

ASSIGNMENT FORM

INSTRUCTIONS

- Please fill this form in BLOCK LETTERS using black or blue ink. The term Assignor stands for the current owner of the policy and the term Assignee stands for the person in whose favour the policy is being assigned.
- Only absolute assignment is permitted by the company. Conditional / Partial assignment is not permissible.
- A third party major, other than the Assignor and the Assignee, must witness the signatures(s) and /or thumb impressions
- The assignment of a policy shall automatically cancel any nomination made in the policy, except where the policy is assigned to the insurer, in which case the Nominee's right shall be affected to the extent of the insurer's
- In case of Re-assignment, please ensure a fresh nomination is registered by the assignee
- This assignment form must be sent to "Kotak Life Insurance", The Policy Servicing Department, 7th Floor, Kotak Infiniti, Building No 21, Infinity Park, Off Western Express Highway, Goregaon Mulund Link Rd, Malad (E), Mumbai- 400097, India
- This form shall be accompanied by the original policy document in respect of which the assignment is made
- This assignment shall not be effective against the Company unless it is duly completed and delivered to Kotak Mahindra Old Mutual Life Insurance Limited

Recent passport size photo of the assignee (for individuals only)

GENERAL INFORMATION

Policy No Premium (p.a) Rs. Sum Assured (Rs.)

PARTICULARS OF THE ASSIGNOR

Title(Mr./Ms./Mrs.) Surname First name Middle name OR

Company Name

Correspondence Address :- Office Residence

City/Village

State Pin Code

Telephone Numbers (With STD Codes)

Residence / Office Mobile

E mail

Signature of the Assignor :
 (In case of Bank/FI/Company, please affix company stamp counter signed by authorized signatory)

I, Mr./Ms. , on behalf of / as the beneficial owner of the above named policy do hereby absolutely and irrevocably transfer and assign the rights and benefits of the said policy to the Assignee named below and I hereby give you notice of the same. I declare that the Assignee's receipt of the benefits under the policy shall be a valid and sufficient discharge of Kotak Mahindra Old Mutual Life Insurance Ltd. I understand that, by virtue of the assignment, the assignee has the right to give fund switch request in the policy.

CONSIDERATION (if any)

Please select the applicable options

* Assignment out of love and affection Assignment to blood relative/spouse Assignment to others

* Assignment for a valuable consideration of Rs. (consideration amount is mandatory) Purpose of the Assignment- (e.g. loan, other financial obligation)

Declaration from Bank/Financial Institution (FI) and Assignor (when Sum Assured is greater than Loan Amount):

Incase of claim, Kotak Mahindra Old Mutual Life Insurance Ltd. shall pay the outstanding loan amount first to the Bank/FI and the balance amount may be paid to the legal heir by the Bank/FI itself.

1] A loan statement giving the outstanding loan as at the time of death and amount payable to them.

2] A letter stating that the balance amount shall be payable to the Nominee OR Legal Heir.

Signature/Stamp of authorised signatory of Bank/FI

Signature of the Assignor

PARTICULARS OF THE ASSIGNEE

Client ID (If Existing Customer)

Title(Mr./Ms./Mrs.) Surname First name Middle name

Correspondence Address :- Office Residence

City/Village

State Pin Code

Telephone Numbers (With STD Codes)

Residence / Office Mobile

E mail

Relationship to Assignor

Date of Birth of Assignee

(Only For Individuals)

Signature of the Assignee :
 (In case of Bank/FI/Company, please affix company stamp counter signed by authorized signatory)

Do your bit for green world & switch to e-communication. Kindly mark if you would like to receive your communication through electronic mode.

DETAILS OF THE ASSIGNEE (The below details are mandatory except in case of assignment to Bank /FI)

Occupation	<input type="checkbox"/> Salaried	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Housewife	<input type="checkbox"/> Retired/Pensioner
	<input type="checkbox"/> Student	<input type="checkbox"/> Business Owner	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Others <u>(please specify)</u>
If assignee is	<input type="checkbox"/> Politically exposed person*	<input type="checkbox"/> Trust	<input type="checkbox"/> Non Govt. organisation	
	<input type="checkbox"/> Company having only close family shareholding	<input type="checkbox"/> Charitable organisation	<input type="checkbox"/> Firm having any sleeping partner	
Identity Proof	<input type="checkbox"/> Passport	<input type="checkbox"/> PAN Card	<input type="checkbox"/> Voter's identity Card	<input type="checkbox"/> Others <u>(please specify)</u>
Address Proof	<input type="checkbox"/> Telephone Bill	<input type="checkbox"/> Ration Card	<input type="checkbox"/> Electricity bill	<input type="checkbox"/> Others <u>(please specify)</u>
Income Proof (For Premium >= 1 lac.)	<input type="checkbox"/> Form 16	<input type="checkbox"/> ITR	<input type="checkbox"/> Bank Statement	<input type="checkbox"/> Others <u>(please specify)</u>
Future premiums will be paid by	<input type="checkbox"/> Assignee	<input type="checkbox"/> Assignor		

* Politically exposed persons are the people who hold prominent public positions viz, ministers of Central or State Govt, Senior politicians, Senior Govt., judicial or military officials, senior executives of govt. companies, important political party officials, and immediate family members of above person.

Dated this _____ - day of _____, 20_____.

PARTICULARS OF WITNESS

Title(Mr./Ms./Mrs.)	Surname	First name	Middle name

Address :

			City/Village
State			Pin Code

Telephone Numbers (With STD Codes)

Residence		Office	
Mobile		Signature of the Witness : (In case of Bank/FI/Company, please affix company stamp counter signed by authorized signatory)	
E mail			

PARTICULARS OF NOMINEE: (The below details are mandatory incase of assignment to the life insured)

	NOMINEE	APPOINTEE
Client ID		
Percentage Share	(%)	
Title		
FULL NAME	Surname	Surname
	First Name	First Name
	Middle Name	Middle Name
Date of Birth	D D M M Y Y Y Y	D D M M Y Y Y Y
Relationship	To the Assignee	To the Nominee
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
ADDRESS	Office <input type="checkbox"/> Residence <input type="checkbox"/>	Office <input type="checkbox"/> Residence <input type="checkbox"/>
	City	City
	State	State
	Pin	Pin
Telephone Number (with STD Codes)		
E-mail ID		

DECLARATION BY THE ASSIGNEE

I hereby declare that I understand and agree to all the conditions and information given above.

Date Place

Signature of Assignee

Kotak Mahindra Old Mutual Life Insurance Ltd.

Regn. No. 107, CIN: U66030MH2000PLC128503, Regd. Office: Kotak Mahindra Old Mutual Life Insurance Ltd., 4th Floor, Vinay Bhavya Complex, 159-A, C.S.T. Road, Kalina, Santacruz (E), Mumbai - 400 098

<http://insurance.kotak.com/> • Insurance is the subject matter of the solicitation.

FO/PS/Assignment Form/002

ACKNOWLEDGEMENT

We acknowledge the receipt of your request for _____ for policy number _____

Branch Name and code Name of Operations Executive

Kotak Mahindra Old Mutual Life Insurance Ltd.

Regn. No. 107, CIN: U66030MH2000PLC128503, Regd. Office: Kotak Mahindra Old Mutual Life Insurance Ltd., 4th Floor, Vinay Bhavya Complex, 159-A, C.S.T. Road, Kalina, Santacruz (E), Mumbai - 400 098

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