

# ASSIGNMENT FORM

As per the provisions of Section 38 of The Insurance Laws (Amendment) Act, 2015



Edelweiss Tokio Life Insurance Company Limited | IRDAI Regn. No. : 147 | CIN: U66010MH2009PLC197336

Registered Office: 6th Floor, Tower 3, Wing 'B', Kohinoor City, Kirod Road, Kurla (W), Mumbai 400070

## General Instructions

1. Form to be filled in BLOCK LETTERS. All the fields are mandatory.
2. Term 'Assignor' stands for the current Policyholder who intends to assign the policy.
3. Term 'Assignee' stands for the person in whose favour the policy is to be assigned.
4. The Assignment of a policy shall automatically cancel any nomination made in the Policy, except for assignment in favour of Edelweiss Tokio Life Insurance Company Limited, in which case the rights of the Nominee would get affected to the extent of Edelweiss Tokio Life Insurance Company's interest in the Policy.
5. KYC Documents (Identity, Address, Age and Income Proof) of each of the Assignees is required (except if the policy is assigned to a Bank/Financial Institution).
6. In case the Assignment is in favour of a Financial Institution/Bank then:
  - The Assignment Form should be duly signed by the authorised signatory of the Financial Institution/Bank;
  - The stamp of the Financial Institution/Bank should be affixed thereon.
  - The Policy shall automatically be an Absolute Assignment even if the request is for Conditional Assignment.
7. In the case where the Assignor has availed loan against the policy, the said policy will be conditionally assigned to Edelweiss Tokio Life Insurance Company Limited.
8. Immediately after an Assignment, whether by endorsement on the Policy Document or by an executed Deed of Assignment/applicable instrument, the Policy Document (alongwith the Deed of Assignment/applicable instrument if available) should be sent to the Company for registration of the Assignment, accompanied by a Notice in writing of the Assignment. The Assignment shall not be effectual and operative unless the Notice of Assignment duly completed and signed, accompanied by the original policy document is delivered to Edelweiss Tokio Life Insurance Company Limited at the place where the policy is being serviced.
9. Assignor must affix his signature to the Assignment Form and the same must be mandatorily attested by one Witness who should be a major (person above 18 years of age) and competent to contract.
10. Subject to the terms and conditions of the Assignment, the Company shall, from the date of receipt of the Notice of Assignment, recognise the Assignee/(s) named in the Notice of Assignment as the only person/(s) entitled to the benefits under the Policy.
11. If the Assignee is a Tax Resident of a country other than India, then the FATCA / CRS Form should be submitted.
12. Assignment is subject to provisions of Section 38 of the Insurance Act, 1938 as amended from time to time.

## Details of Assignor:

Name of the Policyholder (Assignor): \_\_\_\_\_  
Product Name: \_\_\_\_\_ Policy No.: \_\_\_\_\_  
E-Insurance Account No.: \_\_\_\_\_  
Address: \_\_\_\_\_ Pin Code: \_\_\_\_\_  
Email ID: \_\_\_\_\_  
Contact No: Office: \_\_\_\_\_ Res.: \_\_\_\_\_ Mobile: \_\_\_\_\_ (preferable)  
(For customers registered under National Do Not Call Register, this response will be treated as valid discharge.)

## Details of Assignee:

Status of Assignee:  Individual  Firm  Company  Others (specify) \_\_\_\_\_

Name of the Assignee: \_\_\_\_\_

Residential Address / Registered Office Address	Communication Address

PHOTO  
(Only for Individual)

Contact No: Office: \_\_\_\_\_ Res.: \_\_\_\_\_ Mobile: \_\_\_\_\_ (preferable)

Email ID: \_\_\_\_\_ Pan Card: \_\_\_\_\_

Annual Income: \_\_\_\_\_

**TAX RESIDENCE DECLARATION : (tick any one, as applicable to you)**

I am a tax resident of India and not of any other country OR  I am tax resident of country/ies other than India mentioned separately in FATCA / CRS Annexure\*

\* If you are tax resident of another country then please fill in the FATCA/CRS form annexed

**Below details are required if Assignee is an individual:**

Relationship of Assignee to Assignor: \_\_\_\_\_

Date of Birth:           Gender:  Male  Female

Occupation:  Salaried  Self Employed  Student  Homemaker  Retired  Others \_\_\_\_\_

Is he/she Politically Exposed Person (PEP)\*:  Yes  No If yes please specify how: \_\_\_\_\_

\* PEPs are individuals who are or have been entrusted with prominent public functions, 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 and also immediate family members of the aforesaid persons which would include spouse, children, parents, siblings, spouse's parents or siblings and close associates.

