

ABSOLUTE ASSIGNMENT – Key Man

To  
The Manager – Policy Servicing  
SBI Life Insurance Co. Ltd.  
Central Processing Centre,  
Kapas Bhavan, Plot No.3A, Sector No.10,  
CBD Belapur, Navi Mumbai -400614

Date:

**Through \_\_\_\_\_ Bank.**

Dear Sir,

**Notice of Assignment of Key Man Insurance Policy No: \_\_\_\_\_ On the Life of Mr/Ms \_\_\_\_\_ (key man) \_\_\_\_\_**

I \_\_\_\_\_ **S/o / D/o** \_\_\_\_\_, the Director.....of M/s \_\_\_\_\_ and duly authorized by the Board of Directors vide their resolution dated----- to assign and give the notice of assignment of the key man insurance policy bearing no. -----, issued by SBI Life Insurance Co Ltd, on the life of Sri....., .....designation of M/S-----, hereby give you notice that we have assigned the above Policy bearing number-----to the \_\_\_\_\_ Bank \_\_\_\_\_ branch, for valuable consideration. The original Policy Document is enclosed herewith.

2. Please acknowledge receipt of this Notice and return the Policy Document to the above bank after registering the assignment in your books.

Yours truly,

Signature of the Authorised Signatory with Stamp

For M/s \_\_\_\_\_

Date:.....

Name:.....

Address:.....

Encl: Original Policy Document + board resolution

**Policy Number..... On the Life of Mr/Ms \_\_\_\_\_ (key man) \_\_\_\_\_**

**Endorsement on the Policy Document signifying assignment of benefits payable under the Policy to a bank or institution.**

I \_\_\_\_\_ **S/o / D/o** \_\_\_\_\_, the Director/..... of M/s \_\_\_\_\_ and duly authorized by the Board of Directors vide their resolution dated..... to assign and give the notice of assignment of the key man insurance policy bearing no....., issued by SBI Life Insurance Co Ltd, on the life of Sri....., .....designation of M/S....., hereby assign and transfer all the right, title and interest in the within-written Policy and in the moneys thereby secured to the \_\_\_\_\_ Bank, \_\_\_\_\_ Branch and its successors and assignees and declare that the receipt of the said Bank or its successors or assigns shall be a good and valid discharge for all monies payable under the Policy.

Place:

Date:

**Signature of Assignee (With Stamp)**

**Signature of Authorised Signatory (Assignor)**

For M/s \_\_\_\_\_

Signature of the witness:

Name of the Witness:

Occupation:

(Office seal TO be affixed)

**For Office Use**

**Registration No**

**Date**