

Please read the INSTRUCTIONS carefully. All the sections to be completed in BLOCK LETTERS in ENGLISH with BLACK / BLUE COLOURED INK.

BROKER CODE (ARN CODE)/RIA CODE#	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique Identification No. (EUIN)
#By mentioning RIA code, I/We authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of ICICI Prudential Mutual Fund.			
Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction No. XIII). – I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.			
SIGNATURE OF SOLE / FIRST APPLICANT	SIGNATURE OF SECOND APPLICANT	SIGNATURE OF THIRD APPLICANT	

TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY [Refer Instruction XII]

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor. In case the subscription (lumpsum) amount Rs 10,000/- or more and your Distributor has opted to receive transactions charges, Rs 150/- (for first time mutual fund investor) or Rs 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid the distributor. Units will be issued against the balance amount invested.

1 EXISTING UNITHOLDERS INFORMATION If you have an existing folio no. with PAN & KYC validation, please mention your name & folio No.

Name	Mr. Ms. M/s	FIRST	MIDDLE	LAST	FOLIO No.	
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2 APPLICANT(S) DETAILS (Please Refer to Instruction No. II (b) & IV) Mandatory information – If left blank the application is liable to be rejected.

Sole/First Applicant	Mr. Ms. M/s	FIRST	MIDDLE	LAST	PAN/PEKRN*	Enclosed (Please ✓) [§] <input type="radio"/> KYC Acknowledgement Letter	Date of Birth**	D	D	M	M	Y	Y	Y	Y
2nd Applicant Name (Should match with PAN Card)					PAN/PEKRN* (2nd Applicant)	<input type="checkbox"/> KYC Proof Attached (Mandatory)									
3rd Applicant Name (Should match with PAN Card)					PAN/PEKRN* (3rd Applicant)	<input type="checkbox"/> KYC Proof Attached (Mandatory)									

Mode of Holding [Please tick (✓)] ☐ Single ☐ Joint ☐ Anyone or Survivor (Default)

3 CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT:

Correspondence Address (Please provide full address)* Address Type: <input type="radio"/> Residential <input type="radio"/> Business <input type="radio"/> Residential/Business <input type="radio"/> Registered Office				Overseas Address (Mandatory for NRI / FII Applicants)			
HOUSE / FLAT NO.				HOUSE / FLAT NO.			
STREET ADDRESS				STREET ADDRESS			
CITY / TOWN		STATE		CITY / TOWN		STATE	
COUNTRY		PIN CODE		COUNTRY		PIN CODE	
Tel. (Off.)		Tel. (Res.)		Fax			
Email [†]		Mobile					
Please tick (✓) <input checked="" type="checkbox"/> I/We would like to register for PRU TRACKER to transact online as per the terms & conditions for this facility as referred in point I(j) of the Instructions. By providing Email ID, I/We agree to receive the IPIN for Prutracker registration on the same.							

☐ Please ✓ if you wish to receive Account statement / Annual Report/ Other statutory information via Post instead of Email

Please ✓ any of the frequencies to receive Account Statement through e-mail[‡]: ☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Annually

* Mandatory information – If left blank the application is liable to be rejected.

** Mandatory in case the Sole/First applicant is minor.

§ For KYC requirements, please refer to the instruction Nos. II b(5) & X

Name of Guardian/Contact Person is Mandatory in case of Minor/Non-Individual Investor. For documents to be submitted on behalf of minor folio refer instruction II-b(2)

‡ Please refer to instruction no. IX

4 BANK ACCOUNT (PAY-OUT) DETAILS OF SOLE/FIRST APPLICANT (Please Refer to Instruction No. III)

Mandatory information – If left blank the application is liable to be rejected. (Mandatory to attach proof, in case the pay-out bank account is different from the source bank account.) For unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here.

MANDATORY	Account Number		Account Type	<input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR
	Name of Bank			
	Branch Name	Branch City		
	9 Digit MICR code	11 Digit IFSC Code		
Enclosed (Please ✓): <input type="checkbox"/> Bank Account Details Proof Provided.				