**Details of the Assignment:**

**Type of Assignment:**

- Absolute Assignment : I/We wish to absolutely assign the policy to the Assignee mentioned herein above; OR
- Conditional Assignment : I/We wish to conditionally assign the policy to the Assignee mentioned herein above, on the condition that policy shall revert to me in the event of:


**Reason for Assignment/Consideration :**

- I have received Rs. \_\_\_\_\_ as consideration from the assignee in respect of the aforesaid assignment; OR
- I have assigned the policy out of natural love and affection and I have not received any other consideration from the assignee OR
- Any other Operative Terms & Conditions: \_\_\_\_\_

**Proof of Assignment enclosed:**  Policy Document (duly endorsed)  Deed of Assignment (Tick the one which is applicable)

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Signature of the Assignor

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Signature of the Assignee

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STAMP  
(For Company/Firm)

## NOTICE OF ASSIGNMENT

To,

**Edelweiss Tokio Life Insurance Company Limited**

Corporate Office: 4th Floor, Tower 3, Wing 'B', Kohinoor City,  
Kiro Road, Kurla (W), Mumbai 400070

I / We, Mr. / Mrs. / Ms. / M/s. \_\_\_\_\_, the abovementioned Assignor/(s), as the beneficial owner of the Insurance Policy no. \_\_\_\_\_ issued by Edelweiss Tokio Life Insurance Company Limited for a sum assured of Rs. \_\_\_\_\_/-, have assigned the said Insurance Policy to Mr./Mrs./Ms./M/s \_\_\_\_\_, the Assignee.

**Assignment Type**

- Absolute Assignment : I/We wish to absolutely assign the policy to the Assignee mentioned herein above; OR
- Conditional Assignment : I/We wish to conditionally assign the policy to the Assignee mentioned herein above, on the condition that policy shall revert to me in the event of:


**Reason for Assignment/Consideration :**

- I have received Rs. \_\_\_\_\_ as consideration from the Assignee in respect of the aforesaid Assignment; OR
- I have assigned the policy out of natural love and affection and I have not received any other consideration from the Assignee; OR

Any other Operative Terms & Conditions: \_\_\_\_\_

Proof of Assignment enclosed:  Policy Document (duly endorsed)  Deed of Assignment (Tick the one which is applicable)

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Place: \_\_\_\_\_

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Name and Signature of Policyholder (Assignor)

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Name and Signature of Assignee

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STAMP  
(For Company/Firm)

**Details of Appointee (To be filled in case the Assignee is a minor)**

Name of the Appointee: \_\_\_\_\_

Date of Birth:         Gender:  M  F Relationship with the Assignee: \_\_\_\_\_

Residential / Registered Office Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pin Code: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

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**Signature of the Appointee**  
(I hereby grant my consent to the appointment)

**Details of Witness**

Name of the Witness: Mr./Mrs./Ms. \_\_\_\_\_

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

Pin Code: \_\_\_\_\_ Tel. No.: \_\_\_\_\_ Date: \_\_\_\_\_

(The Endorsement to the Policy Document / Assignment Deed has been duly executed by the Assignor stated above and the signature / thumb impression is that of the Assignor.)

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**Signature of the Witness**

**Acknowledgement Slip**

Received a request for Assignment for policy no. \_\_\_\_\_ on         at \_\_\_\_\_ a.m./p.m.



Corporate Office:  
**Edelweiss Tokio Life Insurance Company Limited**  
4th Floor, Tower 3, Wing 'B', Kohinoor City,  
Kiro Road, Kurla (W), Mumbai 400070  
Toll Free : 1800 212 1212 | Fax No.: +91 22 6117 7833  
Email: [care@edelweisstokio.in](mailto:care@edelweisstokio.in) | [www.edelweisstokio.in](http://www.edelweisstokio.in)

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**Stamp/ Seal of the Branch**