating PAN	
PAN Available Yes No	
PAN Number	
Name (as it appears on the PAN Card)	
Document Submitted: PAN Card Copy Form 60 Form 61 Declaration in lieu of PAN	
Consent for sharing Policy Details	
//We provide consent for sharing policy details with my/our servicing agents.	
I/We do not wish to share my/our policy details with my/our servicing agents.	
Note: Policy details includes fund value, unit statement and portfolio statement details, bonus amounts, etc.	
Cover Continuance Option (CCO) / Automatic Premium Payment (APP)	
Register for CCO / APP Deletion of CCO / APP	
Note:	and color and the minimum and the
Cover Continuance gives you the option of continuing your life cover and the rider cover even if you stop paying premiums. If the fund value reaches the minimum requirement, the policy would be foreclosed and surrender value would be paid to you. During cover continuance period the mortality and policy administration charges will be deducted via	
cancellation of units. • Future premiums for this policy will not be accepted once the cover continuance option is activated. • On activation of APP, premium will be collected through cancellation of units. • APP can be availed once if term less than 15 years and twice if term is greater than 15 years. • APP	
facility is available only in Investshield Cash (U28), Investshield Life (U29), Investshield Pension (U30) and Investshield Gold (U34). • APP facility can be deleted only if the same has been registered but not activated.	
E-Pin Generation	
Generate E-Pin to enable internet access to my policies	
E-Welcome Kit	
Request for E-Welcome Kit	
	of Assignee: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. Any changes in the Policy /	
Personal Details are subject to the policy terms and conditions and relevant underwriting guidelines.	
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)
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.	
	Signature of Witness
FOR OFFICE USE ONLY:	
☐ ER Request submitted by ☐ C ☐ S ☐ CR ☐ CS	
Spaarc Call ID Date DDDDVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVV	STAMP
	&
Scanning Cabinet Received By	
Scanning Cabinet Received By	&

Kindly call our Customer Service Number 1860-266-7766 (local charges apply) Call Center timings: 10.00 A.M. to 7.00 P.M. Monday to Saturday (except national holidays)



Communication Address