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INVESTMENT & PAYMENT DETAILS (Refer Instruction No. IV)

For Plans & Sub-options please see key features for scheme specific details

☐ Regular Plan (Purchase/Subscription routed through Distributor)

☐ Direct Plan (Purchase/Subscription made directly with the Fund)

Scheme Name: ICICI PRUDENTIAL

Option & Sub option (Please ✓ the appropriate boxes only if applicable to the scheme in which you plan to invest)

OPTION: ☐ Growth/Cumulative ☐ Dividend

SUB-OPTION: ☐ Dividend Reinvestment ☐ Dividend Payout OR AEP- ☐ Regular® OR ☐ Appreciation

Dividend Frequency:

AEP Frequency:

©Cumulative – AEP Regular Option: Encashment of units is subject to declaration of dividend in the respective Scheme(s). Please refer to Instruction no. IV(g)

SIP Date ☐ 1st ☐ 7th ☐ 10th ☐ 15th ☐ 20th ☐ 25th

SIP Frequency* ☐ Monthly ☐ Quarterly

Start Month/Year

M

M

Y

Y

Y

Y

SIP Tenure

100 yrs

 – Your Current Age yrs = yrs OR

M

M

Y

Y

Y

Y

*Default SIP Frequency is Monthly. (E.g. Your Current Age is 40 years, then your SIP Tenure would be 100 years – 40 years = 60 years.)

FIRST CHEQUE DETAILS FOR SIP PAYMENT

Mode of Payment ☐ Cheque ☐ DD ☐ Funds Transfer ☐ NEFT ☐ RTGS

Amount Paid ₹

A

DD Charges (if applicable) ₹

B

Amount Invested ₹

A + B

Cheque / DD Number

Date

D

D

M

M

Y

Y

BANK NAME, BRANCH & ADDRESS:

☐ Same as above [Please tick (✓) if yes]

☐ Different from above [Please tick (✓) if it is different from above and fill in the details below]

Account Number

Account Type ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR

Name of Bank

Branch Name

Branch City

Mandatory Enclosures (Please tick (✓) if the first instalment is not through cheque): ☐ Cheque Copy ☐ Cancelled Cheque ☐ Banker's Attestation

Applications with Third Party Cheques, prefunded instruments etc. and in circumstances as detailed in AMFI Circular No.135/BP/16/10-11 shall be processed in accordance with the said circular. Please read the instruction no. VI(e). Third Party Payment Declaration form is available in www.icicpruamc.com or ICICI Prudential Mutual Fund branch offices.

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DEMAT ACCOUNT DETAILS (Optional - Please refer Instruction No. XI)

(Please ✓)

☐ NSDL

OR

☐ CDSL

Depository Participant (DP) ID (NSDL only)

Beneficiary Account Number (NSDL only)

Depository Participant (DP) ID (CDSL only)

The application form should mandatorily accompany the latest Client investor master/ Demat account statement.

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FATCA and CRS Details for Individuals (Including Sole Proprietor) (Mandatory)

The below information is required for all applicants/guardian

Category	First Applicant / Guardian	Second Applicant	Third Applicant
Place/City of Birth			
Country of Birth			
Country of Citizenship / Nationality			

Is your Tax Residency / Country of Birth / Citizenship / Nationality other than India? ☐ Yes ☐ No [Please tick (✓)]

If yes, please indicate all countries in which you are resident for tax purpose and the associated Tax ID number below. In case of POA, the POA holder should mandatorily fill Annexure I for complete details.

Category	First Applicant / Guardian	Second Applicant	Third Applicant
Country of Tax Residency 1			
Tax Payer Reference ID No. 1			
Country of Tax Residency 2			
Tax Payer Reference ID No. 2			

Annexure I is available on the website of AMC viz; www.icicpruamc.com or at the Investor Service Centres (ISCs) of ICICI Prudential Mutual Fund.

