

# 10M ASSIGNMENT FORM



## Important instructions for you to proceed:

- All fields are mandatory
- Assignor is the policyholder intending to assign the policy. Assignee is any person/institution in whose favour the policy is assigned.
- Absolute Assignment:
  - It is an unconditional transfer of all the rights, interests, title and obligations to the assignee.
  - The assignee becomes the "policyholder" if the assignor absolutely assigns the policy and if the assignee agrees to pay future premia.
  - All the rights and obligations vest with the assignee.
  - A nomination gets cancelled in the case of absolute assignment.
- If more than one policy is to be assigned separate forms are to be filled up in respect of each of them.
- Post assignment of the policy, the Assignee will be entitled to all the payouts that are processed by the Company.

Barcode
---------

## POLICY DETAILS

**Policy Number**

**Date**

**Name of Proposer**

Mr./Mrs./M/S.

**Address**

**Landmark**  **Pin Code**

**Contact Nos.**

STD Residence STD Office Ext. ISD Mobile

**E-Mail ID**

## DETAILS OF THE ASSIGNEE

**Name of the Assignee**

Mr./Mrs./M/S.

**Residential Address:**

**Landmark**  **Pin Code**

**Contact Nos.**

STD Residence STD Office Ext. ISD Mobile

**Name of Organisation:**

**Official Address:**

**Landmark**  **Pin Code**

**E-Mail ID**

**Entity regulations**  Blood relative  Regulated by IRDA / RBI / SEBI  Non-Regulated institution  Non-Profit Organization  Others \_\_\_\_\_

**Entity Type**  Individual  Non Individual **Date of Birth**           **Gender**  Male  Female

**Is the Assignee**  Employee  Advisor  Relative of Employee or Advisor  None

**Resident Status**  Resident  NRI  PIO **Resident Country** \_\_\_\_\_ **Nationality**  Indian  Non Indian

**Marital Status**  Unmarried  Married  Widow(er)  Divorced

**Occupation**  Salaried  Professional  Self Employed  Student  Housewife  Retired  Others \_\_\_\_\_

**Industry Type**  Jewellery  Import/Export  Mining  Shipping  Scrap Dealing  Real Estate  Agriculture

Stock Broking  Others \_\_\_\_\_

## Notice of Assignment

I/We \_\_\_\_\_, the assignor, have read and understood the above instructions and, subject to the above instructions, have absolutely assigned the policy to the assignee mentioned herein above.

## PAN UPDATION

Effective July 1, 2011, it is mandatory to provide PAN where policyholder pays premium aggregating Rs. 50,000/- or more in a financial year. The premium payment can be through cash or a banking transaction and is applicable in case of top-ups as well. Policyholders who do not have a PAN can submit Form 60 or Form 61.

**PAN Number**

**Name (as is appears on the PAN Card)**

Salutation First Name Surname

**Document Submitted**  PAN Card Copy  Form 60  Form 61

Comp/doc/Sep/2014/576

## ACKNOWLEDGEMENT SLIP

This is to acknowledge the receipt of application for Assignment.

**Policy Number**  **Date**

**Documents Submitted**  Policy Certificate  Address proof  Photo Id Proof

Photograph  Income Proof

**Received By**

STAMP  
&  
TIME

**Consideration**

- I intend assigning the policy for Rs. \_\_\_\_\_ (valuable consideration) received by me from the assignee in respect of the aforesaid assignment. **OR**
- I intend assigning the policy out of natural love and affection **OR**
- I intend assigning the policy without consideration
- Specify any other reason \_\_\_\_\_

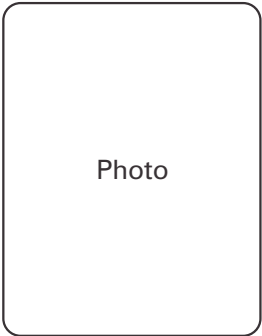
Future premiums will be paid by  Assignor  Assignee

**KYC Documents:**

- 1. Identity proof \_\_\_\_\_
- 2. Address proof \_\_\_\_\_
- 3. Income proof (if applicable) \_\_\_\_\_

Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions in a **foreign country**, example, Heads of State or of Governments, senior politicians, senior government / judicial / military officials, senior executives of state owned corporations, important political party officials, etc., including their family members and close relatives.

Are you a politically exposed person?  Yes  No



**If answer to above question is "Yes", kindly answer the questions mentioned below**

- 1. Are you a Politically exposed person (Active Member / Inactive Member / Relative of PEP / Close Acquaintance of PEP)?
- \_\_\_\_\_
- 2. Please specify the extent of political involvement (Political experience, affiliation to political party, social worker, whether party in power, portfolio handed).
- \_\_\_\_\_
- 3. Please specify your previous occupation. Since how many years are you involved in politics?
- \_\_\_\_\_
- 4. Please specify all the sources of income.
- \_\_\_\_\_

**DECLARATION**

- The submission of a duly filled and signed Assignment form along with the requisite documents will be treated as adequate notice of assignment of the policy.
- Immediately after an assignment (whether by an endorsement on the policy or by a deed of assignment) has been executed, the Policy/ deed of assignment alongwith the Policy must be sent to the Company at its offices as specified below for registration of the assignment.
- In the event of the assignment of the Policy not being notified to the Company as above it will not be operative and will not confer upon the Assignee or his legal representatives any rights as against the Company. Priority of claims after assignment will be governed strictly by the order in which notices of assignments have been delivered to/received by the Company at its specified office.
- Subject to the terms and conditions of the assignment, the Company shall, from the date of receipt of this notice, recognize the assignee named in the notice as the only person entitled to the benefit under the policy.
- Assignment will be as per Section 38 of the Insurance Act.

Date

Place \_\_\_\_\_ Signature of Assignor \_\_\_\_\_ Signature of Assignee \_\_\_\_\_

**Details of the person signing as Witness** (Please note that the witness should be major and competent to contract)

The assignor has duly executed the endorsement on the policy, and the signature/thumb impression is of the assignor affixed on the date and at the Place herein above stated.

Name of the Witness  \_\_\_\_\_

Address \_\_\_\_\_

Landmark  \_\_\_\_\_ Pin Code  \_\_\_\_\_

Occupation  \_\_\_\_\_

Signature of Witness \_\_\_\_\_

**FOR OFFICE USE ONLY:**

ER Request submitted by  C  S  CR  CS

Spaarc Call ID \_\_\_\_\_ Date

Scanning Cabinet \_\_\_\_\_ Received By \_\_\_\_\_

Remarks \_\_\_\_\_



Kindly call our Customer Service Number 1860-266-7766 (local charges apply)  
Call Center timings: 10.00 A.M. to 7.00 P.M. Monday to Saturday (except national holidays)



**Communication Address**

ICICI Prudential Life Insurance Company Ltd., Vinod Silk Mills Compound, Chakravarthi Ashok Nagar, Ashok Road, Kandivali ( E ), Mumbai 400 101.