

Form of Absolute Assignment



Instructions:

- 1 All fields are Mandatory. Original Policy Document should be submitted with this form (Original Policy Document not applicable in case EIA number and IPIN is provided)
- 2 Assignor is the Policyholder intending to Assign the Policy. Assignee is any person in whose favour the policy is Assigned.
- 3 Absolute Assignment is unconditional transfer of all the rights, interest, title & obligations to the Assignee
- 4 Assignment shall be governed as per Section 38 of the Insurance Act as amended from time to time and shall automatically cancel a nomination, if any, in the policy
- 5 Assignor & Assignee witness should be different
- 6 Post Assignment of the policy, The Assignee will be entitled to all rights, privileges and options provided under this Policy.

Policy Details

Policy Number	<input type="text"/>	EIA Number	<input type="text"/>	IPIN	<input type="text"/>
Name of Policyholder (Assignor details)	<input type="text"/>				
Address	<input type="text"/>				
Landmark	<input type="text"/>	City	<input type="text"/>		
State	<input type="text"/>	Pin Code	<input type="text"/>		
Contact Numbers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	STD	Residence	STD	Office	Extn
Email ID	<input type="text"/>				

Notice of Assignment

I _____, the Assignor, hereby give you notice that I have assigned the above Policy to _____ (Assignee name) his/her Legal Heirs, Executors, Administrators and Assigns, all monies, benefits and advantages to be received there under.
Please acknowledge receipt of this notice and forward the enclosed Policy/Deed of Assignment to Assignee after registering the assignment thereon in your books.

Assignee Details

(Please submit duly filled NEFT form with personalised cancelled cheque)

Name of Assignee	<input type="text"/>				
Communication Address	<input type="text"/>				
Landmark	<input type="text"/>	City	<input type="text"/>		
State	<input type="text"/>	Pin Code	<input type="text"/>		
Contact Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	STD	Residence	STD	Office	Extn
Email ID	<input type="text"/>				
Entity Type	<input type="checkbox"/> Individual <input type="checkbox"/> Non Individual (Fill Annexure1 attached)				
Date of Birth / Incorporation	<input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Nationality	<input type="checkbox"/> Resident Indian <input type="checkbox"/> NRI <input type="checkbox"/> PIO / OCI Foreign National (Nationality) <input type="text"/>				
Country of Residence (Other than resident Indian please mention current country of resid	<input type="text"/>				
Relationship of Assignee with the Assignor	<input type="text"/>				
Are you a NGO	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Are you connected to the Insurance Industry?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Please provide details) <input type="text"/>				
Are you a politically exposed person (PEP)?**	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Are any of your family members or close relative a Politically Exposed Person (PEP)?**	<input type="checkbox"/> No <input type="checkbox"/> Yes				
If, "Yes" please provide details	<input type="text"/>				
<p>** Definition of PEP: Politically exposed persons are individuals who are or have been entrusted with prominent public functions, domestically/ in an international organisation/ in a foreign country. This would include individuals who have or have had positions of Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials.</p> <p>Close relations of PEP: Family members are individuals who are related to a PEP either directly (consanguinity) or through marriage or similar (civil) forms of partnership.</p> <p>Close associates are individuals closely connected to a PEP, either socially or professionally.</p>					
Future premium to be paid by	<input type="checkbox"/> Assignor <input type="checkbox"/> Assignee				
If Future Premiums are paid by Assignee & Annual Premium in the policy is 100000 & above; Income Proof is Mandatory					
KYC Documents required of Assignee	<input type="checkbox"/> Photo Identity Proof <input type="checkbox"/> Address Proof (Bank statement/ Passport / Driving License / Utility Bills not more than 6 months old) <input type="checkbox"/> PAN (Mandatory If Annual Premium in the policy is 50000 & above)				
	10 Digit PAN Number				<input type="text"/>

☐ Valuable consideration of Rs _____ received by me from Assignee with respect to the aforesaid Assignment