Tax Status [Please tick (✓)]

☐ Resident Individual ☐ NRI

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KYC DETAILS (Mandatory)

Occupation [Please tick (✓)]

Sole/First Applicant ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired

☐ Housewife ☐ Student ☐ Forex Dealer ☐ Others (Please specify)

Second Applicant ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired

☐ Housewife ☐ Student ☐ Forex Dealer ☐ Others (Please specify)

Third Applicant ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired

☐ Housewife ☐ Student ☐ Forex Dealer ☐ Others (Please specify)

Gross Annual Income [Please tick (✓)]

Sole/First Applicant ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ > 25 Lacs-1 crore ☐ > 1 crore

OR Net worth ₹ as on

D

D

M

M

Y

Y

Y

Y

 (Not older than 1 year)

Second Applicant ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ > 25 Lacs-1 crore ☐ > 1 crore

OR Net worth ₹

Third Applicant ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ > 25 Lacs-1 crore ☐ > 1 crore

OR Net worth ₹

Others [Please tick (✓)]

Sole/First Applicant ☐ Politically Exposed Person (PEP) ^ ☐ Related to Politically Exposed Person (RPEP) ☐ Not applicable

Second Applicant ☐ Politically Exposed Person (PEP) ^ ☐ Related to Politically Exposed Person (RPEP) ☐ Not applicable

Third Applicant ☐ Politically Exposed Person (PEP) ^ ☐ Related to Politically Exposed Person (RPEP) ☐ Not applicable

9 NOMINATION DETAILS (Refer instruction VII)

I/We hereby nominate the undermentioned nominee(s) to receive the amount to my/our credit in event of my/our death as follows:

<div><input type="checkbox"/> (Please tick if Nominee's address is same as 1st/Sole Applicant's address)</div> <div>Name and address of Nominee(s)</div>	Relationship with the Nominee	Date of Birth	Name and address of Guardian	Signature of Nominee/Guardian, if nominee is a minor	Proportion (%) in which the units will be shared by each Nominee (Should aggregate to 100%)
		[To be furnished in case the Nominee is a minor (Mandatory)]			
Nominee 1					
Nominee 2					
Nominee 3					

10 INVESTOR(S) DECLARATION & SIGNATURE(S)

The Trustee, **ICICI Prudential Mutual Fund**, I/We have read and understood the Scheme Information Document/Key Information Memorandum of the Scheme(s). I/We apply for the units of the Fund and agree to abide by the terms, conditions, rules and regulations of the scheme and other statutory requirements of SEBI, AMFI, Prevention of Money Laundering Act, 2002 and such other regulations as may be applicable from time to time. I/We confirm to have understood the investment objectives, investment pattern, and risk factors applicable to Plans/Options under the Scheme(s). I/we have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulations or any other applicable laws enacted by the Government of India or any Statutory Authority. I/We agree that in case my/our investment in the Scheme is equal to or more than 25% of the corpus of the plan, then ICICI Prudential Asset Management Co. Ltd. (the 'AMC'), has full right to refund the excess to me/us to bring my/our investment below 25%. I/We hereby declare that I am/we are not US Person(s). I/We hereby declare that I/we do not have any existing Micro SIPs which together with the current application will result in a total investments exceeding Rs.50,000 in a year. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We interested in receiving promotional material from the AMC via mail, SMS, telecall, etc. **If you do not wish to receive, please call on tollfree no. 1800 222 999 (MTNL/BSNL) or 1800 200 6666 (Others).**

Information/documents given in/with this application form is true and complete in all respects and I/we agree to provide any additional information that may be required by the AMC/the Fund/ Registrar and Transfer Agent (RTA). I/We agree to notify the AMC/the Fund immediately upon change in any information furnished by me.

DECLARATION FOR AVAILING INSURANCE COVER

I am informed about the arrangement between ICICI Prudential Mutual Fund and the Insurance Company and about the details of the Master Policy Document. I understand that I am eligible to avail cover under such arrangement and hereby wish to avail the said insurance cover.

SIGNATURE OF SOLE / FIRST APPLICANT	SIGNATURE OF SECOND APPLICANT	SIGNATURE OF THIRD APPLICANT

**ACKNOWLEDGEMENT SLIP (Please Retain this Slip)**

To be filled in by the Investor. Subject to realization of cheque and furnishing of Mandatory Information.

