

APPLICATION FOR POSTPONEMENT OR OPEN MARKET OPTION (NONULIP)



SECTION A: APPLICATION FOR POSTPONEMENT OF ORIGINAL VESTING DATE

Policy Number

I wish to postpone the original vesting date to

Notes:

- The annuitant's age should not exceed 75 years on the postponed vesting date.
- The Life Cover ceases on the original vesting date of the policy.
- The Company shall pay interest subject to review at the beginning of every calendar year.
- The interest shall be paid on the maturity amount for the period starting from the original vesting date till the postponed vesting date.
- In case of postponement, the Company shall quote annuity rates based on age of the annuitant on the postponed vesting date.

SECTION B: APPLICATION FOR OPEN MARKET OPTION

Policy Number

- I wish to utilize _____% of the maturity amount towards the purchase of the annuity from _____ (please specify the Insurance company) and _____% as lump sum. (Maximum amount 33.33%); OR
- I wish to utilize the entire maturity amount towards the purchase of the annuity from _____ (please specify the Insurance company)

Applicable for OMO, (not applicable for postponement)

I _____ (name of the annuitant/ beneficiary) understand and agree that ICICI Prudential Life Insurance Company Limited shall be discharged of all its' liabilities in relation to the above claim upon the payment of the Claim moneys.

- I confirm, I shall complete all the formalities/ documentation or any requirement for purchasing annuity from the other insurance company under 'Open Market Option'.
- ICICI Prudential Life Insurance Company Limited shall draw a cheque in the name of the specified Insurance Company as opted by me herein, and the balance lump sum if any, will be paid to me (annuitant).

Date

Signature _____

Place _____

Full name of the Life Assured / Annuitant:

Mr./Ms./Mrs. First Name Surname

Date

Signature of the Life Assured / Annuitant _____

Place _____

DECLARATION FOR SIGNING IN VERNACULAR LANGUAGE OR AFFIXING THUMB IMPRESSION:

I certify that I have read out the contents of this statement to Mr. / Mrs. _____ & he/she has understood the same. I also certify that Mr. / Mrs. _____ has signed/affixed his/her thumb impression/signature in vernacular language in my presence after I have explained the above contents to him/her. I declare that whatever I have stated herein above is true & correct to the best of my knowledge & belief.

Name

Mr./Ms./Mrs. First Name Surname

Address

Landmark Pin Code

Signature of the witness _____

FOR OFFICE USE ONLY:

Spaarc Call ID _____

Date

Scanning Cabinet _____

Received By _____

Remarks _____

STAMP & TIME

ACKNOWLEDGEMENT SLIP

Policy Number

Date

Branch Name: _____

Received By

STAMP & TIME