



PSD000101

Policy/Application Number Date / / **For Office Use Only**

Received By _____

Signature

Time & Date of Receipt _____

Received
Stamp**Assignment of Policy**

I request you to assign the policy in favor of _____

I am enclosing the assignment deed and Policy Document along with this form. The reason for assignment is _____

Type of Assignment (*Please ✓ as Applicable*) Absolute Conditional

Relationship of Assignee with existing Policy holder (Assignor) _____

Notice of Assignment under Section 38 of the Insurance Act, 1938

(To be provided apart from the assignment deed)

Notice is hereby given that I/We _____

have assigned the above Policy to Mr./Ms./M/s. (Name of the Assignee) _____ whose address is

on (date of assignment / /). I/We enclose the endorsement on the Policy/deed of assignment for registration of the assignment.**Details of the Assignee:**

Future premiums will be paid by: Assignee / Assignor _____

Contact Numbers for Assignee: _____

The below details are mandatory only if Assignment has been made to an Individual and not to a Company/Trust/Institution:**Occupation:** _____**Identity Proof:** Passport / PAN Card / Voter's Identity Card / Others _____**Address Proof:** Telephone Bill / Ration Card / Electricity Bill / Others _____**You are:** Resident Indian / Non Resident Indian**Email Id:** _____

Important:

- (a) I hereby authorize the Company to dispatch the Policy Document (if received), to assignee post registering the assignment in Company's records.
- (b) Please note that all future correspondence will be sent to both- Assignee and Assignor.

Signature/thumb impression of Assignor
(Company/bank stamp and signature of authorized Signatory if Assignor is a Company/bank)

Signature/thumb impression of Assignee
(Company/bank stamp and signature of authorized Signatory if Assignee is a Company/bank)

Name & Designation (If assignor is a company/bank)

Name & Designation (If assignee is a company/bank)

Date: / /

Date: / /

Declaration section, if form is signed in Vernacular language above

I _____ Son / Daughter
of _____ am an adult and residing
at _____

do hereby declare on solemn affirmation as under: I have read out and fully explained the contents of the form and all other documents
in _____ language incidental to make the necessary changes in the Policy to
Mr./Mrs./Ms. _____


and he/she has understood the significance of the change. I have truthfully and correctly recorded the replies given by the Policy Holder / Assignee and that
the Policy Holder / Assignee has affixed the signature / thumb impression above after fully understanding the contents thereof.

Solemnly affirmed at _____

Signature of Declarant


Date: / /

- Product specific requests/funds will be allowed, only if it is applicable under the respective terms & conditions of the Policy. Please refer to the terms and conditions of the Policy for details. The specimen formats for additional documentation can be downloaded from our website. Alternatively you can contact us through the various options as mentioned below.
- Processing of the requests will be initiated on receipt of this form at any of our Company's Offices. In case of Unit Linked Policies, for the requests impacting the funds of the Policy, if application is received before 3:00 pm on a business day, NAV of same day will be applicable. If received after 3:00 pm, next business day NAV will be applicable.
- Register now on our website to avail the benefits of various options for on-line servicing of your Policy.

 Toll free at **1800-103-0003 / 1800-180-0003 (BSNL/MTNL)**

 SMS at **9779030003**

 E-mail us at **customerservice@canarahsbclife.in**

 Visit us at our website **www.canarahsbclife.com**