

## **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 <b>Appointee</b> 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: