

PARTIAL ASSIGNMENT FORM

(SUD Life Immediate Annuity Plus - Option B)



Star Union Dai-ichi Life Insurance

A joint venture of
Bank of India | Union Bank of India | Dai-ichi Life

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IRDA Regn. No. 142

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. _____

Aadhar 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

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Partial Assignment Re-Assignment (please tick one)

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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: DDMMYYYY

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: DDMMYYYY

Place: _____

Signature / Stamp of the Assignor

WITNESS DETAILS

Full Name of the Witness: _____

Occupation: _____

Address of the Witness: _____

PAN No.: _____

Aadhar No.: _____

Signature: _____

Signature / Stamp of SUD Life

Date: DDMMYYYY

Place: _____

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 (9:30 am to 6:30 pm – Mon to Sat) | Tel.: 022-7196 6200 | Fax: 022-7196 2811

Email: customer-care@sudlife.in | Website: www.sudlife.in | IRDAI Regn. No. 142 | CIN: U66010MH2007PLC174472

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We mean life!

