



**CONSIDERATION (if any)**

Please select the applicable options

\* Assignment out of love and affection  Assignment to blood relative/spouse  Assignment to others 

\* Assignment for a valuable consideration of Rs. \_\_\_\_\_ (consideration amount is mandatory) Purpose of the Assignment- \_\_\_\_\_ (e.g. loan, other financial obligation)

**Declaration from Bank/Financial Institution (FI) and Assignor**It is understood and agreed to by the Assignor and Assignee that - **1.** Except in case of death claim, Kotak Mahindra Life Insurance Company Ltd. shall make payments under the Policy to the Assignee Bank/FI. **2.** In case of death claim, Kotak Mahindra Life Insurance Company Ltd. shall make the payment under the Policy first to the Assignee, to the extent of loan outstanding, and the balance amount, if any, shall be paid to the nominee/legal heirs, as per Insurance Act, 1938. **3.** At the time of death claim, the Assignee Bank/FI shall provide a loan statement giving the outstanding loan as at the time of death.Signature/Stamp of  
authorised signatory of Bank/FI

Signature of the Assignor

**PARTICULARS OF NOMINEE: (The below details are mandatory incase of assignment to the life insured)**

	NOMINEE												APPOINTEE											
Client ID																								
Percentage Share	(%)																							
Title	Surname												Surname											
FULL NAME	First Name Middle Name												First Name Middle Name											
Date of Birth	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y								
Relationship	To the Assignee												To the Nominee											
Gender	Male	Female	NRI status	Residence	Non Residence	Male	Female	NRI status	YES	NO														
ADDRESS	Office	Residence	Office	Residence																				
City																								
State	Pin												Pin											
Telephone Number (with STD Codes)																								
E-mail ID																								

**DECLARATION BY THE ASSIGNOR**

I, Mr./Ms. \_\_\_\_\_, on behalf of \_\_\_\_\_ / as the beneficial owner of the above named policy do hereby transfer and assign the rights and benefits of the said policy to the Assignee named below and I hereby give you notice of the same. I declare that the Assignee's receipt of the benefits under the policy shall be a valid and sufficient discharge of Kotak Mahindra Life Insurance Company Ltd. I understand that, by virtue of the assignment, the assignee has the right to give fund switch request in the policy.

Signature of the Assignor/Left thumb impression of Assignor :  
(In case of Bank/FI/Company, please affix company stamp counter signed by authorized signatory)**PARTICULARS OF WITNESS**

Title(Mr./Ms./Mrs.)	Surname	First name	Middle name
Address :			
State	City/Village		Pin Code

**Telephone Numbers (With STD Codes)**

Residence	Office	Signature of the Witness : (In case of Bank/FI/Company, please affix company stamp counter signed by authorized signatory)
Mobile	E mail	

**DECLARATION BY THE PERSON FILLING IN THE FORM (Applicable only where form is filled in by a scribe or signed in vernacular languages or where thumb impression is affixed)**

I, \_\_\_\_\_ having known the policy holder for a period of \_\_\_\_\_ do declare that I have explained the nature of the questions contained in this form.

Address of Scribe	Signature of Scribe											
	City	Date	D	D	M	M	Y	Y	Y	Y		
	State	Pin	Place									

**Kotak Mahindra Life Insurance Company Ltd.** (Formerly known as Kotak Mahindra Old Mutual Life Insurance Ltd.)

IRDAI Regn. No. 107, CIN: U66030MH2000PLC128503, Regd. Office: Kotak Mahindra Life Insurance Company Ltd., 2nd Floor, Plot # C-12, G-Block, BKC, Bandra (E), Mumbai-400 051.

For any correspondence kindly contact us at: Kotak Mahindra Life Insurance Company Ltd., Kotak Infinity, 7th Floor, Zone IV, Building No. 21, Infiniti Park, Off Western Express Highway, Goregaon Mulund Link Road, General A K Vaidya Marg, Malad (E), Mumbai - 400 097. (+9122) 6605 7777 {D}; 66200550 {F} <http://insurance.kotak.com/>

FO\PS\Assignment Form\004

**ACKNOWLEDGEMENT**

We acknowledge the receipt of your request for \_\_\_\_\_ for policy number \_\_\_\_\_

Branch Name and code

Name of Operations Executive

**Kotak Mahindra Life Insurance Company Ltd.** (Formerly known as Kotak Mahindra Old Mutual Life Insurance Ltd.)

IRDAI Regn. No. 107, CIN: U66030MH2000PLC128503, Regd. Office: Kotak Mahindra Life Insurance Company Ltd., 2nd Floor, Plot # C-12, G-Block, BKC, Bandra (E), Mumbai-400 051.

For any correspondence kindly contact us at: Kotak Mahindra Life Insurance Company Ltd., Kotak Infinity, 7th Floor, Zone IV, Building No. 21, Infiniti Park, Off Western Express Highway, Goregaon Mulund Link Road, General A K Vaidya Marg, Malad (E), Mumbai - 400 097. (+9122) 6605 7777 {D}; 66200550 {F} <http://insurance.kotak.com/>

FO\PS\Assignment Form\004