

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
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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: 11th 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)
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