☐ Out of Love & Affection without valuable consideration

☐ Other, Please specify the Reason _____

<div style="border: 1px solid black; height: 150px; margin-bottom: 5px;"></div> <p style="text-align: center; margin: 0;">Signature & Seal of Policyholder (Assignor)</p>	<div style="border: 1px solid black; height: 150px; margin-bottom: 5px;"></div> <p style="text-align: center; margin: 0;">Signature Assignor's Witness</p>	<p>On</p> <div style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; margin: 5px 0;"></div> <p style="margin: 0;">Date of Signing Assignment form</p>	<p>_____</p> <p style="text-align: center; margin: 0;">Place</p>
<div style="border: 1px solid black; height: 150px; margin-bottom: 5px;"></div> <p style="text-align: center; margin: 0;">Signature & Seal of Assignee</p>	<div style="border: 1px solid black; height: 150px; margin-bottom: 5px;"></div> <p style="text-align: center; margin: 0;">Signature Assignee's Witness</p>	<p>On</p> <div style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; margin: 5px 0;"></div> <p style="margin: 0;">Date of Signing Assignment form</p>	<p>_____</p> <p style="text-align: center; margin: 0;">Place</p>

[illegible][illegible]

I _____ (Assignor's witness name) with _____ (identity type) _____ (identity number) hereby declare that I have explained the contents of the Notice and Assignment Form to the Assignor in _____ language and that the Assignor has signed / affixed his/her thumb impression on the Assignment Form after fully understanding the contents thereof.

Signature of the Assignor's witness _____ Signature/ Thumb impression of Assignor _____

1 All signatures must be in blue ink. Names should be written as they appear in our record.
2 The witness has to be 21 years old and above, who is not the beneficiary of this policy.
3 Thumb impression affixed, if any shall be certified by a Notary or a Gazetted Officer

Annexure 1 (To be filled in case assignee is a Non-Individual)							
Policy Number							
Name of Assignee							
Section A Legal Entity Type (Please tick the appropriate box)							
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> HUF (Hindu Undivided Family) </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Limited Company <input type="checkbox"/> Society <input type="checkbox"/> Trust <input type="checkbox"/> Others (please specify) _____ </td> </tr> </table>			<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> HUF (Hindu Undivided Family)	<input type="checkbox"/> Limited Company <input type="checkbox"/> Society <input type="checkbox"/> Trust <input type="checkbox"/> Others (please specify) _____			
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> HUF (Hindu Undivided Family)	<input type="checkbox"/> Limited Company <input type="checkbox"/> Society <input type="checkbox"/> Trust <input type="checkbox"/> Others (please specify) _____						
Section B Are you registered with any of the regulators mentioned below? (Please also tick if you are a majority owned subsidiary of an entity that is regulated by any of the regulators mentioned below and mention the Holding company name.) List of regulators: <table style="width: 100%; border: none;"> <tr><td><input type="checkbox"/> Reserve Bank of India</td></tr> <tr><td><input type="checkbox"/> Securities & Exchange board of India (please mention the stock exchange where listed _____)</td></tr> <tr><td><input type="checkbox"/> Insurance Regulatory & Development Authority</td></tr> <tr><td><input type="checkbox"/> National Housing Bank</td></tr> <tr><td><input type="checkbox"/> Holding Company (Name _____)</td></tr> </table>			<input type="checkbox"/> Reserve Bank of India	<input type="checkbox"/> Securities & Exchange board of India (please mention the stock exchange where listed _____)	<input type="checkbox"/> Insurance Regulatory & Development Authority	<input type="checkbox"/> National Housing Bank	<input type="checkbox"/> Holding Company (Name _____)
<input type="checkbox"/> Reserve Bank of India							
<input type="checkbox"/> Securities & Exchange board of India (please mention the stock exchange where listed _____)							
<input type="checkbox"/> Insurance Regulatory & Development Authority							
<input type="checkbox"/> National Housing Bank							
<input type="checkbox"/> Holding Company (Name _____)							
Section C (To be filled in case the legal entity / the holding company is not regulated by any regulator as mentioned in section B above) Please submit attested copies of the below as applicable (as per the legal constitution.) <table style="width: 100%; border: none;"> <tr><td><input type="checkbox"/> PAN Card copy (Mandatory) 10 Digit PAN Number</td><td style="border-bottom: 1px solid black; width: 100px;"></td></tr> <tr><td><input type="checkbox"/> Partnership deed with registration certificate</td></tr> <tr><td><input type="checkbox"/> Certificate of incorporation and Memorandum & Articles of Association</td></tr> <tr><td><input type="checkbox"/> Trust Deed with registration certificate</td></tr> </table> <p>Please provide Name, Address & Contact number of the individual/s having majority holding or Controlling ownership interest** in the Assignee. (Please attach Address and Identity proof for each individual mentioned)</p> <p>1 _____</p> <p>2 _____</p> <p>3 _____</p> <p>** Controlling Ownership interest means ownership of /entitlement to (i) more than 25% of shares or capital or profits of the Assignee entity in case of company, (ii) more than 15% of capital or profit of the Assignee entity in case of partnership (iii) more than 15% of the property or capital or profit in case unincorporated association or body of individuals</p> <p>Whereas, no natural person exerts control as defined above (Controlling ownership), the person holding the position of the senior managing official should be deemed to have controlling ownership interest</p>			<input type="checkbox"/> PAN Card copy (Mandatory) 10 Digit PAN Number		<input type="checkbox"/> Partnership deed with registration certificate	<input type="checkbox"/> Certificate of incorporation and Memorandum & Articles of Association	<input type="checkbox"/> Trust Deed with registration certificate
<input type="checkbox"/> PAN Card copy (Mandatory) 10 Digit PAN Number							
<input type="checkbox"/> Partnership deed with registration certificate							
<input type="checkbox"/> Certificate of incorporation and Memorandum & Articles of Association							
<input type="checkbox"/> Trust Deed with registration certificate							
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="border: 1px solid black; width: 150px; height: 60px; margin-bottom: 10px;"></div> <div style="text-align: center;"> On </div> <div style="text-align: center;"> _____ Place </div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> Signature & Seal of Assignee </div> <div style="text-align: center;"> Date of Signing Assignment form </div> </div>							
<p style="text-align: center;">Tata AIA Life Insurance Company Ltd. (IRDA of India Regn. No. 110) (CIN - U66010MH2000PLC128403)</p> <p style="text-align: center;">Registered & Corporate Office: 14th Floor, Tower A, Peninsula Business Park, Senapati Bapat Marg, Lower Parel, Mumbai 400013</p> <p style="text-align: center;">For more Information, contact your advisor or call on our Helpline No's 1-800-267-9966 (toll free) or at 1-860-266-9966 (local charges apply) or SMS "Service" to 58888 or e-mail us at Customercare@tataaia.com</p> <p style="text-align: right;">L&C/Misc/2015/Nov/322 Version 5.3 Page 3 of 4</p>							

