

## Assignment Form

### Policy Details

Kindly fill in BLOCK LETTERS only

**Policy Number:**  -

Name of Plan:

### Policyholder (i.e. Assignor) Contact Details

Landline No. (Residence):  -

\*Mobile No.:  (Mandatory)

Landline No. (Office):  -   
STD Phone

Email ID:

Are you a US Citizen or US tax resident  Yes  No If Yes, Please provide TIN:

All communications will be on the e-mail id mentioned above (if available). The mode of communication from and to the company would include electronic mode like sms, email etc.

Please tick 'Physical copy' if you want to receive communication in electronic form as well as physical Copy

Physical Copy:

### Declaration

(Please read the Instructions/Notices mentioned overleaf before filling up this form)

I/We  (Name of the Assignor) First Name Middle Name Last Name

have read and understood the Instructions/Notices mentioned overleaf and I/We hereby give you notice that I/We have assigned the above Policy to:

Name of the Assignee:  First Name Middle Name Last Name

Status of the Assignee:  Bank/Financial Institution  Relative of the Assignor<sup>10</sup>  Others<sup>11</sup>

Relationship with the Assignor:

Address of Assignee:   
 City  State  Pin Code

Landline No. (Residence):  -

\*Mobile No.:  (Mandatory)

Landline No. (Office):  -   
STD Phone

Email ID:

Occupation:

Date of Birth:

Signature of the Assignor →

Signature of the Assignee<sup>8</sup> →

### Endorsement

I/We  (Name of the Assignor) First Name Middle Name Last Name

as the beneficial owner/s of Policy No.  -  issued by Bharti AXA Life Insurance Company Limited for the

Sum Assured of ₹  have assigned the said Policy to the Assignee mentioned hereinbelow:

Name of the Assignee: (Please tick whichever is applicable)

Individual:  First Name Middle Name Last Name

Financial Institution/Bank:  Financial Institution/Bank Name

**Type of Assignment:**  
(Please tick whichever is applicable)

I/We have absolutely assigned the Policy to the Assignee mentioned hereinabove.  
OR

I/We have conditionally assigned the Policy to the Assignee mentioned hereinabove, on the condition that the Policy shall

revert to me/us in the event of:

**Consideration:**

(Please tick whichever is applicable)

 I/We have received ₹         as consideration from the Assignee in respect of the aforesaid assignment.

OR

 I/We have assigned the Policy out of natural love and affection and I/We have not received any consideration from the Assignee.

Dated at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_

Signature of the Assignor →

Signature of the Assignee<sup>B</sup> →
Name of the Witness<sup>12</sup>:

First Name

Middle Name

Last Name

Address of Witness:



City

State

Pin Code

Signature of the Witness<sup>12</sup>: \_\_\_\_\_Date:        

Place: \_\_\_\_\_

**Vernacular Declaration****DECLARATION\* IN CASE THIS ASSIGNMENT FORM IS FILLED BY A PERSON OTHER THAN THE POLICYHOLDER OR SIGNED IN VERNACULAR LANGUAGE:****Declaration by Policyholder:**

I hereby declare that the contents in this form have been fully explained to me and I declare that whatever is stated hereinabove has been recorded as per the information provided by me.

Thumb Impression/Signature of the Policyholder → 

**Declaration by person filling the form:**

I have explained the contents of this form to the Policyholder in \_\_\_\_\_ language and I have correctly recorded the answer provided to me. I further declare that the Policyholder has signed/affixed his/her thumb impression in my presence.

Declarant's Name:

First Name

Middle Name

Last Name

Declarant's Address:



City

State

Pin Code

Date of Birth:

       

Declarant's Signature:

Date:

       

Place: \_\_\_\_\_

\*The person giving this declaration can be any person other than Introducing Advisor or MOA or MOM."

**INSTRUCTIONS / NOTICES:**

- All the information is to be filled in BLOCK LETTERS.
- All fields are mandatory.
- The term Assignor stands for the current Policyholder, who intends to assign the Policy, whereas the term Assignee stands for the person in whose favour the Policy is to be assigned.
- The assignment of a Policy shall automatically cancel any nomination made in the Policy, except for assignment in favour of Bharti AXA Life Insurance Company Limited ('the Company') in which case the rights of the nominee would get affected to the extent of the Company's interest in the Policy.
- The Company expresses no opinion as to the legality or validity of the assignment.
- Partial assignment of a Policy is not allowed.
- This assignment shall not be effectual against the Company unless this Assignment Form is duly completed and delivered, accompanied by the original Policy Bond to the Company.
- In case of assignment in favour of a financial institution/bank, the financial institution/bank should affix its stamp and should be countersigned by its authorised signatory.
- In case where the assignee is a minor, the legal/natural guardian of the minor shall sign on behalf of the minor.
- Relative shall mean and include only the father, mother, spouse and child/children of the Assignor. In case of assignment in favour of a relative, documentary proof (preferably ration card) mentioning the relation therein should be produced along with this form.
- In case of assignment to third party/(ies), other than relatives/banks/financial institutions, the Assignor should submit identification proof, residential proof and income proof of such third party.
- The witness should be a person competent to contract.


**jeevan suraksha ka  
naya nazariya**
**Bharti AXA Life Insurance Company Ltd.**

 Regd. Office: Unit 601 & 602, 6<sup>th</sup> Floor, Raheja Titanium, Off Western Express Highway, Goregaon (E), Mumbai - 400 063. Regn. No.: 130. Comp-Oct-2010-1116

☎ 1800-102-4444    📱 SMS SERVICE to 56677 We will be in touch within 24 hours to address your query    🌐 www.bharti-axalife.com