

Form of Absolute Assignment



Instructions:

- 1 All fields are Mandatory. Original Policy Document should be submitted with this form.
- 2 Assignor is the Policyholder intending to Assign the Policy. Assignee is any person in whose favour the policy is Assigned.
- 3 Absolute Assignment is unconditional transfer of all the rights, interest, title & obligations to the Assignee
- 4 Assignment shall be governed as per Section 38 of the Insurance Act as amended from time to time and shall automatically cancel a nomination, if any, in the policy
- 5 Assignor & Assignee witness should be different
- 6 Post Assignment of the policy, The Assignee will be entitled to all rights, privileges and options provided under this Policy.

Policy Details

Policy Number

Name of Policyholder (Assignor details) Mr/Mrs/M/S.

Address

Landmark City

State Pin Code

Contact Numbers

STD Residence STD Office Extn Mobile

Email ID

Notice of Assignment

I _____, the Assignor, hereby give you notice that I have assigned the above Policy to _____ (Assignee name) his/her Legal Heirs, Executors, Administrators and Assigns, all monies, benefits and advantages to be received there under. Please acknowledge receipt of this notice and forward the enclosed Policy/Deed of Assignment to Assignee after registering the assignment thereon in your books.

Assignee Details

(Please submit duly filled NEFT form with personalised cancelled cheque)

Name of Assignee Mr/Mrs/M/S.

Communication Address

Landmark City

State Pin Code

Contact Number

STD Residence STD Office Extn Mobile

Email ID

Entity Type Individual Non Individual (Fill Annexure1 attached)

Date of Birth / Incorporation Gender Male Female

Nationality Resident Indian NRI PIO / OCI Foreign National (Nationality) _____

Country of Residence (Other than resident Indian please mention current country of resid) _____

Relationship of Assignee with the Assignor _____

Are you a NGO No Yes

Are you connected to the Insurance Industry? No Yes (Please provide details) _____

Are you a politically exposed person?*** No Yes

Are any of your family members or close relative a Politically Exposed Person?** No Yes

If, "Yes" please provide details _____

** Definition of PEP: Politically exposed persons are individuals who are or have been entrusted with prominent public functions in a foreign country e.g. Heads of States or of Governments, senior politicians, senior government / judicial / military officers, senior executives of state-owned corporations, important political party officials etc. It should also include persons who are affiliated to a Domestic political party / Central or State Government or any government official not below the rank of an Under-secretary.

Future premium to be paid by Assignor Assignee

If Future Premiums are paid by Assignee & Annual Premium in the policy is 100000 & above; Income Proof is Mandatory

KYC Documents required of Assignee Photo Identity Proof

Address Proof (Bank statement/ Passport / Driving License / Utility Bills not more than 6 months old)

PAN (Mandatory If Annual Premium in the policy is 50000 & above) 10 Digit PAN Number

Reason for Assignment

- Valuable consideration of Rs _____ received by me from Assignee with respect to the aforesaid Assignment
- Out of Love & Affection without valuable consideration
- Other, Please specify the Reason _____

Signature & Seal of Policyholder (Assignor)

Signature Assignor's Witness

On
Date of Signing Assignment form _____ Place

Signature & Seal of Assignee

Signature Assignee's Witness

On
Date of Signing Assignment form _____ Place

Witness Details

Name of Assignor's Witness Mr/Mrs/M/S.

Address

Landmark City

State Pin Code

Contact Number

Email ID

Name of Assignee's Witness Mr/Mrs/M/S.

Address

Landmark City

State Pin Code

Contact Number

Email ID

Vernacular Declaration (In case the Assignor is affixing a thumb impression or is signing in vernacular)

I _____ (Assignor's witness name) with _____ (identity type) _____ (identity number)
hereby declare that I have explained the contents of the Notice and Assignment Form to the Assignor in _____ language and that the Assignor has
signed / affixed his/her thumb impression on the Assignment Form after fully understanding the contents thereof.

Signature of the Assignor's witness _____ Signature/ Thumb impression of Assignor _____

NOTE:

- 1 All signatures must be in blue ink. Names should be written as they appear in our record.
- 2 The witness has to be 21 years old and above, who is not the beneficiary of this policy.
- 3 Thumb impression affixed, if any shall be certified by a Notary or a Gazetted Officer

Annexure 1
(To be filled in case assignee is a Non-Individual)



Policy Number
 Name of Assignee

Section A
Legal Entity Type (Please tick the appropriate box)

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Limited Company
<input type="checkbox"/> Partnership	<input type="checkbox"/> Society
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Trust
<input type="checkbox"/> HUF (Hindu Undivided Family)	<input type="checkbox"/> Others (please specify) _____

Section B

Are you registered with any of the regulators mentioned below? (Please also tick if you are a majority owned subsidiary of an entity that is regulated by any of the regulators mentioned below and mention the Holding company name.)

List of regulators:

Reserve Bank of India
 Securities & Exchange board of India (please mention the stock exchange where listed _____)
 Insurance Regulatory & Development Authority
 National Housing Bank
 Holding Company (Name _____)

Section C (To be filled in case the legal entity / the holding company is not regulated by any regulator as mentioned in section B above)

Please submit attested copies of the below as applicable (as per the legal constitution.)

PAN Card copy (Mandatory) 10 Digit PAN Number
 Partnership deed with registration certificate
 Certificate of incorporation and Memorandum & Articles of Association
 Trust Deed with registration certificate

Please provide Name, Address & Contact number of the individual/s having majority holding or Controlling ownership interest** in the Assignee.
 (Please attach Address and Identity proof for each individual mentioned)

1 _____
 2 _____
 3 _____

** Controlling Ownership interest means ownership of /entitlement to
 (i) more than 25% of shares or capital or profits of the Assignee entity in case of company,
 (ii) more than 15% of capital or profit of the Assignee entity in case of partnership
 (iii) more than 15% of the property or capital or profit in case unincorporated association or body of individuals

Whereas, no natural person exerts control as defined above (Controlling ownership), the person holding the position of the senior managing official should be deemed to have controlling ownership interest

Signature & Seal of Assignee

On _____ Place

Date of Signing Assignment form

DIRECT CREDIT AUTHORISATION FORM



Instructions:

- 1 IRDA Has mandated all Payouts through National Electronic Funds Transfer (NEFT). Please submit your form today.
- 2 A Single request form shall apply to all policies where you are Policyholder.
- 3 Form to be filled by the Assignee in case of Assigned policies.
- 4 In case of non personalized Cheque, please also provide Bank attestation/Bank Pass book/Bank statement.**
- 5 In case policyholder / Account holder / Assignee is a company, please affix stamp of the company along with signature.#
- 6 This form shall be ineffective when the Policy is endorsed as Married Women Property Act (MWWPA).

Policy Details

Policy Number

Policyholder/Assignee Name Mr/Mrs/M/S.

Address of Policyholder/Assignee
(In case of change - Attach address proof)

Landmark City

State Pin Code

Contact Numbers

STD Residence STD Office Extn Mobile

Email ID

Bank Account Details

Bank Account Number

11 Digit IFSC code

First Account Holder Name Mr/Mrs/M/S.
(Exactly as per Bank records)

Bank Name

Branch

Account Type Savings Current NRO NRE (For NRE account, payout cheque with NRE letter will be processed)

** Original blank personalized cancelled cheque attached Yes No

Declaration

I/We hereby declare that the information given above are correct and complete and shall inform you for changes if any. Tata AIA Life shall not be responsible for delay in credit, amount not credited, amount credit to incorrect account, due to incomplete or incorrect information herein. I/we understand that the information provided by me/us may be shared with third parties as per legal or regulatory requirements.. I/We understand and agree that where NEFT cannot be processed for whatsoever reason, the payout may be processed through cheque.

Signature of Policyholder/Assignee#
(As on Policy Application)

Signature of 1st Account Holder
(As per bank records)

Signature of 2nd Account Holder
(As per bank records)

Date - / /

D D / M M / Y Y Y Y

Place _____

CERTIFICATION BY ACCOUNT HOLDER'S BANK: (For Bank Use Only)

We certify that the particulars furnished above are correct as per our records & that this account is currently operational. We confirm that the account details & account holder's signature(s) above are as per our records.

Bank Authorized Signatory with Employee ID

Bank Branch stamp

/ /

D D / M M / Y Y Y Y

Date