

## Form of Assignment Cancellation

I/We, (Name and Address of Assignee of Policy) \_\_\_\_\_  
 \_\_\_\_\_, in  
 consideration of the sum of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_)  
 repaid to us by \_\_\_\_\_ (Name of Assignor)  
 the receipt of which we hereby acknowledge, do hereby, as beneficial owners reassign unto  
 \_\_\_\_\_ the Assignor/ Assured, his Heirs, Executors, Administrators and assign  
 the Policy of Assurance on the life of \_\_\_\_\_ (Life Assured) granted to him  
 by the Tata AIA Life Insurance Company Limited, assuring the sum of \_\_\_\_\_ and  
 numbered \_\_\_\_\_ and bearing date the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_  
 (Date of commencement) and the sum assured thereby and all other monies, benefits and advantages to be  
 received there under. And further declare that any receipt from/ by the said, \_\_\_\_\_  
 (Name of Assignor) him /her executor or administrator, for any sum or sums of monies to be received by him/her  
 under or on account of the said Policy, shall discharge Tata AIA Life Insurance Company Limited, from all  
 responsibilities in respect of the application of such money, as effectually and to all intents and purposes as if such  
 receipt or receipts were signed by us.

\_\_\_\_\_  
 Signature & Seal of Assignee

\_\_\_\_\_  
 Signature & Seal of Assignor

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Assignee's Witness

Witness Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Contact No: \_\_\_\_\_