Form of Absolute Assignment



Instructions:

- 1 All fields are Mandatory. Original Policy Document should be submitted with this form.
- 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
- Post Assignment of the policy, The Assignee will be entitled to all rights, privileges and options provided under this Policy.

Policy Number Name of Policyholder (Assignor details) Address Address		
Contact Numbers	-	
Landmark Email ID Notice of Assignment I	=	Mr/Mrs/M/S.
Contact Numbers Email ID Notice of Assignment	, ,	
Contact Numbers STD Residence STD Office Exis Mubble		Landmark
Notice of Assignment		State Pin Code
Contact Number State Pin Code Pin Co	Contact Numbers	STD Residence STD Office Extn Mobile
	Email ID	
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 Montania Price	Notice of Assignment	
Assignee Details Assignee Details (Please authority of this notice and forward the enclosed Policy/Deed of Assignment to Assignee alter registering the assignment thereon in your books. Assignee Details (Please submit duly filled NEFT form with personalised cancelled cheque) Name of Assignee Communication Address Landmank Landmank State Pin Code Pin Code Pin Code Cottact Number Email ID Entity Type Individual Interpretation Type	1	, the Assignor, hereby give you notice that I have assigned the above Policy to
Assignee Details (Please aubmit duly filled NEFT form with personalised cancelled cheque) Name of Assignee Communication Address Landmark Lan		(Assignee name) his/her Legal Heirs, Executors, Administrators and Assigns,
Communication Address Landmark Landmar		
Contact Number Contact Number	Assignee Details	(Please submit duly filled NEFT form with personalised cancelled cheque)
Contact Number Email ID Entity Type Individual Non Individual (Fill Annexurel attached) Date of Birth / Incorporation Gender Male Female Nationality Residence (Other than resident Indian please mention current country of residence) Relationship of Assignee with the Assignor Reason for Assignment Are you a NGO Are you connected to the Insurance Industry? No Yes Are any of your family members or close relative a Politically Exposed Person?** No Yes Are any of your family members or close relative a Politically Exposed Person?** No Yes If, 'Yes' please provide details If, 'Yes' please provide details If, 'Yes' please provide presons are individuals who are or have been entrusted with prominent public functions in a foreign country e.g. Heads of States or of Governments, senior politically exposed persons are individuals who are or have been entrusted with prominent public functions in a foreign country e.g. Heads of States or of Governments, senior politically exposed persons are individuals who are or have been entrusted with prominent public functions in a foreign country e.g. Heads of States or of Governments, senior politically exposed persons are individuals who are or have been entrusted with prominent public functions in a foreign country e.g. Heads of States or of Governments, senior politically exposed persons are individuals who are or have been entrusted with prominent public functions in a foreign country e.g. Heads of States or of Governments, senior politically exposed persons who are affiliated to a Domestic political party / Central or State Government or arry government official not below the rank of an Undersecretary. Future Premium to be paid by Assignee & Annual Premium in the poley is 100000 & above; Income Proof is Mandatory KYC Documents required of Assignee & Annual Premium in the poley is 100000 & above; Income Proof is Mandatory	Name of Assignee	Mr/Mrs/M/S.
Contact Number Email ID Entity Type Individual Non individual (Fill Annexure1 attached) Date of Birth / Incorporation Pro/ OCI Foreign National (Nationality) Country of Residence (Other than resident Indian please mention current country of residence) Relationship of Assignee with the Assignor Reason for Assignment Are you a NGO No Yes Are you a politically exposed person?** No Yes Are any of your family members or close relative a Politically Exposed Person?** No Yes If, "Yes" please provide details If uture Premium to be paid by Assignor Assignee If uture Premiums are paid by Assignor Assignee If uture Premiums are paid by Assignor Assignee If uture Premiums are paid by Assignor Assignee Assignee Address Proof (Bank statement/ Passport / Driving License / Utility Bills not more than 6 months old)	Communication Address	
Email ID STD		
Email ID Entity Type	Contact Number	STD Residence STD Office Evts
Date of Birth / Incorporation	Email ID	STD THESIDENCE STD SINCE EXIT MODILE
Nationality	Entity Type	Individual Non Individual (Fill Annexure1 attached)
Country of Residence (Other than resident Indian please mention current country of residence) Relationship of Assignee with the Assignor Reason for Assignment Are you a NGO		
Reason for Assignment Are you a NGO	Nationality	Resident Indian NRI PIO / OCI Foreign National (Nationality)
Are you a NGO	·	
Are you a NGO	Relationship of Assignee with the	Assignor
Are you a politically exposed person?** Are any of your family members or close relative a Politically Exposed Person?** Are any of your family members or close relative a Politically Exposed Person?** If, "Yes" please provide details ** Definition of PEP: Politically exposed persons are individuals who are or have been entrusted with prominent public functions in a foreign country e.g. Heads of States or of Governments, senior politicians, senior government / judicial / military officers, senior executives of state-owned corporations, important political party officials etc. It should also include persons who are affiliated to a Domestic political party / Central or State Government or any government official not below the rank of an Undersecretary. Future premium to be paid by Assignor 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 Address Proof (Bank statement/ Passport / Driving License / Utility Bills not more than 6 months old)	Reason for Assignment	
