

# 11S CHANGE IN OWNERSHIP OF THE POLICY

Policy Number

barcode

Full Name of the Life Assured   
Salutation First Name Surname

Full Name of the Current Proposer   
Salutation First Name Surname

## GUIDELINES

- Change in Owner is allowed only in case of death of Proposer (i.e. Where the Life Assured and the Proposer are two different persons) or when Minor Life Assured attains the age of majority.
- Filling up this form and submitting the same would help the Company in recording the new owner for the above mentioned Policy.
- In the event ownership is being changed due to the (a) death of the policyholder when the Life Assured is major; or (b) when the Life assured has attained the age of majority, then the Life Assured will have to be selected as the New Owner.
- In the event of death of the policyholder when the Life Assured is a minor, the ownership can be changed to the lawful guardian of the minor life assured and shall remain New Owner only till the Life Assured attains the age of majority.
- It is mandatory to fill the nomination details, in the event Life Assured has been made the new owner of the policy.
- All benefits / rights are subject to the terms and conditions stated in the Policy documents.
- All future communications will be sent in the name of the new Owner.

## DECLARATION : Applicable where ownership is being changed due to the death of the policyholder

The Life Assured is  Major  Minor

### If Major is selected above

The policyholder has expired on: \_\_\_\_\_

I Mr/Ms \_\_\_\_\_ (Life Assured) am aware and understand that I shall be the new policyholder/ owner of the policy. I shall be entitled to all benefits and subject to all obligations under the policy as per the terms and conditions.

### If Minor is selected above

The policyholder has expired on: \_\_\_\_\_. The \_\_\_\_\_ (Life Assured) is a minor as on date of submission of this form.

I, Mr/ Ms \_\_\_\_\_, declare and state that the Life Assured is my \_\_\_\_\_ (please specify relation with life assured) and I am the Life Assured's lawful/ natural guardian.

I hereby declare that I have no objection in becoming the absolute owner of the above Policy until the Life Assured attains the age of majority. I understand that I shall be subject to all obligations under the policy and entitled to all benefits on behalf of the minor Life Assured.

## Below details are required in the event ownership is being changed due to (a) death of the policyholder when the Life Assured is major; or (b) when the Life Assured has attained the age of majority

## PAN UPDATION

Kindly submit PAN/Form 60 (as defined under Income Tax Act, 1962), if not already submitted at the time of applying for the policy. Also PAN/Form 60 is mandatory where the premium amount exceeds ₹ 50,000 in a financial year. The premium payment can be done only through the acceptable premium collection modes. Where any customer/policyholder wishes or proposes to make any payment in cash, it can be accepted up to the limit of ₹ 49,999/- only at the authorised collection points.

PAN of New Owner

Name (as is appears on the PAN Card)   
Salutation First Name Surname

Document Submitted:  PAN Card Copy  Form 60

## NEW OWNER DETAILS

Name   
Salutation First Name Surname

Gender  Male  Female

Date of Birth

Address :  Residential Address  Permanent Address

City State Pin Code

Contact Number   
STD Residence STD Office Ext. ISD Mobile

E-Mail ID

Marital Status  Unmarried  Married  Widower  Divorced

Nationality  Indian  Non Indian Residential Status  Resident Indian  Non Resident Indian Resident Country \_\_\_\_\_

You are :

• Salaried  Private Ltd.  Public Ltd.  Government  Trust  Partner/Proprietor  Others \_\_\_\_\_

• Business Owner  Trading  Manufacturing  Service \_\_\_\_\_

• Self Employed  \_\_\_\_\_  Housewife  Student  Agriculturist  Others \_\_\_\_\_



**DECLARATION FOR SIGNING IN VERNACULAR LANGUAGE OR AFFIXING THUMB IMPRESSION**

Application /Policy Number

Name of the Life Assured   
Mr./Ms./Mrs. First Name Surname

Name of the Proposer   
Mr./Ms./Mrs. First Name Surname

This is to certify that I have read out the contents of this statement to Mr. / Mrs. \_\_\_\_\_  
\_\_\_\_\_ and he/she has understood the same.

Further, I would also like to certify that Mr. / Mrs. \_\_\_\_\_  
\_\_\_\_\_ has affixed his/her thumb marks in my presence after I have explained the above contents to him/her.

I declare that whatever I have stated herein above is true and correct to the best of my knowledge & belief.

Name of the Witness: \_\_\_\_\_

Relationship with Proposer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of the New Policy Holder

**FOR OFFICE USE ONLY:**

Spaarc Call ID \_\_\_\_\_

Date

Scanning Cabinet \_\_\_\_\_

Received By \_\_\_\_\_

Remarks \_\_\_\_\_

STAMP  
&  
TIME

**ACKNOWLEDGEMENT SLIP**

This is to acknowledge the receipt of application for:  PAN Update  Change in Ownership  Nomination  Mandate form  Payout Mandate

Policy Number  Date

Received By

STAMP  
&  
TIME



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**

ICICI Prudential Life Insurance Co. Ltd., Unit No. 1A & 2A, Raheja Tipco Plaza, Rani Sati Marg,  
Malad (East), Mumbai 400097. COMP/DOC/Apr/2024/124/5858.