

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

- Form to be filled in BLOCK LETTERS. All the fields are mandatory.
- Term 'Assignor' stands for the current Policyholder who intends to assign the policy.
- Term 'Assignee' stands for the person in whose favour the policy is to be assigned.
- 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.
- 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).
- 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.
- 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.
- 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.
- 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.
- 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.
- If the Assignee is a Tax Resident of a country other than India, then the FATCA / CRS Form should be submitted.
- 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)

		STAMP (For Company/Firm)
Signature of the Assignor	Signature of the Assignee	

NOTICE OF ASSIGNMENT

To,
Edelweiss Tokio Life Insurance Company Limited
 Registered Office: 6th 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: _____

		STAMP (For Company/Firm)
Name and Signature of Policyholder (Assignor)	Name and Signature of Assignee	

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.: _____

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: _____

Signature of the Witness

(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.)

For Branch Office Use

Service Request No.: _____
 Branch Name: _____
 Staff Name: _____
 Staff Sign: _____

Date and Time Stamp

*KYC document to be collected as per Service Request

Acknowledgement Slip

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



Registered Office:
Edelweiss Tokio Life Insurance Company Limited
 6th 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 | www.edelweisstokio.in

Stamp/ Seal of the Branch