BAJAJ LIFE

LIFE GOALS. DONE.

FORM OF REASSIGNMENT FOR VALUABLE CONSIDERATION

Policy Number - | | | | | | | | | | |

I/We Assignee Details

1) Name _____

2) Name _____

3) Name _____

The assignees / assignee, in consideration of the sum of _____ Rs (in figures) _____ (in words) paid to me / us by (Mr/Mrs/Ms)_____ (Life Assured) receipt of which we hereby acknowledge, do hereby as beneficial owners reassign to _____ _____ the assured, and/or his Heirs, Executors, Administrators and assigns the Policy of Assurance on his life granted to him by the Bajaj Life Insurance Limited assuring the sum of Rs._____ (in figures) _____ (in words) and the sum assured therein and all other moneys, benefits and advantages to be received thereunder.

Signature of ReAssignor 1 **Signature of ReAssignor 2** **Signature of ReAssignor 3**

Name _____ _____ _____

Place _____, Date | D | D | M | M | Y | Y | Y | Y |

Contact Number _____

Signature of Life Assured

Name _____

I certify that the above signature is that of _____

_____ (Name of the Reassignor/s)

who affixed the same after understanding the contents.

Signature of Witness

Name _____ _____ _____

Contact No _____