



# RE - ASSIGNMENT FORM - POLICY ENDORSEMENT

I/We (Name of the Assignee) \_\_\_\_\_  
 the assignee of policy number \_\_\_\_\_ issued by Star Union Dai-ichi Life Insurance for the Sum Assured of ( ₹ ) \_\_\_\_\_ which  
 was assigned in my/our favour and registered by you; hereby in consideration of \_\_\_\_\_ reassign the right, title and interest, in favour of  
 First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 (original policy holder) as per the provisions of Section 38 of the Insurance Act 1938, as amended from time to time.

\_\_\_\_\_  
**Signature/Stamp of Assignee**

\_\_\_\_\_  
**Signature of Policyholder**

## Witness Details

Full Name of the Witness:

Occupation:

Address of the Witness:

PAN No.:

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

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

Date:

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

**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: [customer-care@sudlife.in](mailto:customer-care@sudlife.in) | Website: [www.sudlife.in](http://www.sudlife.in) | IRDAI Regn. No.: 142 | C.I.No. U66010MH2007PLC174472

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# NOTICE OF RE - ASSIGNMENT

I/We (Name of the Assignee) \_\_\_\_\_  
 the assignee of policy number \_\_\_\_\_ issued by Star Union Dai-ichi Life Insurance for the Sum Assured of (₹) \_\_\_\_\_ which  
 was assigned in my/our favour and registered by you; give you notice that I have re-assigned the policy in favour of the Assignor (original policy  
 holder). I/We have no further claims on the benefits under the policy.

Individual: \_\_\_\_\_  
 (Name of the policyholder) First Name Middle Name Last Name

Signature/Stamp of Assignee

Signature of Policyholder

## Witness Details

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

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

Date:

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

## For Office Use Only

Corporate Client No.: \_\_\_\_\_ \*please mention the existing client ID of corporate client.  
 Signature verified:  YES  NO

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

RO/BO staff signature: \_\_\_\_\_