

Re-Assignment Form

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

Date:

Dear Sir

Notice of Re Assignment of Policy No: _____

I/We hereby give you notice that I/we have reassigned the above Policy to
Mr/Ms _____

The original Policy Document is sent herewith.

Please acknowledge receipt of this Notice and return the Policy Document after registering the
Re-assignment in your books.

Yours truly,

**Signature of the Assignee
With his/their designation/s and seal**

Name:.....

Address:.....

.....

.....

Encl: Original Policy Document.

.....

Form of Re-Assignment for valuable of consideration under the Policy:

I/We _____ the assignees, in

Consideration of the sum of Rs..... repaid to us by _____

_____ the receipt of which we do hereby acknowledge as beneficial

owners reassign to _____ the

Assured, his heirs, Executors, Administrators and assign the policy of Assurance on his life granted to
him by the SBI Life Insurance Co. Ltd., assuring the sum of Rs..... and numbered

Policy No: _____ and bearing date the DOC **date**.....day of.....20....

and the sum assured thereby and all other moneys benefits and advantages to be received there under.

**Signature of the Assignee
With his/their designation/s and official seal**

Place:

Date:

Signature of the witness:

Name of the Witness:

Occupation:

Address:

Signature of the Assignor (Policyholder)