PARTIAL ASSIGNMENT FORM

(SUD Life Immediate Annuity Plus - Option B)



Re-Assignment (please tick one)

Page - 1 IRDA Regn. No. 142

IMPORTANT INSTRUCTIONS

Partial Assignment

- 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
 partial 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.
- Acopy 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.: Policy No.:		
Name of Policyholder:			
Address:			
Contact No:	Email ID:		
PAN / TAN No.:			
Reason for Partial Assignment: (mandatory) Financial Needs Love & Affection Any other (provide details)			
(Re	eason could be a 'Financial Consideration' or 'Love & Affection' where the partial assignment is to an immediate family member)		
Relationship with Assignee	:(eg: Parents/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			
ASSIGNEE DETAILS Name of Assignee:			
	e): Regulated Institution (by RBI/ SEBI/ IRDAI/ Other) Non Regulated Institution NGO Trust		
Name of Assignee:	P: Regulated Institution (by RBI/ SEBI/ IRDAI/ Other) Non Regulated Institution NGO Trust		
Name of Assignee: Assignee is(please tick one	Regulated Institution (by RBI/ SEBI/ IRDAI/ Other) Non Regulated Institution NGO Trust		
Name of Assignee: Assignee is(please tick one	Regulated Institution (by RBI/ SEBI/ IRDAI/ Other) Non Regulated Institution NGO Trust Email ID:		
Name of Assignee: Assignee is(please tick one Address:			
Name of Assignee: Assignee is(please tick one Address: Contact No:			
Name of Assignee: Assignee is(please tick one Address: Contact No: PAN / TAN No.: Are You a Politically Expos			
Name of Assignee: Assignee is(please tick one Address: Contact No: PAN / TAN No.: Are You a Politically Expose If the assignee is the relational Individuals who are or have been assigneed.			
Name of Assignee: Assignee is(please tick one Address: Contact No: PAN / TAN No.: Are You a Politically Expos If the assignee is the relat Individuals who are or have beet Government/ Judicial / Military Of 1. Are you resident/ tax res	Email ID: Addhar No.: Addhar No.: Addhar No.: Email ID: Addhar No.: Email ID: Addhar No.: Email ID: Addhar No.: Email ID: Addhar No.: Addhar No.: Email ID: Addh		
Name of Assignee: Assignee is(please tick one Address: Contact No: PAN / TAN No.: Are You a Politically Expose If the assignee is the relational individuals who are or have been Government/Judicial/Military Of 1. Are you resident/ tax ress 2. Country of Residence/Tax	Email ID: Addhar No.: Addhar No.: Addhar No.: Addhar No.: Addhar No.: Email ID: Addhar No.: Addhar No		
Name of Assignee: Assignee is(please tick one Address: Contact No: PAN / TAN No.: Are You a Politically Exposs If the assignee is the related Individuals who are or have been Government/Judicial/Military Off 1. Are you resident/ tax ress 2. Country of Residence/Tax 3. Are you an Indian Finance	Email ID: Aadhar No.: Aadhar No.: Aadhar No.: Ped Person ? Yes No The entrusted with prominent public functions domestically or by a foreign country e.g. Heads of States/ Governments, Senior Politicians, Senior ficers, Senior Executives of State Owner Corporations, Important Political Party officials etc and their family member's or close associates of PEP. Tident of any country other than India? Yes No Tax Residence Tident of Institution Yes No		
Name of Assignee: Assignee is(please tick one Address: Contact No: PAN / TAN No.: Are You a Politically Exposs If the assignee is the related Individuals who are or have been Government/Judicial/Military Off 1. Are you resident/ tax ress 2. Country of Residence/Tax 3. Are you an Indian Finance	Email ID: Addhar No.: Addhar No.: Addhar No.: Addhar No.: Addhar No.: Email ID: Addhar No.: Addhar No		

PARTIAL ASSIGNMENT FORM

(SUD Life Immediate Annuity Plus - Option B)

YES

Signature verified:

Branch staff signature:

NO



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

Union Bank Dai-ichi Life

Page - 2 IRDA Regn. No. 142 **BANK DETAILS FOR RE-ASSIGNMENT** Policy Holder Name: Bank Name: Branch Name: Bank A/c No.: 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 / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. 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 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. Signature of Declarant Occupation _ Address Place: PAN No. Aadhar No. – For Office Use Only

PARTIAL ASSIGNMENT ENDORSEMENT FORM





Partial Assignment Re-Assignment (please tick one)	Page - 3 IRDA Regn. No. 142		
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 the assignee towards) 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 assignments	gnee will have no right to claim the annuity amounts		
Name of the Assignor			
Date: D D M M Y Y Y Y Place:	Signature / Stamp of the Assignor		
WITNESS DETAILS			
Full Name of the Witness:			
Occupation:			
Address of the Witness:			
PAN No.: Aadh	ar No.:		
Signature:	Signature / Stamp of SUD Life		
Date: D D M M Y Y Y 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 (9:00 am to 7:00 pm – Mon to Sat)

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

PARTIAL ASSIGNMENT FORM (NOTICE OF ASSIGNMENT)



(SUD Life Immediate Annuity Plus - Option B) Page - 3 IRDA Regn. No. 142 I/We (Name of the Assignor) the policyholder under policy number issued by Star Union Dai-ichi Life Insurance for the sum assured of herby give you notice that I/We have partially assigned the said Policy to the Assignee mentioned below Name of the Assignee: (Please fill whichever is applicable) Individual: Financial Institution/Bank: Loan Account Number: TYPE OF ASSIGNMENT (Please tick whichever is applicable) **Partial Assignment** (in words and figures) ___ ☐ In consideration of Rs 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 I/We enclose the policy document along with the other documents along with this notice for registration of the assignment in your records. Please do the needful and submit the policy documents to the assignee after registering the assignment in your records. Name of the Assignor 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: DDMMMYYY Place: _ **Third Party Declaration** Third Party Declaration to be made if Policyholder has affixed thumb impression OR Policyholder has signed in vernacular OR Policyholder has not filled the Application 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 signature/thumb impression in my presence after understanding the contents. Place: Occupation: Address : _____ PAN No: Signature of Declarant Aadhar No:

Star Union Dai-ichi Life Insurance Company Limited