

# POLICY ASSIGNMENT FORM



Absolute  Conditional

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IRDA REGN. NO. 142

## IMPORTANT INSTRUCTIONS

- All fields are mandatory. Separate forms to be filled for each policy. Please attach the original policy document along with the form for registration of the assignment.
- Star Union Dai-ichi Life Insurance Co. may reject the request for registration of Assignment as per Section 38 of the Insurance Act 1938, as amended from time to time, giving reasons for such rejection. The aggrieved parties may then approach IRDAI within 30 days of the rejection in case they wish to represent against the decision of the Company.
- In case the parties to the assignment are legal persons (other than individuals) additional documents may be required along with the assignment form.
- In registering the assignment the Company expresses no opinion as to the legality or validity of the assignment.
- Please mention the amount of consideration for absolute assignment. A copy of the loan sanction letter will be required for registration of assignment in consideration of a loan.
- The assignment of a policy shall automatically cancel the existing nomination made in the policy in all cases except assignment done in favour of Bank / Financial Institution where the nomination will be temporarily suspended and revived once the policy is re-assigned.
- The witness to the assignment should be major [person above 18 years of age] and competent to enter into a contract.

## ASSIGNOR DETAILS

Application No.:  Policy No.:

Name of Policyholder:

Address:  Pin Code

Contact No.:  Email ID:

PAN No.:

Reason for Assignment: (mandatory) Financial Consideration of (₹)   Natural Love & Affection  Any other (provide details)

(Reason could be a 'Financial Consideration' or 'Natural Love & Affection' where the Assignment is to an immediate family member viz, parent, spouse or children)

Relationship with the Assignee: (In case of Individual)  (eg. Parent/Spouse/Child/Lender/Creditor/Guarantor etc.)

Life Assured is a Minor:  Yes  No

1. Are you resident of jurisdiction outside India?  Yes  No

2. Are you tax resident of jurisdiction outside India?  Yes  No

3. Country of residence/ tax residence

(If the answer to any of the above question is Yes, or country of residence/tax residence is other than India then kindly submit FATCA CRS self certification)

## ASSIGNEE DETAILS

Name of Assignee:

Assignee is (please tick one):  Regulated Institution (by RBI/ SEBI/ IRDAI/ Other)  Non Regulated Institution  Trust  NGO  Others(specify)

Address:

Contact No.:  Email ID:  Pin Code

PAN No.:

Is the Assignee a Politically Exposed Person (PEP)  Yes  No  Relative of a PEP  Associate of a PEP

If the assignee is the relative or Associate of a PEP, mention the name of the PEP and the relationship with him

*Individuals who are or have been entrusted with prominent public functions domestically or by a foreign country e.g. Heads of States/ Governments, Senior Politicians, Senior Government/ Judicial / Military Officers, Senior Executives of State Owner Corporations, Important Political Party officials etc and their family member's or close associates of PEP.*

1. Are you resident/ tax resident of any country other than India?  Yes  No

2. Country of Residence/ Tax Residence

3. Are you an Indian Financial Institution  Yes  No

4. Are the Substantial owners or controlling persons in the Entity or chain of ownership resident for tax purpose in any country outside India or not an Indian citizen  Yes  No

(If answer to any question is 'Yes', then kindly submit FATCA CRS Entity Self Certification)

## Acknowledgement Slip - Assignment Form

Policy No.:  Name of SUD staff :

Date and Time :

Signature and Stamp:

Thank you for choosing Star Union Dai-ichi Life Insurance Co. Your request will be processed and you will receive a communication from us.



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

**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 / Assignor

**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**

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

 Signature verified:  YES  NO

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

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

**Star Union Dai-ichi Life Insurance Company Limited**
**Registered Office:** 11<sup>th</sup> Floor, Vishwaroop IT Park, Plot No. 34, 35 & 38, Sector 30A of IIP, Vashi, Navi Mumbai – 400 703.

Toll Free No.: 1800 266 8833 (9:00 am to 7:00 pm – Mon to Sat)

 Email: [customercare@sudlife.in](mailto:customercare@sudlife.in) | Website: [www.sudlife.in](http://www.sudlife.in) | IRDAI Regn. No. 142 | CIN: U66010MH2007PLC174472

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