

Date: _____

To
The Manager – Policy Servicing
SBI Life Insurance Co. Ltd

Dear Sir,

Notice of Assignment of Policy No: _____

I hereby give you notice that I have conditionally assigned the above Policy to the _____
_____.

Please acknowledge receipt of duly executed terms of assignment and incorporate the same in the policy after registering the assignment in your books.

Yours truly,

Signature of the Policyholder/ Employer (With Seal)

Address: _____

Signature of the Assignee/ Employee

Address: _____

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Policy Number _____

Endorsement on the Policy Document signifying assignment of benefits payable under the Policy to the employee

We M/s. _____ (Employer) the within-named for valuable consideration hereby conditionally assign and transfer all right, title and interest in the within-written Policy and in the moneys thereby secured to Mr./M/s./Mrs. _____ **(employee) aged** _____

S/o. _____ and his/her successors and assignees and declare that the receipt of the said trust/institution or its successors assigns shall be a good and valid discharge for all monies or payable under the Policy, subject to the condition mentioned herein below:.

This Assignment shall automatically stand cancelled and all the rights, title and interests hereunder shall revert to the undersigned employer and vest in the undersigned employer automatically and unconditionally in the event

(condition)

However, in case of death of the employee at any time during the term of the policy, this Assignment shall automatically become ABSOLUTE and all the death claim benefits under this policy shall become payable to the legal heirs of the Life Assured, irrespective of whether the Life Assured has fulfilled the conditions mentioned above or not.

Place: _____

Date: _____

Signature of Assignee

Signature of the witness:

Name of the Witness: _____

Address: _____

Signature of Policyholder / Employer (With Seal)

Declaration when the signature of the Policyholder/ Employer is in a Vernacular language or in case of thumb impression

I hereby declare that I have explained the contents of this form to Policy Holder in _____ language & that the Policyholder has affixed his / her Signature / Thumb Impression on the form in my presence, after fully understanding the content thereof

Signature of the person making the declaration

Registration No. _____

Date: _____

Name & Address: _____