Application No.



EXISTING FOLIO NO.

Scheme	ICICI PRUDENTIAL	SCHEME AND OPTION	₹ TOTAL AMOUNT	₹ AMOUNT PER CHEQUE
From Cheque/DD No.		To Cheque/DD No.	BANK AND BRANCH	
From Date	M M Y Y Y Y	SIP Tenure:	100 yrs – Your Current Age	yrs = yrs or M M Y Y Y Y Y

(E.g. Your Current Age is 40 years, then your SIP Tenure would be 100 years – 40 years = 60 years.) For more information please refer Instruction No. 5 under Section "Terms for Group Life Insurance Cover".

FOR ANY ASSISTANCE OR FURTHER INFORMATION PLEASE CONTACT US**ICICI Prudential Asset Management Company Limited**

Central Service Office, 2nd Floor, Block B-2, Nirlon Knowledge Park, Western Express Highway, Goregaon (East), Mumbai - 400 063. India

TOLL FREE NUMBER 1800 222 999 (MTNL/BSNL) 1800 200 6666 (OTHERS)**EMAIL** enquiry@icicipruamc.com **WEBSITE** www.icicipruamc.com

Note: All future communications in connection with this application should be addressed to the nearest ICICI Prudential Mutual Fund Customer Service Centre, quoting full name of the first applicant, the application serial number, the name of the scheme, the amount invested, date and the place of the Customer Service Centre where application was lodged.

SIGNATURE, STAMP & DATE

SIP Registration-cum-Mandate Form for SIP Plus

Please read the INSTRUCTIONS carefully. All the sections to be completed in BLOCK LETTERS in ENGLISH with BLACK/BLUE COLOURED INK.

Applicant need to fill in the Main SIP Plus Application Form and submit along with this mandate form.

BROKER CODE (ARN CODE)/RIA CODE#	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique Identification No. (EJIN)
#By mentioning RIA code, I/We authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of ICICI Prudential Mutual Fund.			
Declaration for "execution-only" transaction (only where EJIN box is left blank) - I/We hereby confirm that the EJIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.			
SIGNATURE OF SOLE / FIRST APPLICANT		SIGNATURE OF SECOND APPLICANT	
		SIGNATURE OF THIRD APPLICANT	

TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY:

In case the subscription (lumpsum) amount Rs 10,000/- or more and your Distributor has opted to receive transactions charges, Rs 150/- (for first time mutual fund investor) or Rs 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid the distributor. Units will be issued against the balance amount invested. Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

Please tick (✓) ☐ New Registration ☐ Cancellation ☒ Existing UMRN

The Trustee, ICICI Prudential Mutual Fund, I/We have read and understood the contents of the Scheme Information Document of the following Scheme and the terms and conditions of the SIP Enrolment.

Sole/First Applicant's Name

Mr. Ms. FIRST MIDDLE LAST

Plan (Please ✓)

- ☐
- Direct
-
- ☐
- Regular

Scheme Name: ICICI PRUDENTIAL

Plan & Option*: Sub-Option*:

*Please refer to the scheme related documents available under AMC's website www.icicipruamc.com or with any of its branches.

Each SIP Amount: Rs. Rupees in words:

FOLIO No.

SIP Frequency: ☐ Monthly ☐ Quarterly
(Default SIP frequency is Monthly)

SIP Date: ☐ 1st ☐ 7th ☐ 10th ☐ 15th ☐ 20th ☐ 25th

SIP Start
Month/Year M M Y Y Y Y

SIP Tenure

100 yrs - Your Current Age yrs

= yrs OR M M Y Y Y Y

YOUR CONFIRMATION/DECLARATION: I/We hereby declare that I/we do not have any existing Micro SIPs which together with the current application will result in a total investments exceeding Rs.50,000 in a year. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. The AMC would not be liable for any delay in crediting the scheme collection accounts by the Service Providers which may result in a delay in application of NAV.

