

Form of Assignment

Instructions

- 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)
- Assignor is the Policyholder intending to Assign the Policy. Assignee is any person in whose favour the policy is Assigned.
- Absolute Assignment is unconditional transfer of all the rights, interest, title & obligations to the Assignee
- Assignment shall be governed as per Section 38 of the Insurance Act as amended from time to time.
- TALIC reserves the right to decline the assignment, if it has sufficient reason to believe that the assignment is not bonafide, not in the interest of policyholder or not in the public interest, assignment is for the purpose of trading of the insurance policy or such other reason.
- Witnesses for the Assignor & Assignee should be different.
- In Partial Assignment, upon assignment, all the rights, interest, title & obligations of the policy is bestowed with the Assignee to the extent of the partial assigned value.
- Nomination made before assignment of the policy, shall stand auto revived when the policy is reassigned by the assignee or retransferred by the transferee in favour of the assignor.

Policy Details

Policy Number	<input type="text"/>	EIA Number	<input type="text"/>
IPIN	<input type="text"/>		
Name of Policyholder: Mr/Mrs/M/S,	<input type="text"/>		
(Assignor details)			
Address	<input type="text"/>		
	<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"/>
	STD Residence	STD Office	Extn Mobile
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 after registering the assignment thereon in your books.

Assignee Details - (Please submit duly filled NEFT form along with a personalised cancelled cheque)

Name of Assignee: Mr/Mrs/M/S.	<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 Numbers	<input type="text"/>	<input type="text"/>	<input type="text"/>
	STD Residence	STD Office	Extn Mobile
Email ID	<input type="text"/>		
Entity Type	<input type="checkbox"/> Individual <input type="checkbox"/> Non Individual (If non-individual, Fill Annexure 1 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) _____		
Residence for Tax Purposes in Jurisdiction(s) outside India:	<input type="checkbox"/> No <input type="checkbox"/> Yes (If 'Yes' then FATCA & CRS-Self Certification Form to be mandatorily completed)		
Relationship of Assignee with the Assignor	_____		
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) _____		
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	_____		
<small>** 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. 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. Close associates are individuals closely connected to a PEP, either socially or professionally.</small>			
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 ₹1,00,000/- & above then Income Proof is Mandatory			
KYC Documents required of Assignee	<input type="checkbox"/> Photo Identity Proof <input type="checkbox"/> PAN (Mandatory) 10 Digit PAN Number <input type="text"/>		
	<input type="checkbox"/> Address Proof (Bank statement/ Passport / Driving License / Utility Bills not more than 6 months old)		
	<input type="checkbox"/> Aadhaar No. (Mandatory) 12 Digit number <input type="text"/>		
	(*Enclose copy of Aadhaar card)		

Type of Assignment

Type of Assignment Absolute Partial Conditional

Reason for Assignment

- Valuable consideration of Rs _____ received by me from Assignee with respect to the aforesaid Assignment
- Out of Love & Affection without valuable consideration
- Keyman

If Partial Assignment mention the Sum Assured

Rs. _____

Terms of Assignment is to be mandatorily enclosed.

Declaration

I/We hereby agree, declare and am/are fully aware that in case of partial assignment, the Assignor shall be entitled to all the future payouts including policy monies, benefits and advantages.

"I/We hereby agree, declare and am/are fully aware that in case of conditional assignment, all the proceeds under the policy shall become payable to the assignor or to his nominee"

(in the event assignee predecease the assignor) or the assignor survives the Policy Term.

Also in conditional assignment, the assignee shall not be entitled to obtain a loan on the Policy or surrender the Policy.

Jurisdiction(s) of Tax Residence for FATCA/CRS purpose: I / We undertake to declare and disclose any changes in tax jurisdiction within 30 days from the date of such change that may take place in the information provided in this proposal form or any annexure or documents related thereto, or any changes in any certification under FATCA/CRS and provide fresh self-certification along with documentary evidence. I am further aware of the applicability of relevant tax laws as per the resident status of Individual, for e.g. irrespective of nationality, every United States citizen is a 'resident' of United States of America for the purpose of tax assessment, since US imposes tax on global income of its citizen.

