

## **IDBI Federal Life Insurance Co Ltd**

IRDAI Regn. No. 135. | Corporate Identity Number: U66010MH2007PLC167164.

Tradeview, Oasis Complex, Kamala City, P. B. Marg, Lower Parel (W). Mumbai - 400013. Toll Free: 1800 209 0502 (Monday to Saturday; 8 am to 8 pm). E-mail: support@idbifederal.com.

www.idbifederal.com

## APPLICATION FOR ASSIGNMENT (Kindly fill in Block Letters)

## **INSTRUCTIONS**

.

- Parties to the assignment should satisfy themselves before forwarding the policy document to the company, for the registration of assignment. .
  - This form must be filled by the owner of the policy. A conditional assignment may be made, part assignment of a policy is not allowed.
- An assignment in favor of survivor/s shall be valid. .
- The assignment of a policy shall automatically cancel any nomination made in the policy, except where the policy is assigned to the insurer, in which case the nominees' right . shall be affected to the extent of the insurer's interest in the policy.
- This form shall be accompanied by the original policy document in respect of which the assignment is made. .
- The assignment shall not be effectual against the company unless it is duly completed and delivered to IDBI Federal Life Insurance Co. Ltd. .
- The assignment will be as per the section 38 of insurance act. .

GENERAL INFORMATION																															
POLICY NUMBER																S	SUN	1 AS	SU	RED											
ASSIGNOR DETAILS																															
NAME																															
Address																															
	City																														
	State																							Р	IN						
TELEPHONE	Reside	ence	<u>,</u>																							L					
NUMBERS	Office																														
(STD CODE)	Mobil	e																						1							
SIGNATURE OF																															
THE ASSIGNOR																															
Executed on this	D D	/Гм	М	/ <sub>Y</sub>	Y	Y	Y						at																		
		/																													
I, Mr. / Ms. / Mrs. / Title, as the owner of the above named policy assign this policy to the assignee named herein, and I hereby give you the notice of same.																															
CONSIDERATION (IF ANY)																															
Please strike out parts which are not applicable.																															
Consideration re	Consideration received Rs																														
In words,																															
From the assign	ee																														
I hereby acknow	/ledge t	he r	ecei	ipt	of tl	ne a	bov	/e n	nent	tior	ned	cor	sid	erat	ion	fro	m t	he a	assi	gne	e.										
													OR																		
The policy has b	een ass	iane	o he	ut i	ofn	atu	rall	ove	and	d af	fec	tion	an	d na	n ot	hor		nsid	era	tion	ha	s he	on	rece	aive	d fr	om	tho	255	ian	00
		igne																			- ma							the		ign	
ASSIGNEE DETAILS	1																1	1		1	1					1				1	1
NAME																		ļ							$\vdash$	<u> </u>	<u> </u>	<u> </u>	<u> </u>		
Address																										<u> </u>			<u> </u>		
	City																														
	State																							P	IN						
TELEPHONE	Reside	ence	à																												
NUMBERS (STD CODE)	Office	<u>,</u>																													
	Mobil	е																													
<b>RELATIONSHIP TO</b>																															
THE POLICY OWNER																															

Gender	Male Female		Date Of Birth	DD	/ M N	1 / Y	ΥY	Y	
SIGNATURE OF THE ASSIGNEE									
Executed on this		at							

WITNESS DETAILS																			
NAME																			
Address																			
	Cit	y						Sta	ate										
															F	PIN			
SIGNATURE OF THE WITNESS (age should be more than 18 years)																			

Future premiums will be paid by: (Tick as applicable)	Assignee	Assignor
Signature/ thumb impression of Assignor		Signature of Assignee