Are any of your family members or close relative a Politically Exposed Person?** If, "Yes" please provide details ** Definition of PEP: Politically exposed persons are individuals who are or have been entrusted with prominent public functions in a foreign country e.g. Heads of States or of Governments, senior politicians, senior government / judicial / military officers, senior executives of state-owned corporations, important political party officials etc. It should also include persons who are affiliated to a Domestic political party / Central or State Government or any government official not below the rank of an Undersecretary. Future premium to be paid by Assignee Annual Premium in the policy is 100000 & above; Income Proof is Mandatory KYC Documents required of Assignee Address Proof (Bank statement/ Passport / Driving License / Utility Bills not more than 6 months old)	Are you a NGO	□ No □ Yes
Are any of your family members or close relative a Politically Exposed Person?** If, "Yes" please provide details ** Definition of PEP: Politically exposed persons are individuals who are or have been entrusted with prominent public functions in a foreign country e.g. Heads of States or of Governments, senior politicians, senior government / judicial / military officers, senior executives of state-owned corporations, important political party officials etc. It should also include persons who are affiliated to a Domestic political party / Central or State Government or any government official not below the rank of an Undersecretary. Future premium to be paid by Assigner Assignee If Future Premiums are paid by Assignee & Annual Premium in the policy is 100000 & above; Income Proof is Mandatory KYC Documents required of Photo Identity Proof Assignee Address Proof (Bank statement/ Passport / Driving License / Utility Bills not more than 6 months old)	Are you connected to the Insurance	ce Industry? No Yes (Please provide details)
If, "Yes" please provide details ** Definition of PEP: Politically exposed persons are individuals who are or have been entrusted with prominent public functions in a foreign country e.g. Heads of States or of Governments, senior politicians, senior government / judicial / military officers, senior executives of state-owned corporations, important political party officials etc. It should also include persons who are affiliated to a Domestic political party / Central or State Government or any government official not below the rank of an Undersecretary. Future premium to be paid by Assignor 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 Address Proof (Bank statement/ Passport / Driving License / Utility Bills not more than 6 months old)	Are you a politically exposed person	on?** No Yes
** Definition of PEP: Politically exposed persons are individuals who are or have been entrusted with prominent public functions in a foreign country e.g. Heads of States or of Governments, senior politicians, senior government / judicial / military officers, senior executives of state-owned corporations, important political party officials etc. It should also include persons who are affiliated to a Domestic political party / Central or State Government or any government official not below the rank of an Undersecretary. Future premium to be paid by Assignor Assignee Annual Premium in the policy is 100000 & above; Income Proof is Mandatory KYC Documents required of Assignee Address Proof (Bank statement/ Passport / Driving License / Utility Bills not more than 6 months old)	Are any of your family members of	r close relative a Politically Exposed Person?**
of Governments, senior politicians, senior government / judicial / military officers, senior executives of state-owned corporations, important political party officials etc. It should also include persons who are affiliated to a Domestic political party / Central or State Government or any government official not below the rank of an Undersecretary. Future premium to be paid by Assignor 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 Address Proof (Bank statement/ Passport / Driving License / Utility Bills not more than 6 months old)	If, "Yes" please provide details	
If Future Premiums are paid by Assignee & Annual Premium in the policy is 100000 & above; Income Proof is Mandatory KYC Documents required of Assignee Assignee Address Proof (Bank statement/ Passport / Driving License / Utility Bills not more than 6 months old)	of Governments, senior politicians should also include persons who a	s, senior government / judicial / military officers, senior executives of state-owned corporations, important political party officials etc. It
Assignee Address Proof (Bank statement/ Passport / Driving License / Utility Bills not more than 6 months old)		
Address Proof (Bank statement/ Passport / Driving License / Utility Bills not more than 6 months old)	•	Photo Identity Proof
PAN (Mandatory If Annual Premium in the policy is 50000 & above) 10 Digit PAN Number	Assignee	Address Proof (Bank statement/ Passport / Driving License / Utility Bills not more than 6 months old)
		PAN (Mandatory If Annual Premium in the policy is 50000 & above) 10 Digit PAN Number