DIRECT CREDIT AUTHORISATION FORM

**Instructions:**

- 1 IRDA of India Has mandated all Payouts through National Electronic Funds Transfer (NEFT). Please submit your form today.
- 2 A Single request form shall apply to all policies where you are Policyholder.
- 3 Form to be filled by the Assignee in case of Assigned policies.
- 4 In case of non personalized Cheque, please also provide Bank attestation/Bank Pass book/Bank statement.**
- 5 In case policyholder / Account holder / Assignee is a company, please affix stamp of the company along with signature.#
- 6 This form shall be ineffective when the Policy is endorsed as Married Women Property Act (MWPA).

Policy Details

Policy Number																						
Policyholder/Assignee Name	Mr/Mrs/M/S.																					
Address of Policyholder/Assignee (In case of change - Attach address proof)																						
	Landmark											City										
	State											Pin Code										
Contact Numbers	STD		Residence		STD		Office		Extn		Mobile											
Email ID																						

Bank Account Details

Bank Account Number																					
11 Digit IFSC code																					
First Account Holder Name (Exactly as per Bank records)	Mr/Mrs/M/S.																				
Bank Name																					
Branch																					
Account Type	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE (For NRE account, payout cheque with NRE letter will be processed)																	
** Original blank personalized cancelled cheque attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No																			

Declaration

I/We hereby declare that the information given above are correct and complete and shall inform you for changes if any. Tata AIA Life shall not be responsible for delay in credit, amount not credited, amount credit to incorrect account, due to incomplete or incorrect information herein. I/we understand that the information provided by me/us may be shared with third parties as per legal or regulatory requirements.. I/We understand and agree that where NEFT cannot be processed for whatsoever reason, the payout may be processed through cheque.

Signature of Policyholder/Assignee#
(As on Policy Application)

Signature of 1st Account Holder
(As per bank records)

Signature of 2nd Account Holder
(As per bank records)

Date -

D	D	/	M	M	/	Y	Y	Y	Y

Place _____

CERTIFICATION BY ACCOUNT HOLDER'S BANK: (For Bank Use Only)

We certify that the particulars furnished above are correct as per our records & that this account is currently operational. We confirm that the account details & account holder's signature(s) above are as per our records.

Bank Authorized Signatory with Employee ID

Bank Branch stamp

D	D	/	M	M	/	Y	Y	Y	Y

Date