Signature(s) as per ICICI Prudential Mutual Fund Records (Mandatory)

1st Holder	2nd Holder	3rd Holder
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EASY PAY DEBIT MANDATE INSTRUCTION

UMRN FOR OFFICE USE ONLY Date

Sponsor Bank Code FOR OFFICE USE ONLY Utility Code FOR OFFICE USE ONLY

Tick (✓) ☒ CREATE ☐ MODIFY ☐ CANCEL
I/We hereby authorize ICICI PRUDENTIAL ASSET MANAGEMENT COMPANY LIMITED to debit (tick ✓) SB/CA/CC/SB-NRE/SB-NRO/Other
Bank a/c number

with Bank Name of customers bank IFSC or MICR

an amount of Rupees Maximum Amount (Rupees in words) ₹

FREQUENCY ☐ Mthly ☐ Qtly ☒ H-Yrly ☒ Yrly ☐ As & when presented DEBIT TYPE ☐ Fixed Amount ☐ Maximum Amount

Folio No. Mobile No.

Reference APPLICATION NUMBER Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD
From To Or ☒ Until Cancelled
Signature Primary Account holder Signature of Account holder Signature of Account holder
1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

Declaration: I/We hereby declare that the particulars given on this mandate are correct and complete and express my willingness and authorize to make payments referred above through participation in NACH/ECS/SI/Auto Debit. I/We hereby confirm adherence to the terms of EASY PAY facility offered by ICICI Prudential Asset Management Company Limited (the AMC) and as amended form time to time and of NACH/ECS/SI/Auto Debit. **Authorisation to Bank: This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account. I/We have understood that I/we authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/corporate or the bank where I have authorized the debit.** This is to inform that I/we have registered for NACH/ECS/SI/Auto Debit facility and that my/our payment towards my/our investment in ICICI Prudential Mutual Fund shall be made from my/our above mentioned bank account with your Bank. I/We authorize the bank to debit my/our account for any charges towards mandate verification, registration, transactions, returns, etc, as applicable.

SIP PLUS - TERMS AND CONDITIONS

A) SIP Payment through NACH/ECS/SI/Auto Debit Facility

- The bank account provided for NACH/ECS/SI/Auto Debit Facility should be participating in MICR and NACH clearing respectively.
- SIP auto debit is available only on specific dates of the month viz. 1st/7th/10th/15th/20th/25th. In case 1st/7th/10th/15th/20th/25th is a holiday, then next business day. In case the Debit does not take effect for three consecutive times then the SIP would be liable for cancellation.
- In case of SIP transaction where the mode of payment is through NACH/ECS/SI/Auto Debit Facility, investors are not required to do an initial purchase transaction for the minimum amount as applicable. However, investors are required to submit SIP request at least 30 days prior to the date of first installment. SIP start date shall not be beyond 100 days for Monthly and Quarterly SIPs from the date of submission of SIP application.

The applicant will have the right to discontinue SIP at any time he or she so desires by providing a written request at the office of the ICICI Prudential Mutual Fund Customer Service Centres. Notice of discontinuance should be received **30 days prior to the subsequent SIP date**.

All terms and conditions for SIP, including Exit Load, if any, prevailing in the date of SIP enrolment/ registration by the fund shall be levied in the Scheme.

