

Application of Assignment

Policy No:

Date:

Policyholder Name: Mr Miss Mrs

Mobile No: Resident No: Office No:

Email Id:

Contact details mentioned above will be updated in our records for further communication

Sir/Madam,

I/We, _____ applicant/policyholder of the IndiaFirst Life Insurance application/policy no. _____ do hereby assign the rights and benefits of the said policy in favour of _____ \ (assignee name) details as mentioned below:

Assignee Details :

Name of Assignee :

Address :

Mobile No: Resident No: Office No:

Email Id :

Assignee Type: Individual Financial Institution/Bank/Trust

Below mentioned details are mandatory only if the absolute assignment has been made to an individual and not to a Institution/Bank

Date of Birth: Gender: Male Female Nationality: Indian NRI

Occupation: Salaried Business Student Professional Others _____

Identity Proof: Passport Pan Card Voter ID Driving License Others _____

Address Proof: Passport Ration Card Voter ID Driving License Others _____

Declaration by Policyholder :

I hereby declare that I have absolutely assigned the above policy to _____ (Name of Assignee)

I have received a sum of Rs. _____ (Rupees _____) in consideration from the assignee for the assignment.

I have assigned the policy out of love and affection and have not received any consideration from the assignee.

Note: In order to abide by the Foreign Account Tax Compliance Act (FATCA), kindly submit an Insurance FATCA Declaration, separately, if the answer to any of these questions is a 'yes': (i) Are you a citizen of any other country apart from India (dual or multiple citizenship); (ii) Are you a resident (for tax purposes) of any other country other than India; (iii) Do you hold a green card of USA or any similar card for any other country?

Relationship with Assignee: _____ (Eg:Parent/Spouse/Child/Lender/Creditors/Guarantor etc)

The original policy document is sent herewith. Please acknowledge the receipt of this notice and the original policy document and return the policy document to the above assignee after registering the assignment.

Signature/Thumb Impression of Policyholder

Place

Date

For any query or more information, call

Toll Free **1800 209 8700**

or mail us at customer.first@indiafirstlife.com

Communication Address:

IndiaFirst Life Insurance Company Limited,
301, 'B' Wing, The Qube, Infinity Park, Dindoshi,
Film City Road, Malad (East), Mumbai -400 097

