

Tata AIA Life Insurance Company Limited

FORM OF ASSIGNMENT CANCELLATION

| | nd Address of / Assignee of Policy) | | | | |
|------------------------------|---------------------------------------|----------------------------------|------------------------------------|----------------------------|--|
| | ı of the sum of ₹ | | | , | |
| by | | | (Name | of Assignor) the receipt | |
| of which we her | reby acknowledge, do hereby, as be | eneficial owners reassign unto . | | | |
| the Assignor / A | ssured, his Heirs, Executors, Admir | nistrators and assign the Policy | of Assurance on the life of | | |
| | (Life Assured) granted to him | by the Tata AIA Life Insurance | e Company Limited, assuring the s | um of | |
| | and numbered | and bearing date t | he day of | 20 | |
| (Date of comme | encement) and the sum assured the | ereby and all other monies, ben | nefits and advantages to be receiv | ed there under. And | |
| further declare t | that the receipt from / by the said, | | | (Name of Assignor) | |
| him/her under o | or on account of the said Policy, sha | all discharge Tata AIA Life Insu | rance Company Limited, from all r | esponsibilities in respect | |
| of the applicatio | on of such money, as effectually and | d to all intents and purpose as | if such receipts were signed by us | 5. | |
| Dated at | thisday of. | 20 | | | |
| Signature & Seal if Assignee | | | Signature & Seal if Assignor | | |
| Name: | | | | | |
| Designation: | | | | | |
| Address: | | | | | |
| | | | | | |
| | ssignee's Witness | | | | |
| Witness Name | e: | | | | |
| Address: | | | | | |
| | | | | | |
| Contact No : | | | | | |

Note: On Re-assignment the original owner/assignor needs to submit fresh nomination request. Please fill in the Nomination Form overleaf.



NOMINATION FORM

Important Notes:

- 1. All previous nominations shall be automatically cancelled on execution of this form and the nomination last approved by the company shall prevail for registering the same.
- 2. If the nomination is in favor of a minor, an appointee who is a major must be named in this form
- The company expresses no opinion as to the validity of the nomination.
 ALL THE INFORMATION IS TO BE FILLED IN BLOCK LETTERS ONLY

Add 1: _____

Add 2: _____

Add 3: ______

Country: _____ PIN: ____

Contact Number ___

| Policy Number: | | | | | | |
|--|--------------------|------------------------------|---|--|--|--|
| Ι, | | (the Polic | <i>yowner</i>), hereby nominate the following person(s) as | | | |
| I, my nominee to be the person who will receive the mor the per | neys secure | d by this policy in | the event of my death instead of | | | |
| the per policy (to be filled in case of change of nomination only | rson named | in the text of the | policy/endorsement dated on th | | | |
| policy (to be filled in case of change of nomination on | y): | T | | | | |
| <u>Name</u> | Age (in yrs) | Relationship with Insured | Communication Address | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | case the nomine | | | | |
| I hereby appoint the following person as the Appointee to be the person to receive the money secured by the policy in the event of my death during the minority of the nominee: | | | | | | |
| <u>Name</u> | Age (in yrs) | Relationship with Insured | Communication Address | | | |
| | | | | | | |
| DECLRATION IN CASE POLICYOWNER IS ILLITERATE OR SIGNING IN VERNACULAR: | | | | | | |
| I(name) with hereby declare that I have explained the contents of the Nom Policyowner has signed / affixed his/her thumb impression or | n nination Form | to the Policyowner i | tify type)(Identity number) n language and that the | | | |
| Signature of Witness Signature/Thumb impression of Policyowner | | | | | | |
| Note: 1) All signatures must be in blue ink. Names should be 2) The witness has to be 21 years old and above, who | | | | | | |
| Signature of Policyowner Date: DD/MM/YYYY Signature of Witness Date: DD/MM/YYYY DD/MM/YYYY | | | | | | |

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

Contact Number: ___

Witness Name:

Witness Address: