

Assignment of Policy

Photograph of the Assignee
to be pasted here
(Mandatory if annual
premium >10000)

POLICY NO.

I/We _____ (Policyholder's name), do hereby assign
all my/our rights, equities, and benefits in the life insurance policy issued by Max Life Insurance Co. Ltd and
bearing number _____, in favor of _____
(assignee's name) subject to the terms as stated herein. Going forward, the premium for the policy shall be paid
by _____

➡ **The reason for assignment is** _____

Assignor's relationship with Assignee (in case of individual assignment) _____

Personal details of assignee

Assignee's name / Contact person name (if assignee is a company) _____

Assignee's address / Contact person address (if assignee is a company) _____

City: State: Pin Code:

Assignee's / Contact person's Telephone / mobile no.
(in case assignee is a company)

Email ID : _____

Date of Birth (DD/MM/YYYY) : / /

Gender : M F Smoker Y N

Father's Name : _____

Education: Illiterate Primary School High School Graduate Post Graduate Professional

Marital Status: Single Married Widow(er) Divorced

Nationality : Indian Foreign National NRI PIO

Occupation of assignee _____ Job Title _____

Name of Company _____ Nature of Business _____

Exact Nature of Duties _____ Annual Income ₹ _____ per annum

Soured of funds _____ PAN No /Declaration in lieu of Pan _____

Assignment of Policy

Mandatory Section: This form will not be accepted if these fields are blank. (To be filled in by the Assignee)

Choose the Bonus Option* - a) Cash b) Paid Up Addition c) Premium Offset

*** (applicable only in case of par non-linked products and is not applicable to ULIP, Term and Non Participating Plans)**

➔ Is Assignee/Policy Owner/Payee a Politically Exposed Person*? Yes / No (Please tick).

*Politically Exposed Persons (PEP) are individuals who are or have been entrusted with prominent public functions, for example Heads/ Ministers of Central /State government, Senior politicians, Senior government/ judicial / military officers, Senior executive of state owned corporations, Important political party officials & immediate family member of above persons (Spouse, Children, Parents, Siblings, In-laws).

****Company stamp and signature of authorized signatory if policyholder is a company.

I hereby Assign the rights of the Policy to the Assignee as mentioned above.

.....
Signature of the Assignor/ Authorised Signatory (in case of Company or bank along with seal)

Date: / /
Place: _____

I hereby agree to be the assignee of the Policy and agree to abide by all the terms and conditions of the Policy including the declarations of the Proposal Form and terms stated in the Assignment form. I understand that the Company may use the information or share the information as disclosed above, for the purpose for which the same is disclosed. I acknowledge the receipt of the original policy bond from the existing policyholder.

I hereby understand and agree to the bonus payout being made to the Assignor, if Assignor continues to pay the premiums under the Policy, if I have chosen 'premium offset' /'cash' bonus option above.

.....
Signature of the Assignee/ Authorised Signatory (in case of Company or bank along with seal)
Date: / /
Place: _____

Witness details:

Witness Sign (1)

Name: _____

Address: _____

Witness Sign (2)

Name: _____

Address: _____

Documents to be attached with the request.

- Original Policy Pack
- Self attested income document (if annual premium is >=1,00,000)
- Copy of self attested photo ID proof (individual) / ID proof (other than individual) - irrespective of the premium amount.
- Self attested copy of PAN Card / Form 60 / Form 61 / Form 49A as per applicability
- Copy of self attested address proof (if annual premium is >10,000)
- KYC disclosure format (If Assignee is other than individual i.e. Trust, Partnership/ Pvt. Ltd etc)

Note: The assignment request would be considered complete only when the completely filled and signed form is submitted with all the required documents.