

# APPLICATION FOR FUND SWITCH AND/OR ALLOCATION OF FUTURE PREMIUM



## I. Fund Switch (Allocation of existing funds)

Policy Number  ( DD / MM / YYYY )

Name of Proposer

Mr./Ms./Mrs. First Name Surname

Contact Numbers

STD Residence  STD Office  Ext.  Mobile

**I wish to switch the value of units credited to this policy as indicated below**

Units / Value / Percentage	FROM (name of fund)	TO (name of fund)

The switch transaction would be applicable only to the existing funds, and your future premiums shall continue to be allocated in the same proportion as it exists today. If, however, you wish to change your current premium allocation, please fill out Section II below.

### Instructions:

- Free switch is allowed FOUR times in a policy year; but cannot be carried forward to the next year.
- For any additional switch in a policy year, charge of Rs. 100/- per switch will be levied by deducting units from your fund.
- To effect the switch, the required number of units will be withdrawn from one fund at the applicable unit value of that fund, and new units will be created in the desired fund (s) applicable unit value.
- If the application for switch is received before 4.15 p.m. on a weekday, the same day's unit value will be applicable. However, if the application for switch is received after 4.15 p.m. on a weekday, then the next working day's unit value will be applicable.
- If the application for switch is received after 4.15 p.m. on a Friday, or any time on a Saturday, or before 4.15 p.m. on a Monday, then Monday's unit value will be applicable (provided Monday is a working day).

## II. Premium Redirection (Allocation of Future Premiums)

**I wish to allocate my future premiums as indicated below :**

Name of the Fund	Percentage
Maximiser or Growth	
Protector or Income	
Balancer or Balanced	
Preserver	

### Instructions:

- Allocation of future premium would be effective from next premium paid or due date, which ever is later
- Allocation of future renewal premium would remain unchanged if option II is not chosen.
- Please ensure that the renewal premium allocation totals to 100%.

Please note that in case your Policy has been assigned, the Switch / Premium Redirection request would be accepted if the consent from the Assignee of the Policy is received.

Signature of Proposer / Policy Owner

Signature of Assignee  
(Required in case of Absolute assignment of policy)

## ACKNOWLEDGEMENT OF APPLICATION FOR SWITCH PREMIUM REDIRECTION

Proposal / Policy No. \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

Branch Name \_\_\_\_\_

DD / MM / YYYY

Stamp

Received by \_\_\_\_\_

**Note: The Switch / Premium Redirection will be effected on receipt of this form at an ICICI Prudential authorized centre, subject to terms and conditions.**