Signature & Seal of Policyholder (Assignor) _____
Signature Assignor's Witness on _____
Date of Signing Assignment form _____
Place

Signature & Seal of Assignee _____
Signature Assignee's Witness on _____
Date of Signing Assignment form _____
Place

Witness Details

Name of Assignor's Witness: Mr/Mrs _____ Age _____

Address _____

Landmark _____ City _____

State _____ Pin Code _____

Contact Numbers _____

STD Residence STD Office Extn Mobile

Email ID _____

Name of Assignee's Witness: Mr/Mrs _____ Age _____

Address _____

Landmark _____ City _____

State _____ Pin Code _____

Contact Numbers _____

STD Residence STD Office Extn Mobile

Email ID _____

Vernacular Declaration (In case the Assignor is affixing a thumb impression or is signing in vernacular)

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

NOTE:

- 1 Policy holder names (assignor) should be written as they appear in the Policy.
- 2 The witness has to be 18 years old and above and should not be a 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	<input type="text"/>
Name of Assignee	<input type="text"/>

Section A

Legal Entity Type (Please tick the appropriate box)

- | | |
|--|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Limited Company |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Society |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Trust |
| <input type="checkbox"/> HUF (Hindu Undivided Family) | <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:

- 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 _____)

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 Assignee. (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 official should be deemed to have controlling ownership interest

_____ on _____
Signature & Seal of Assignee Date of Signing Assignment form Place

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 Absolute and Conditional Assigned policies.
- 4 *Form to be filled by the Assignor in case of Partial Assigned policies.
- 5 In case of non personalized Cheque, please also provide Bank attestation/Bank Pass book/Bank statement.**
- 6 In case policyholder / Account holder / Assignee is a company, please affix stamp of the company along with signature.#
- 7 This form shall be ineffective when the Policy is endorsed as Married Women Property Act (MWPA).

Policy Details

Policy Number	<input type="text"/>													
	<input type="checkbox"/> Absolute Assignment	<input type="checkbox"/> Partial Assignment	<input type="checkbox"/> Conditional Assignment											
Policyholder/Assignee Name*: Mr/Mrs/M/S.	<input type="text"/>													
Address of Policy holder/Assignee	<input type="text"/>													
	<input type="text"/>													
	(In case of change - Attach address proof)													
	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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	STD	Residence	STD	Office	Extn	Mobile								
Email ID	<input type="text"/>													

Bank Account Details

Bank Account Number	<input type="text"/>	11 Digit IFSC code	<input type="text"/>
First Account Holder Name: Mr/Mrs/M/S.	<input type="text"/>		
	(Exactly as per Bank records)		
Bank Name	<input type="text"/>		
Branch	<input type="text"/>		
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 or Assignee* as applicable
(As on Policy Application)

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

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

Date: 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

Date:

Tata AIA Life Insurance Company Limited (IRDAI Regn. No.110 • CIN: U66010MH2000PLC128403). **Registered & Corporate Office:** 14th Floor, Tower A, Peninsula Business Park, Senapati Bapat Marg, Lower Parel, Mumbai - 400013. Trade logo displayed above belongs to Tata Sons Ltd and AIA Group Ltd. and is used by Tata AIA Life Insurance Company Ltd under a license. For any information including cancellation, claims and complaints, please contact our Insurance Advisor / Intermediary or visit Tata AIA Life's nearest branch office or call **1-860-266-9966** (local charges apply) or write to us at **customercare@tataaia.com**. Visit us at **www.tataaia.com** or SMS 'LIFE' to **58888**.

Beware of Spurious Phone calls and Fictitious/Fraudulent offers: IRDA of India clarifies to public that • IRDA of India or its officials do not involve in activities like sale of any kind of insurance or financial products nor invest premiums. • IRDA of India does not announce any bonus. Public receiving such phone calls are requested to lodge a police complaint along with details of phone call, number.