



STAR UNION DAI-ICHI LIFE INSURANCE CO. I.TD.

## Declaration for Minor Policy Assignment

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

The Manager,  
Star Union Dai-ichi Life Insurance Co. Ltd.

Dear Sir/Madam,

Re: Assignment of Policy Number \_\_\_\_\_ on the life of \_ <<Life Assured Name>> \_\_\_\_\_

I, \_ <<Name of Proposer>> \_\_\_\_\_, the proposer of the aforesaid policy hereby declare that the said policy is being assigned to \_ <<Name of Assignee>> \_\_\_\_\_ to avail a loan of Rs. \_\_\_\_\_ (Amt. in words: Rupees \_\_\_\_\_ only) and that the within mentioned loan amount shall be entirely utilized for the sole benefit of \_ <<Name of Life Assured>> \_\_\_\_\_

I further declare and undertake that the assignment is made with mutual willingness and on the responsibility of the assignor and the assignee and that insurer's responsibility is limited to register the said assignment on the basis of notice being served in this regard.

Dated at \_ <<Place>> \_\_\_\_\_ on \_ <<Date>> \_\_\_\_\_

### Signature of Declarant (Policyowner)

Witness Name & Address

Witness Occupation

Witness Sign

Date & Place

#### Declaration to be made by a third person where:

The policy owner has affixed his/her thumb impression; OR has signed in vernacular.

I hereby declare that I have explained the contents to the life assured in \_\_\_\_\_ language and have truthfully recorded the answers provided by him. I further declare that the Life Assured has signed/affixed his/her thumb impression in my presence.

Declarant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Declarant Name & Address: \_\_\_\_\_

#### For Office Use Only:

RO Code & Name:

RO OPS official Name :

Request Received Date & Time at RO:

### 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.

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