- The investor agrees to abide by the terms and conditions of NACH/ECS/SI/Auto Debit Facility facilities of Reserve Bank of India (RBI).
- Investor will not hold ICICI Prudential Mutual Fund, its registrars and other service providers responsible if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific SIP date due to various clearing cycles for NACH/ECS/SI/Auto Debit Facility.
- If mandate is not registered through NACH mode or/and if frequency opted is other than "as and when presented", mandate will not be considered as one time mandate.
- ICICI Prudential Mutual Fund reserves the right to reject any application without assigning any reason thereof.
- In case of "At Par" cheques, investors need to mention the MICR number of his actual bank branch.
- New Investor:** If the investor fails to mention the scheme name in the SIP Mandate Form, then the Fund reserves the right to register the SIP as per the scheme name available in the main application form. In case multiple schemes are mentioned in the main application form, the Fund reserves the right to reject the SIP request.
- Existing Investor:** If the investor fails to mention the scheme name or multiple schemes are mentioned in the SIP PLUS mandate form, then Fund reserves the right to reject the SIP PLUS request.
- Investor can register additional SIP in a SIP PLUS folio with a different scheme. SIP in the existing scheme of the folio is not permitted.
- In case SIP date is not selected or the date mentioned is not legible or clear, then the SIP will be registered on 10th (default date) of each Month/Quarter as applicable.
- If the investor has not mentioned the SIP start month, SIP will start from the next applicable month, subject to completion of 30 days lead time from the receipt of SIP request.
- Maximum Amount:** The MAXIMUM AMOUNT is the per transaction maximum limit. Investor can register multiple SIPs but the amount should not exceed the maximum amount mentioned per transaction. Generally speaking, your SIP amount will be lesser than this amount, but choosing a slightly higher limit helps you to undertake additional investments as per your choice. Always remember to mention an amount that is convenient to you.
- Mandatory fields in EASY Pay form as per NPCI:** • Bank account number and Bank name • IFSC and/or MICR Code • Folio number or application number • Signatures as per bank records • SIP start date, end date or until cancelled • Account type to be selected • Name as per bank records • Transaction type to be selected. • Maximum amount to be mentioned.

B) General Instructions

- Existing investors need to provide their folio number in this mandate form and need not to fill in the Common Application Form.

For minimum application amount to be invested in SIP, risk factors, features etc. please refer to the Key Scheme Features.

- If the investor selects multiple SIP frequencies or fails to choose any of them, the default SIP frequency will be Monthly.
- ICICI Prudential Mutual Fund, its registrars and other service providers shall not be responsible and liable for any damages/compensation for any loss, damage etc. incurred by the investor. The investor assumes the entire risk of using this facility and takes full responsibility.
- The Bank shall not be liable for, nor be in default by reason of, any failure or delay in completion of its obligations under this Agreement, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightning, earthquake, change of Government policies, unavailability of Bank's computer system, force majeure events, or any other cause of peril which is beyond the Bank's reasonable control and which has effect of preventing the performance of the contract by the Bank.
- For load structure of the schemes, please refer to the Key Scheme Features.
- Applicant will be covered under the ICICI Pru Group Term plus plan (UIN: 105N119V01) of ICICI Prudential Life Insurance Company Ltd. © 2012, ICICI Prudential Life Insurance Co. Ltd.

Registered Address: ICICI Pru Life Towers, 1089 Appasaheb Marathe Marg, Prabhadevi, Mumbai-400025. **Reg No:** 105. For more details on risk factors, terms and conditions, please read the sales brochure before concluding the sale.

TERMS FOR GROUP LIFE INSURANCE COVER

- ICICI Prudential SIP Plus as an add-on, optional feature will be available for the following schemes of ICICI Prudential Mutual Fund:
ICICI Prudential Infrastructure Fund • ICICI Prudential Dynamic Plan • ICICI Prudential Focused Bluechip Equity Fund • ICICI Prudential Long Term Equity Fund (Tax Saving) • ICICI Prudential Value Discovery Fund • ICICI Prudential MidCap Fund • ICICI Prudential Top 100 Fund • ICICI Prudential Multicap Fund • ICICI Prudential FMCG Fund • ICICI Prudential Balanced Fund • ICICI Prudential Technology Fund • ICICI Prudential Exports and Other Services Fund • ICICI Prudential Balanced Advantage Fund • ICICI Prudential Indo Asia Equity Fund • ICICI Prudential Banking & Financial Services Fund.
- The AMC may provide a Group Life Insurance Cover to all Resident Individual/NRI applicants and fund the premia towards such cover. Non-individuals as well as US Persons/ Persons not of Indian Origin/Sole Proprietorship will not be covered under the insurance cover.
- The insurance cover will be available for individuals aged above 18 years and not more than 46 years, at the time of the first investment.
- Only the First / Sole unit holder will be covered under the insurance. No insurance cover will be provided for the second / third unit holder.
- Tenure of SIP:** 100 Years less the current completed age of the investor or till the predefined date by the investor. If investor provide SIP tenure less than 3years, investor will not be eligible for insurance cover.
- Amount of Life Insurance Cover:**
(a) If SIP PLUS continues, the insurance cover would be as follows
 - Year 1** : 10 times the monthly SIP PLUS instalment
 - Year 2** : 50 times the monthly SIP PLUS instalment
 - Year 3 onwards** : 100 times the monthly SIP PLUS instalment

