

BAJAJ ALLIANZ LIFE INSURANCE COMPANY LTD.

GE Plaza, Airport Road Yerawada, Pune 411006

FORM OF REASSIGNMENT FOR VALUABLE CONSIDERATION

Policy Number -

--	--	--	--	--	--	--	--	--	--

I/We Assignee Details

1)Name _____

2)Name _____

3)Name _____

the assignees / assignee, in consideration of the sum of _____Rs (in figures) _____(in words) paid to me/us by(Mr/Mrs/Ms)_____ (Life Assured) receipt of which we hereby acknowledge, do hereby as beneficial owners reassign to _____the assured, and/or his Heirs, Executors, Administrators and assigns the Policy of Assurance on his life granted to him by the Bajaj Allianz Life Insurance Co Ltd. assuring the sum of Rs._____(in figures)_____ (in words) and the sum assured therein and all other moneys, benefits and advantages to be received thereunder.

Signature of ReAssignor1 Signature of ReAssignor2 Signature of ReAssignor3

Name _____

Place _____ Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Contact Number _____

Signature of Life Assured

Name _____

I certify that the above signature is that of _____

_____(Name of the Reassignor/s)

who affixed the same after understanding the contents.

Signature of Witness

Name _____

Contact No _____