

## ASSIGNMENT FORM

POLICY NO.

I/We Policyholder's name, do hereby assign all my/our rights, equities, and benefits in the life insurance policy issued by Max Life Insurance Co. Ltd and bearing number \_\_\_\_\_, in favor of assignee's name. Going forward, the premium for the policy shall be paid by \_\_\_\_\_. The reason for assignment is \_\_\_\_\_ Assignor's relationship with Assignee (in case of individual assignment) \_\_\_\_\_

Is Assignee/Policy Owner/Payee a Politically Exposed Person\*? Yes / No (Please tick).

\*Politically Exposed Persons (PEP) are individuals who are or have been entrusted with prominent public functions, for example Heads/ Ministers of Central /State government, Senior politicians, Senior government/ judicial / military officers, Senior executive of state owned corporations, Important political party officials & immediate family member of above persons (Spouse, Children, Parents, Siblings, In-laws).

**Note:** Copy of self attested ID proof is mandatory in all the assignment requests. However if annual premium is Rs. 1 lac and above and to be paid by assignee then the copy of self attested address proof and income document will also be required.

Assignor's signature \_\_\_\_\_ (Company stamp and signature of authorized signatory if policyholder is a company)

Date: \_\_\_\_\_ Place: \_\_\_\_\_

### Accepted:

Assignee's signature \_\_\_\_\_ (Company stamp and signature of authorized signatory if Assignee is a company)

Assignee's name \_\_\_\_\_  
Assignee's address \_\_\_\_\_  
Assignee's telephone number \_\_\_\_\_  
Contact details of assignee (if assignee is a company)  
Name of contact person \_\_\_\_\_  
Address of contact person \_\_\_\_\_  
Tel No. of Contact Person \_\_\_\_\_

### Witness (1)

Name: \_\_\_\_\_  
Add: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
Place: \_\_\_\_\_

### Witness (2)

Name: \_\_\_\_\_  
Add: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
Place: \_\_\_\_\_

### ##Acceptable income proofs:

- Latest Year ITR
- Latest Year Form 16
- Bank statement showing salary credit of last 3 months
- Balance Sheet and Profit and Loss Account
- Audited annual accounts of the Proposer/ Payor
- Rental Agreement
- Agriculture Sales Receipts
- Proof of proceeds of lump-sum amount received from which premium is paid. For Example, sale Deed if premium is paid from the sale of property, proof of lump-sum amount received at the time of retirement, proof of maturity of fixed deposits, mutual fund redemption, proof of other insurance policies maturity amount received etc.

Max Life Insurance Co. Ltd  
Operation center, 90-A, Udyog Vihar, Sector 18, Gurgaon – 122015  
Registered Office : Max House , 3rd Floor, 1 Dr Jha Marg, Okhla, New Delhi 110020, India  
Toll Free Number: 18002005577 Website Address: www.maxlifeinsurance.com