All the above mentioned limits are subject to maximum cover of Rs. 20 lacs per investor across all schemes/plans/folios.
- (b) If SIP PLUS discontinues, the insurance cover would be as follows:**
 - SIP PLUS discontinues before 3 years** : Insurance cover stops immediately
 - SIP PLUS discontinues after 3 years** : Insurance cover equivalent to the value of units allotted under SIP PLUS investment at the start of the each policy year, subject to a maximum of 100 times the monthly instalment, capped at the maximum of 20 lacs.
 - Insurance cover will be ceased on completion of 55 years of age, but SIP shall continue till the end of tenure if SIP is registered beyond 55 years of age.**
- (c) Insurance cover shall also cease with immediate effect on a scheme level, if any other transaction is executed (Fully or Partly) such as additional purchase, switch-in, switch-out, SIP STP & Redemption in the Scheme. Insurance cover will continue in respect of other eligible schemes. In case of folio consolidation, insurance cover shall cease at a folio level i.e. for all existing schemes under that folio.**
- The investor will necessarily be required to furnish his / her date of birth, gender and details of the nominee in the application form, in absence of which, no insurance cover can be availed by the investor. The Group Life Insurance Cover will be governed by the terms and conditions of the insurance policy with the relevant Insurance Company as determined by the AMC.
- In case of death of the applicant, his / her legal representatives may file a claim directly with the designated branch of the Insurance Company supported by all relevant documents as required by the insurer and the payment of the claim may be made to the legal representatives by the insurance company.
- All insurance claims will be settled in India and shall be payable in Indian Rupees only. Settlement procedure will be as stipulated by the Insurance Company. Insurance claims will be directly settled by the Insurance Company.
- The AMC will not be responsible or liable for maintaining service levels and/or any delay in processing claims arising out of this facility.
- The Mutual Fund, Trustees, AMC, or their Directors, officers or employees shall not be liable for any claims (including but not limited to rejection of any claim, non-settlement, delays etc.) arising out of the insurance cover provided to the unit holder.
- The AMC is bringing this offer to the investors of the Scheme only as an additional facility and is not acting as an agent for marketing/sales of insurance policies nor soliciting any business.
- Subject to what has been stated above, the AMC reserves a right to modify / annul the said Group Insurance Cover on a prospective basis. The AMC also reserves the right to change the insurance company from time to time.
- The Group Insurance cover will be subject to the following exclusions and such other terms and conditions as may be prescribed by the insurance certificate governing the cover:
 - The Group Insurance cover shall not extend to cover instances of death due to suicide in the first year of cover.
 - Death within 45 days from the commencement of the SIP instalments except for death due to accident
- The legal representatives will have to file their claims directly with the insurance company.
- The AMC will not entertain any request for claims.
- The provision for the Group Life Insurance Policy does not have any bearing on the performance of the scheme.
- Investor can opt for multiple schemes under a single SIP plus folio and/or existing folio subject to different scheme, if investor gives SIP under the same scheme then a new folio will be created by default.
- Applications received under the facility are liable to be rejected where the investor is not eligible for the Group Life Insurance/Term Cover.

ICICI Prudential SIP Plus as an add-on, optional feature will be available with specified schemes of ICICI Prudential Mutual Fund. The applicant will be covered under the ICICI Pru Group Term plus plan (UIN: 105N119V01) of ICICI Prudential Life Insurance Company Ltd. Life insurance cover will be governed by the terms and conditions of the insurance policy. For detailed terms and condition of insurance policy, contact the Group Policyholder, i.e., the AMC. The AMC is not acting as an agent for marketing/sales of insurance policies nor soliciting any business.