

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	SUM ASSURED
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ASSIGNOR DETAILS

NAME									
Address									
	City								
	State								
		PIN							
TELEPHONE NUMBERS (STD CODE)	Residence								
	Office								
	Mobile								
SIGNATURE OF THE ASSIGNOR									

Executed on this

D	D
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M	M
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Y	Y	Y	Y
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 at

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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 received Rs

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In words, _____

From the assignee _____

I hereby acknowledge the receipt of the above mentioned consideration from the assignee.

OR

The policy has been assigned out of natural love and affection and no other consideration has been received from the assignee.

ASSIGNEE DETAILS

NAME									
Address									
	City								
	State								
		PIN							
TELEPHONE NUMBERS (STD CODE)	Residence								
	Office								
	Mobile								
RELATIONSHIP TO THE POLICY OWNER									

