



# PARTIAL ASSIGNMENT FORM

(SUD Life Immediate Annuity Plus - Option B)

## BANK DETAILS FOR RE-ASSIGNMENT

Policy Holder Name:

Bank Name:

Branch Name:

Bank A/c No.:  IFSC code:

MICR Code:  Loan A/c No.

## FATCA/CRS Declaration

I, Mr./Ms./Dr. \_\_\_\_\_ hereby confirm that the information provided above with respect to my residency/ tax residency is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I am aware that I shall be liable for it. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same. I/We further agree to submit a new form within 30 days if any information or certification on this form becomes incorrect or if there is any change/ modification to the information in future and also undertake to provide any other additional information as may be required at your end or by domestic or overseas regulators/ tax authorities. I/ We understand that the Company is not able to offer any tax advice on CRS/FATCA or its impact and I/We shall seek any advice that may be required from an independent professional tax advisor. I/We agree that this information may be shared with domestic regulators/tax authorities, including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me of the same. I authorize to share the given information to other Registered Intermediaries/or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes.

Date:

Place: \_\_\_\_\_

Signature of the Policyholder

## Third Party Declaration

Third Party Declaration to be made if Policyholder has affixed thumb impression OR Policyholder has signed in vernacular language OR Policyholder has not filled the form.

I Mr./Ms./Dr. \_\_\_\_\_

Address \_\_\_\_\_

having known the policyholder for a period of  (month/years); do declare that I have explained the contents of this form to the policyholder in his/her \_\_\_\_\_ language and have truthfully recorded the answers provided by him/her. I further declare that the policyholder has affixed his/her signature/thumb impression in my presence after understanding the contents.

Date:

Place: \_\_\_\_\_

Signature of Declarant

Occupation \_\_\_\_\_

Address \_\_\_\_\_

PAN No. \_\_\_\_\_

## For Office Use Only

Signature verified:  YES  NO

Branch staff signature: \_\_\_\_\_

Branch Date/Time Stamp  
(Affix stamp in this box only)

# PARTIAL ASSIGNMENT ENDORSEMENT FORM

(SUD Life Immediate Annuity Plus - Option B)

Partial Assignment       Re-Assignment (please tick one)

I/We \_\_\_\_\_ holder of SUD Life Policy, hereby partially assign the policy under the provisions of Section 38 of the Insurance Act 1938, as amended from time to time, in favour of:

Name of the Assignee:

Address:

Date of Birth / Date of Incorporation:

**The following is the consideration for the assignment (Tick any one)**

- An Amount of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) received from the assignee towards \_\_\_\_\_
- Other consideration (Please mention the consideration for the assignment \_\_\_\_\_)

**The assignment is partial and is limited to the extent of**

1. The surrender value payable on the surrender of the policy, or
2. The purchase price of the annuity policy payable on death of all the annuitants

The annuity payments are not assigned and will continue to be paid to the annuitants and the assignee will have no right to claim the annuity amounts

Name of the Assignor \_\_\_\_\_

Date:

Place: \_\_\_\_\_

Signature / Stamp of the Assignor

**WITNESS DETAILS**

Full Name of the Witness:

Occupation:

Address of the Witness:

PAN No.:

Signature: \_\_\_\_\_

\_\_\_\_\_  
 Signature / Stamp of SUD Life

Date:

Place: \_\_\_\_\_

# PARTIAL ASSIGNMENT FORM (NOTICE OF ASSIGNMENT)

(SUD Life Immediate Annuity Plus - Option B)

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IRDA Regn. No. 142

I/We (Name of the Assignor) \_\_\_\_\_  
the policyholder under policy number \_\_\_\_\_ issued by Star Union Dai-ichi Life Insurance for the sum assured of \_\_\_\_\_  
herby give you notice that I/We have partially assigned the said Policy to the Assignee mentioned below

**Name of the Assignee: (Please fill whichever is applicable)**

Individual:  (First Name) \_\_\_\_\_ (Middle Name) \_\_\_\_\_ (Last Name) \_\_\_\_\_  
 Financial Institution/Bank:  \_\_\_\_\_  
 Loan Account Number:  \_\_\_\_\_

**TYPE OF ASSIGNMENT (Please tick whichever is applicable)**

**Partial Assignment**

- In consideration of Rs \_\_\_\_\_ (in words and figures) \_\_\_\_\_ received from the assignee towards \_\_\_\_\_
- Other consideration (Please mention the consideration for the assignment \_\_\_\_\_)

**The assignment is partial and is limited to the extent of**

1. The surrender value payable on the surrender of the policy, or
2. The purchase price of the annuity policy payable on death of all the annuitants

The annuity payments are not assigned and will continue to be paid to the annuitants and the assignee will have no right to claim the annuity amounts

I/We enclose the policy document along with the other documents along with this notice for registration of the assignment in your records. Please do the needful and submit the policy documents to the assignee after registering the assignment in your records.

Name of the Assignor \_\_\_\_\_

Date:  Place: \_\_\_\_\_

Signature / Stamp of the Assignor

**Witness Details**

Full Name of the Witness:   
 Occupation:   
 Address of the Witness:   
 PAN No.:

Signature: \_\_\_\_\_

Signature / Stamp of SUD Life

Date:  Place: \_\_\_\_\_

**Third Party Declaration**

Third Party Declaration to be made if Policyholder has affixed thumb impression OR Policyholder has signed in vernacular OR Policyholder has not filled the Application

I Mr./Ms./Dr. \_\_\_\_\_

Address \_\_\_\_\_

having known the policyholder for a period of \_\_\_\_ (month/years); do declare that I have explained the contents of this form to the policyholder in his/her \_\_\_\_\_ language and have truthfully recorded the answers provided by him/her. I further declare that the policyholder has affixed his signature/thumb impression in my presence after understanding the contents.

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address : \_\_\_\_\_

PAN No.: \_\_\_\_\_

Signature of Declarant

**Star Union Dai-ichi Life Insurance Company Limited**

Registered Office: 11th Floor, Vishwaroop I.T. Park, Plot No. 34, 35 & 38, Sector: 30A of IIP, Vashi, Navi Mumbai - 400 703.

☎ 18002668833 (Toll free) / 022-39546300 (Landline) - Timing 8:00 am to 8:00 pm (Mon - Sat).

Email: customercare@sudlife.in | Website: www.sudlife.in | IRDAI Regn. No.: 142 | C.I.No. U66010MH2007PLC174472