Policy Number:

BAJAJ LIFE
LIFE GOALS. DONE.

Assignment Form and Notice of Assignment

(As an endorsement on Policy)

Instructions For Filling Up The Form

1. Please answer all questions. 2. Please tick the box☐where appropriate. 3. Please strike out parts which are not applicable and write 'N.A.'. 4. Strokes of the pen, dots and dashes will not be accepted as replies. 5. This form is to be filled by the proposer himself/herself in BLOCK LETTERS in black or blue ink. 6. The proposer must sign any cancellation or alteration. 7. Insurance is a contract of utmost good faith, which requires the Insurer, proposer and life to be insured to disclose all material facts. In case of any doubt as to whether a fact is material or not, the fact should be disclosed. As the statements in this proposal constitute warranties, complete and accurate information must be given. 8. The proposer must sign on each page. 9. KYC documents of Policy Holder and witness will be required.

DOCUMENTS REQUIRED:

1. KYC documents of Assignor, Assignee, Witness & Declarant (in case of Vernacular and/or Thumb Impression).

2. Policy Bond

3. Declaration form signed by Assignee (DECLARATION UNDER INCOME-TAX (11TH AMENDMENT) RULES, 2015, in case of assigning a policy to an individual)

INSTRUCTIONS:

Please read the Instructions/Notices mentioned here under before filling up this form. All fields are compulsory:

1. The term Assignor stands for the current policyholder who intends to assign the policy whereas the term Assignee stands for person/institution in whose favor the policy is to be assigned.

2. The assignment shall cancel any nomination made in the policy, subject to section 39 (4) of the Insurance Act, 1938. Nomination, which has been cancelled consequent upon the assignment, the same shall stand automatically revived when the policy is reassigned in favor of the Policy Holder.

3. Company expresses no opinions as to legality or validity of assignment

4. The notice in writing of the assignment and the said assignment form is to be duly signed by the Assignor and Assignee.

5. This assignment shall not be effectual against the Company unless this assignment form is duly completed and delivered, accompanied by the original policy bond to the Company and the Company has accepted assignment and intimated the same.

6. In case of assignment in favor of Financial Institution/Bank, the Financial Institution/Bank should send request letter with seal and signature of the authorized signatory on its letter head.

7. In case where the Assignee is a minor, the Natural/Legal Guardian of the minor shall sign on behalf of the minor. In such cases, KYC of the Natural / Legal Guardian appointee is to be submitted.

8. Relative shall mean Father, Mother, Brother, Sister, Spouse, Son, Daughter, Grandmother and Grandfather. In case assignment is in favor of relatives, documentary proof (preferably Ration Card) mentioning the relation therein should be produced along with this form.

9. Witness and Declarant should be different persons and competent to contract as per the provisions of Indian Contract Act, 1872.

10. Unless specifically mentioned all assignments shall be deemed to be absolute.

11. In case, the policy is assigned to a person other than Relative or Bank/Financial Institution, Assignor shall mention value of consideration received and provide the proof thereof for assignment of policy.

12. Assignment to/by all corporate entities would require authorization letter from authorized representatives on its letter head. This would constitute all Institutions / Societies other than the Nationalized Banks.

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Details of Assignor

a) Policy Number: _____ Date: _____

b) Life Assured's Name: _____

c) Policy Holder's Name: _____

d) Mobile: _____ e) Alternate No: _____ f) Email: _____

g) PAN: _____ h) Aadhaar: _____

_____ _____

Signature / Thumb impression of Assignor Signature / Thumb impression of Assignee

Notice of Assignment

I _____ (Name of Assignor) have read and understood the Instructions/Notices here in above and I hereby give you notice that I have Assigned policy no. _____ to _____ (Name of Assignee)

Status of Assignee: Bank/Financial Institution__ / Non-Profit Organization __/ Relative of Assignor __/ others ___/ Consideration_____.

Relationship with the Assignor _____ Reason for Assignment _____

Details of Legal guardian (to be filled if assignee is minor)

Name of Legal Guardian _____ Date of Birth _____ Gender: Male_____/Female_____

Relationship with Assignee _____ Address of Legal Guardian _____

Contact No. (Mobile no.) _____ Contact No. (Tel no.) _____ Email _____

KYC of Assignee / Legal Guardian

Identity Proof _____ Address Proof _____ Proof of Payment _____

PAN _____

Documents Submitted:

PAN card copy _____ Form 60 _____ Aadhaar Number _____

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Thumb Impression/Signature of Assignor

Thumb Impression/Signature of Assignee/ or Legal Guardian

Recent Passport size Photograph of Assignee (minor)	Recent Passport size Photograph of Assignee/ Legal Guardian

Form of Assignment

I _____ (Name of Assignor) as the holder of the policy/ beneficial owner/s of the policy no._____ issued by Bajaj Life Insurance Limited for Sum Assured of ₹ _____ have assigned the said policy to _____ (Name of Assignee) and confirm the following.

(Please tick on the appropriate selection)

Future Premium will be paid by	Assignor	Assignee	Either
Future Communication to be sent to	Assignor	Assignee	Both

In case of Partial Assignments

Policy Amendment will be done by	Assignor	Assignee	Either
Fund Switching and apportionment will be done by	Assignor	Assignee	Both
Original Policy Bond will be held by	Assignor	Assignee	

Type of Assignment (Please tick whichever is applicable)

- I _____ the original Policy Holder of the aforementioned policy have absolutely assigned the policy to the Assignee mentioned herein above.
- I _____, the original Policy Holder of the aforementioned policy have conditionally assigned the policy to the Assignee mentioned herein above, on the condition that policy will revert to me in the event of

  _____

  _____

  (On occurrence of the event, necessary proofs to be submitted whenever required for reverting policy to the Assignor.)

- I _____, the original Policy Holder of the aforementioned policy have partially assigned the policy to the Assignee mentioned in above, for a sum of ₹ _____ /_____% of benefits secured under the policy.

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Consideration (Please tick whichever is applicable)

I hereby confirm that I have received sum of ₹ _____
(Rupees _____)

as consideration from Assignee for the aforesaid assignment.

Or

I hereby confirm that, I have assigned the policy "out of love and affection" and have not received consideration from the Assignee.

Disclaimer:

Application for request of assignment can be rejected on specific grounds and rejection letter will be sent to the Policy Holder. Policy Holder can approach within 30 days to IRDAI in case not satisfied with the decision.

Place _____
Date _____

Thumb Impression/
Signature of Assignee

Place _____
Date _____

Thumb Impression/
Signature of Assignor

Witness Particulars

Name of Witness _____

Address _____

Contact No. (Mobile no.) _____ Place _____ Date _____

Aadhaar Number _____

Signature of Witness

Declaration

Declaration In Case:
i) If this Application Form is filled by a person other than the Policy Holder or Assignor or Assignee Or/And
ii) If Policy Holder or Assignor or Assignee has either put thumb impression or signed in regional/local language.

I have explained the contents of this form to the Assignor in _____ language and I have correctly recorded the answers provided to me. I further, declare that the Assignor has signed/affixed his / her thumb impression in my presence.

Declarant _____

Address _____

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Contact No. (Mob) _____ Place _____ Date _____

Aadhaar Number _____ PAN _____

Signature of Declarant
(Declarant should sign in English Language only)

Declaration by Assignor/Assignee

I hereby declare that the content and purport of this form have been fully explained to _____ (Name of person filling the form) in the language understood by me and I declare that whatever has been stated hereinabove has been recorded by _____ (Name of person filling the form) as per information provided by me.

Signature of Assignor

Experience a Virtual Branch at the comfort of your home. Login to www.bajajlifeinsurance.com for accessing Bajaj Life Insurance App, our customer portal to address all your policy servicing needs.

Assuring you of our best services for all your life goal needs.

Bajaj Life Insurance Limited (Formerly known as Bajaj Allianz Life Insurance Company Limited)
Regd. Office Address: Bajaj Insurance House, Airport Road, Yerawada, Pune – 411006, IRDAI Reg.No.: 116 | CIN: U66010PN2001PLC015959 | Mail us: customercare@bajajlife.com | Call on: Customer Care Number: 020 6712 1212 | Visit: www.bajajlifeinsurance.com | The Logo of Bajaj Life Insurance Limited is provided on the basis of license given by Bajaj Finserv Ltd. to use its "Bajaj" Logo.