



INSTRUCTIONS

1. Please fill this form in BLOCK LETTERS using black or blue ink. The term Assignor stands for the current owner of the policy and the term Assignee stands for the person in whose favour the policy is being assigned.
 2. A third party major, other than the Assignor and the Assignee, must witness the signatures(s) and /or thumb impressions
 3. The assignment may affect/cancel the existing nomination in accordance with the provisions of Insurance Act, 1938.
 4. This assignment form must be sent to "Kotak Life Insurance", The Policy Servicing Department, 7th Floor, Kotak Infinity, Building No 21, Infinity Park, Off Western Express Highway, Goregaon Mulund Link Rd, Malad (E), Mumbai- 400097, India
 5. This form shall be accompanied by the original policy document in respect of which the assignment is made
 6. This assignment shall not be effective against the Company unless it is duly completed and delivered to Kotak Mahindra Life Insurance Company Ltd. along with prescribed fee, as applicable.
 7. In order to abide by the Foreign Account Tax Compliance Act (FATCA), kindly submit a 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?
- I/We confirm that I/we shall report any future changes in my/our tax status to Kotak Life Insurance within 30 days of such change. I/We also confirm that until I/we provide a written intimation about any such changes, Kotak Life Insurance may presume that there is no change in my/our tax residency status and consider my/our earlier submitted declarations, if any, as valid. I understand that for any queries about my/our tax residency, I/we have to consult my/our own tax consultant.

Recent passport size
photo of the assignee
(for individuals only)

GENERAL INFORMATION

[illegible]

PARTICULARS OF THE ASSIGNOR

[illegible]

Correspondence Address :- ☐ Office ☐ Residence

[illegible]

Telephone Numbers (With STD Codes)

| | | | |
|-----------------------|----------------------|--------|----------------------|
| Residence / Office | <input type="text"/> | Mobile | <input type="text"/> |
| E mail | <input type="text"/> | | |

PARTICULARS OF COMPLETE ASSIGNMENT

Note: In case of benefit payable upon death, if the loan outstanding is higher than the assured benefit then only the assured benefit amount will be payable to the assignee and if the loan outstanding is lower than the assured benefit then an amount equal to the loan outstanding will be released to the assignee and the balance amount of assured benefit will be payable to nominee. The future recurring payout will be payable to the nominee.

PARTICULARS OF THE ASSIGNEE

[illegible]Correspondence Address :- ☐ Office ☐ Residence

Telephone Numbers (With STD Codes)

| | | | | | | | | | | | | | | | | |
|--------------------|--|--|--|--|--|--|--|--------------------------|--|--|--|--|--|--|--|--|
| Residence / Office | | | | | | | | Mobile | | | | | | | | |
| E mail | | | | | | | | Relationship to Assignor | | | | | | | | |

Date of Birth of Assignee (Only For Individuals) NRI status ☐ Residence ☐ Non Residence ☐

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

DETAILS OF THE ASSIGNEE (The below details are mandatory except in case of assignment to Bank /FI)

| Occupation | Salaried | Agriculturist | Housewife | Retired/Pensioner | Student | Business Owner | Self Employed | Others (please specify) |
|---|---|---------------|-------------|-------------------|-------------------------|----------------|----------------------------------|-------------------------|
| If assignee is | Politically exposed person* | | | | Trust | | Non Govt. organisation | |
| | Company having only close family shareholding | | | | Charitable organisation | | Firm having any sleeping partner | |
| Identity Proof | Passport | | PAN Card | | Voter's identity Card | | Others (please specify) | |
| Address Proof | Telephone Bill | | Ration Card | | Electricity bill | | Others (please specify) | |
| Income Proof (For Premium >= 1 lac.) | Form 16 | | ITR | | Bank Statement | | Others (please specify) | |
| Future premiums will be paid by | | | Assignee | | Assignor | | | |

* Politically exposed persons are the people who hold prominent public positions viz, ministers of Central or State Govt, Senior politicians, Senior Govt., judicial or military officials, senior executives of govt companies, important political party officials, and immediate family members of above person.

Dated this _____ - day of _____, 20_____.

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 | <div></div> | <div></div> |
| Percentage Share | <div>(%)</div> | |
| Title | <div>Surname</div> | <div>Surname</div> |
| FULL NAME | <div>First NameMiddle Name</div> | <div>First NameMiddle Name</div> |
| Date of Birth | <div>D D M M Y Y Y Y</div> | <div>D D M M Y Y Y Y</div> |
| Relationship | <div>To the Assignee</div> | <div>To the Nominee</div> |
| Gender | <div>MaleFemaleNRI statusResidenceNon Residence</div> | <div>MaleFemaleNRI statusYESNO</div> |
| ADDRESS | <div>OfficeResidence</div> | <div>OfficeResidence</div> |
| City | <div></div> | <div></div> |
| State | <div>Pin</div> | <div>Pin</div> |
| 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 |
| <div>Address :</div> | | | |
| 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 | <div></div> | Signature of Scribe |
| | <div>City</div> | |
| | <div>StatePin</div> | |
| | <div>Date</div> | <div>D D M M Y Y Y Y</div> |
| | <div>Place</div> | <div></div> |

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 Infiniti, 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/>

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| | |
|----------------------|--|
| ACKNOWLEDGEMENT | We acknowledge the receipt of your request for _____ for policy number _____ |
| Branch Name and code | Name of Operations Executive |

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