Out of Love & Affection witho	received by me from Ass ut valuable consideration ason	signee with respect to the aforesaid Assig	nment
Signature & Seal of Policyh	older (Assignor) Signature Assigno	on IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ssignment form Place
Signature & Seal of <i>i</i>	Assignee Signature Assigner	On O	signment form Place
Witness Details Name of Assignor's Witness Address	Mr/Mrs/M/S.		
Contact Number	STD Residence S	TD Office Extn	Mobile
Email ID			
Name of Assignee's Witness Address	Mr/Mrs/M/S.		
Contact Number	STD Residence ST	D Office Extn	Mobile
Email ID			
Vernacular Declaration (In	case the Assignor is affixing a thumb imp	pression or is signing in verncac	ular)
I	(Assignor's witness name) with	(identity type)	(identity number)
hereby declare that I have explain	ed the contents of the Notice and Assignment Form	m to the Assignor in	language and that the Assignor has
signed / affixed his/her thumb imp	ression on the Assignment Form after fully underst	anding the contents thereof.	
Signature of the Assignor's witnes	s Signature/ Thumb im	npression of Assignor	
2 The witness has to be 21 years	ink. Names should be written as they appear in our s old and above, who is not the beneficiary of this p ny shall be certified by a Notary or a Gazetted Offic	policy.	
	Tata AIA Life Insurance Company Ltd. (IRDA	s Rean No. 110) (CTN - H66010MH2000PLC12840)	3)

Annexure 1 (To be filled in case assignee is a Non-Individual)	TATA AIA
Policy Number	
Section A Legal Entity Type (Please tick the appropriate box) Sole Proprietorship Partnership Limited Liability Partnership Limited Liability Partnership HUF (Hindu Undivided Family) Limited Society Trust 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 reg of the regulators mentioned below and mention the Holding company name.) List of regulators: Reserve Bank of India Securities & Exchange board of India (please mention the stock exchange where listed) Insurance Regulatory & Development Authority National Housing Bank Holding Company (Name)	gulated by any
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.) PAN Card copy (Mandatory) 10 Digit PAN Number Partnership deed with registration certificate Certificate of incorporation and Memorandum & Articles of Association Trust Deed with registration certificate Please provide Name, Address & Contact number of the individual/s having majority holding or Controlling ownership interest** in the Assign (Please attach Address and Identity proof for each individual mentioned) 1 2 3 *** 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 Whereas, no natural person exerts control as defined above (Controlling ownership), the person holding the position of the senior managing to have controlling ownership interest	
On On Signature & Seal of Assignee Date of Signing Assignment form Place	

DIRECT CREDIT AUTHORISATION FORM



Instructions:

