

CHANGE OF OPTION REQUEST IN EXISTING SIP



UNITHOLDER'S DETAILS

FOLIO No. /

Sole/First Applicant (Mr./Ms.): FIRST NAME MIDDLE NAME LAST NAME

Second Applicant (Mr./Ms.): FIRST NAME MIDDLE NAME LAST NAME

Third Applicant (Mr./Ms.): FIRST NAME MIDDLE NAME LAST NAME

I/We wish to change from the **IDCW*** to **Growth Option** of my/our existing SIP under the Scheme as given below:

*(IDCW - Income Distribution cum capital withdrawal option)

DETAILS OF EXISTING SIP INVESTMENT

Scheme Name & Plan: **ICICI Prudential**

Each SIP Amount: ₹ Rupees in words:

SIP Frequency (✓): Monthly Quarterly SIP Date: SIP Start Month/Year: SIP End Month/Year:

TERMS & CONDITIONS:

- * Investor must use separate enrolment form for modification in registered SIP. Multiple requests in a single form are liable to be rejected.
- * All requests for registering the modification of SIP shall be subject to an advance notice of 30 (thirty) days.
- * There should be a minimum of six installments for Monthly and four installments for Quarterly SIP post modification. Investor may note that the payment will be processed under Growth or Cumulative option, as the case may be, after changing the option from IDCW to Growth/Cumulative.
- * Incomplete form is liable to be rejected.

To the Trustee, ICICI Prudential Mutual Fund,

Date:

I/We have read and understood the contents of the Scheme Information Document(s)/Key Information Memorandum(s) & Statement of Additional Information(s) of the Scheme(s) and agree to abide by the terms, conditions, rules and regulations of the Scheme(s) as on the date of this transaction. 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 hereby confirm that I/we have not been offered/communicated any indicative portfolio and/or any indicative yield for this investment.

I/We hereby declare that I am/we are not US Person(s). 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).



Signature of Sole/First Applicant

Signature of Second Applicant

Signature of Third Applicant

In case there is any change in your KYC information please update the same by using the prescribed 'KYC Change Request Form', available on our website www.iciciprurf.com under the downloads section, and submit the same at the Point of Service of any KYC Registration Agency.

CHANGE OF OPTION REQUEST IN EXISTING SIP

ACKNOWLEDGEMENT SLIP

FOLIO No. / Date:

Existing SIP details in which Option to be changed from IDCW to **Growth/Cumulative**:

Scheme Name & Plan: **ICICI Prudential**

Each SIP Amount: ₹ Rupees in words:

SIP Date (✓): SIP Start Month/Year: SIP End Month/Year: