

Re - ASSIGNMENT FORM

PAGE | 1

Union Bank Dai-ichi Life IRDA REGN. NO. 142

Important Instructions

- All fields are mandatory. Separate forms to be filled for each policy. The re-assignment form along with the original policy document should be submitted registration of the re-assignment.
- Star Union Dai-ichi Life Insurance Co. may call for additional documents required for re-assignment of the policy.
- The company expresses no opinion as to the legality or validity of the re-assignment.

 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.

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2. Are you tax resident of jurisdiction outside India?																																						
3. Country of residence																												_										
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I Mr./Ms./Dr.																																						
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	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.																																						
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Acknowledgement Slip - Assignment Form

Policy No .: _ Name of SUD staff :_ Date and Time: _ Signature and Stamp:



IRDA REGN. NO. 142

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

Thank you for choosing Star Union Dai-ichi Life Insurance Co. Your request will be processed and you will receive a communication from us.



RE - ASSIGNMENT FORM - POLICY ENDORSEMENT

IRDA REGN. NO. 142

I/We (Name of the Assigne	ee)			
the assignee of policy num	nber issued by St	tar Union Dai-ichi Life Insurance fo	or the Sum Assured of (₹)	which
was assigned in my/our fa	vour and registered by you; he	ereby in consideration of	reassign the right, title and in	nterest, in favour of
First Name	Middle Name _		Last Name	
(original policy holder) as	per the provisions of Section 3	8 of the Insurance Act 1938, as ar	mended from time to time.	
Signature/St	amp of Assignee	-	Signature of Policyho	lder
Witness Details				
Full Name of the Witness:				
Occupation:				
Address of the Witness:				
PAN No.:				
			Signature / Stamp	of SUD Life
Date: D D M M Y Y	YY			
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

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NOTICE OF RE - ASSIGNMENT

I/We (Name of the Assignee)		IRDA REGN. NO. 142											
the assignee of policy number issu	ed by Star Union Dai-ichi Life Insura	ance for the Sum Assured of (₹) which											
was assigned in my/our favour and registered by you;	give you notice that I have re-assig	ned the policy in favour of the Assignor (original policy											
holder). I/We have no further claims on the benefits under	the policy.												
Individual:													
(Name of the policyholder) First Name	Middle Name	Last Name											
Signature/Stamp of Assignee		Signature of Policyholder											
Witness Details													
Full Name of the Witness:													
Occupation:													
Address of the Witness:													
PAN No.:													
Signature:		Signature / Stamp of SUD Life											
Date: DDMMYYYY													
Place:													
For Office Use Only													
Corporate Client No.:	*please mention the existing cli	ent ID of corporate client.											
Signature verified: YES	☐ NO												
RO/BO staff signature:		Branch Date/Time Stamp (Affix stamp in this box only)											

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