- 1 IRDA 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.#

	en 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	proor) Landmark
	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	Savings Current NRO NRE (For NRE account, payout cheque with NRE letter will be processed)
** Original blank personalized cand	lled cheque attached Yes No
Declaration	
credit, amount not credited, amoun	ation 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 to incorrect account, due to incomplete or incorrect information herein. I/we understand that the information provided by me/us per legal or regulatory requirements I/We understand and agree that where NEFT cannot be processed for whatsoever reason, the neque.
credit, amount not credited, amoun may be shared with third parties as payout may be processed through	credit to incorrect account, due to incomplete or incorrect information herein. I/we understand that the information provided by me/us per legal or regulatory requirements I/We understand and agree that where NEFT cannot be processed for whatsoever reason, the neque.
credit, amount not credited, amoun may be shared with third parties as	credit to incorrect account, due to incomplete or incorrect information herein. I/we understand that the information provided by me/us per legal or regulatory requirements I/We understand and agree that where NEFT cannot be processed for whatsoever reason, the neque. Assignee# Signature of 1st Account Holder Signature of 2nd Account Holder
credit, amount not credited, amount may be shared with third parties as payout may be processed through Signature of Policyholder	credit to incorrect account, due to incomplete or incorrect information herein. I/we understand that the information provided by me/us per legal or regulatory requirements I/We understand and agree that where NEFT cannot be processed for whatsoever reason, the neque. Assignee# Signature of 1st Account Holder Signature of 2nd Account Holder
credit, amount not credited, amount may be shared with third parties as payout may be processed through Signature of Policyholder (As on Policy Applic)	credit to incorrect account, due to incomplete or incorrect information herein. I/we understand that the information provided by me/us per legal or regulatory requirements I/We understand and agree that where NEFT cannot be processed for whatsoever reason, the neque. Signature of 1st Account Holder (As per bank records) Signature of 2nd Account Holder (As per bank records)
credit, amount not credited, amount may be shared with third parties as payout may be processed through Signature of Policyholder (As on Policy Applic) Date	credit to incorrect account, due to incomplete or incorrect information herein. I/we understand that the information provided by me/us per legal or regulatory requirements I/We understand and agree that where NEFT cannot be processed for whatsoever reason, the neque. Signature of 1st Account Holder (As per bank records) Signature of 2nd Account Holder (As per bank records) THOLDER'S BANK: (For Bank Use Only) and above are correct as per our records & that this account is currently operational. We confirm that the account details & account
credit, amount not credited, amount may be shared with third parties as payout may be processed through Signature of Policyholder (As on Policy Applic) Date CERTIFICATION BY ACCOU We certify that the particulars furnis	credit to incorrect account, due to incomplete or incorrect information herein. I/we understand that the information provided by me/us per legal or regulatory requirements I/We understand and agree that where NEFT cannot be processed for whatsoever reason, the neque. Signature of 1st Account Holder (As per bank records) Signature of 2nd Account Holder (As per bank records) THOLDER'S BANK: (For Bank Use Only) and above are correct as per our records & that this account is currently operational. We confirm that the account details & account
credit, amount not credited, amount may be shared with third parties as payout may be processed through Signature of Policyholder (As on Policy Applic) Date CERTIFICATION BY ACCOU We certify that the particulars furnis	credit to incorrect account, due to incomplete or incorrect information herein. I/we understand that the information provided by me/us per legal or regulatory requirements I/We understand and agree that where NEFT cannot be processed for whatsoever reason, the neque. Signature of 1st Account Holder (As per bank records) Signature of 2nd Account Holder (As per bank records) THOLDER'S BANK: (For Bank Use Only) and above are correct as per our records & that this account is currently operational. We confirm that the account details & account
credit, amount not credited, amount may be shared with third parties as payout may be processed through Signature of Policyholder (As on Policy Applic) Date CERTIFICATION BY ACCOU We certify that the particulars furnis	credit to incorrect account, due to incomplete or incorrect information herein. I/we understand that the information provided by me/us per legal or regulatory requirements I/We understand and agree that where NEFT cannot be processed for whatsoever reason, the neque. Signature of 1st Account Holder (As per bank records) Signature of 2nd Account Holder (As per bank records) THOLDER'S BANK: (For Bank Use Only) and above are correct as per our records & that this account is currently operational. We confirm that the account details & account
credit, amount not credited, amount may be shared with third parties as payout may be processed through Signature of Policyholder (As on Policy Applic) Date CERTIFICATION BY ACCOU We certify that the particulars furnis	credit to incorrect account, due to incomplete or incorrect information herein. I/we understand that the information provided by me/us per legal or regulatory requirements I/We understand and agree that where NEFT cannot be processed for whatsoever reason, the neque. Signature of 1st Account Holder (As per bank records) Signature of 2nd Account Holder (As per bank records) THOLDER'S BANK: (For Bank Use Only) and above are correct as per our records & that this account is currently operational. We confirm that the account details & account

Tata AIA Life Insurance Company Ltd. (IRDA Regn. No. 110) (CIN - U66010MH2000PLC128403)