POLICY ASSIGNMENT FORM



Absolute Conditional PAGE | 1

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	S Control of the cont						
Application No.:	Policy No.:						
Name of Policyholder:							
Address:							
	Pin Code						
Contact No:	Email ID:						
PAN No.:	PAN No.:						
Reason for Assignment: (mandatory) Financial Consideration of (₹) Natural Love & Affection Any other (provide details)							
(Reason could be a 'Finan	cial Consideration' or 'Natural Love & Affection' where the Assignment is to an immediate family member viz, parent, spouse or children)						
Relationship with the As	ssignee: (In case of Individual) (eg.Parent/Spouse/Child/Lender/Creditor/Guarantor etc.)						
Life Assured is a Minor:	☐ Yes ☐ No						
1. Are you resident of ju	ırisdiction outside India? Yes No						
2. Are you tax resident of	of jurisdiction outside India?						
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 Politic	cally Exposed Person (PEP) Yes No Relative of a PEP Associate of a PEP						
If the assignee is the re	lative or Associate of a PEP, mention the name of the PEP and the relationship with him						
	been entrusted with prominent public functions domestically or by a foreign country e.g. Heads of States/ Governments, Senior Politicians, Senior y 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?						
2. Country of Residence/ Tax Residence							
3. Are you an Indian Financial Institution							
 Are the Substantial or an Indian citizen 	wners or controlling persons in the Entity or chain of ownership resident for tax purpose in any country outside India or not Yes No						
(If answer to any quest	ion is 'Yes', then kindly submit FATCA CRS Entity Self Certification)						
_							

Acknowledgement Slip - Assignment Form

Policy No.: _____ Name of SUD staff : _____ Signature and Stamp:



IRDA REGN. NO. 142

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



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IRDA REGN. NO. 142

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 / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. Date: DDDMMMYYY 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: DDDMMMYY Signature of Declarant Place: Occupation _ Address PAN No. FOR OFFICE USE ONLY Corporate Client No.: *please mention the existing client ID of corporate client. Signature verified: Branch Date/Time Stamp (Affix stamp in this box only) RO/BO staff signature:

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)

Email: customercare@sudlife.in | Website: www.sudlife.in | IRDAI Regn. No. 142 | CIN: U66010MH2007PLC174472

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POLICY ASSIGNMENT - ENDORSEMENT FORM

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		PAGE	3		IRDA REGN. NO. 142
I/We(Name of the Assignor)	First Name		Middle Name		Last Name
				ichi Life Insurance	e for the Sum Assured of
	nd interest in s				ons of Section 38 of the Insurance Act 1938,
Name of the Assignee: (Pleas	e fill whichever	is applicable)			
Individual:					
Date of Birth of the Assignee _			Middle Name		Last Name
Relationship of the Assignee	with the Policyh	nolder (In case of Individu	ual)		
Full Address of the Assigned	е				
Financial Institution/Bank:					
Date of Incorporation					
Full Address:					
Loan Account Number:					
TYPE OF ASSIGNMENT	ſ				
(Please tick whichever is appl	icable)				
Absolute Assignment					
☐ In consideration of (₹)				(in words and figures) received form the
assignee towards Out of Natural Love an					
☐ Conditional Assignment (ove and Affection)			
•		•	sured during the	term of policy ar	nd the assignee survives the life assured.
The assignment will be ine				, , ,	
Date: DDMMYYY	<u>/ </u>	Place:		L	Signature of the Assignor
WITNESS DETAILS					
Full Name of the Witness:					
Occupation:					
Address of the Witness:					
PAN No.:					
Signature:				_	Signature / Stamp of SUD Life
Date: DDMMYYY	Г У Р	Place:			
E					

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NOTICE OF ASSIGNMENT

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of India 🌂	וש	Union Bank of India		Dai-ichi	ы

	PAGE 4		IRDA	REGN. NO. 142
I/We		N 4" 1 11 N 1		
(Name of the Assignor) First Na the policyholder under policy number		Middle Name	Last Name	hereby
give you notice that I/We have assigned the sa			surdince for the sum assured or _	nereby
give you notice that if we have assigned the sa	id Folicy to the Assignee ment	ioned below		
Name of the Assignee: (Please fill whichever is	applicable)			
Individual:				
First Na	ame	Middle Name	Last Name	
Electrical de distriction (Bourt				
Financial Institution/Bank:				
Loan Account Number:				
TYPE OF ASSIGNMENT				
(Please tick whichever is applicable)				
☐ Absolute Assignment				
☐ In consideration of (₹)			(in words and figures	s) received form the
assignee towards				
U Out of Natural Love and Affection				
Conditional Assignment (out of Natural Lo	•			
(The assignment will take effect only on The assignment will be ineffective if the as	n death of the life assured signee predeceases the life as	during the term of ssured)	policy and the assignee surviv	es the life assured.
I/We enclose the policy document along with t	he other documents with this r	notice for registration	of the assignment in your records	S.
Post the Assignment the Premium under the p	olicy will be paid by the 🔲 As	signor \square Assignee.	The premium notices may be se	nt accordingly.
	d	ft		
Please do the needful and deliver the policy	documents to the assignee a	iter registering the as	ssignment in your records.	
Signature/Stamp of Assignee	<u> </u>		Signature of Policyh	older
Date: D D M M Y Y Y Y Pla	ce:	_		
Witness Details				
Full Name of the Witness:				
Occupation:				
Address of the Witness:				
Address of the Williess.				
PAN No.:				
PAN NO				
Signature:			C:====t:=== / Ct====	n of CLID Life
			Signature / Stam	h oi 200 riie
Date: D D M M Y Y Y Y Pla	ce:			

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