

# Assignment Form

### IMPORTANT INSTRUCTIONS (All fields are mandatory)

1. Assignor is the policy owner, who intends to assign the policy. Assignee is any person/institution in whose favour the Policy is to be assigned.
2. Assignments are of two types- Absolute and Conditional. In Absolute Assignment, the assignor loses all his rights, title, obligations and interest in the policy and all rights, title and obligation vest with Assignee i.e the Assignee becomes the Policyholder if the Assignee agrees to pay the future premiums. In Conditional Assignment, the rights, title and interest in the policy automatically revert back to the Assignor on the occurrence of the specified condition stated here under. The Assignee shall not be entitled to obtain a loan on the policy or surrender the policy. In case of Partial Assignment, the liability of the Company shall be limited to the amount secured by Partial Assignment or transfer and such Policyholder shall not be entitled to further assign or transfer the residual amount payable under the policy.
3. Witness should be a major and competent to contract.
4. As per Section 38 of Insurance Act 1938, Company holds the rights to accept or decline the Assignment request.

Affix Recent  
Colour  
Photograph  
of Assignee

### DOCUMENTS TO BE SUBMITTED (TICK AS APPLICABLE)

- Original Policy Document       Copy of Aadhaar Card for Assignee/ Appointee (Kindly submit latest Address Proof, if Aadhaar Card is not updated with latest Address)
- Coloured Photograph of Assignee       Income Proof of the Assignee/ Appointee is mandatory if future Premiums are paid by Assignee & if total Annual Premium is 1L or above
- In case of an individual third party assignment, a Bank statement reflecting loan amount transaction and Loan Agreement signed by both Assignor and Assignee has to be submitted as proof of consideration

### POLICYHOLDER DETAILS

Policy Number

Name of the Policyholder

Current Address

Pin Code

Mobile No  Email ID

Aadhaar No  PAN No

### ASSIGNEE DETAILS

Name of the Assignee

Entity Type  Individual  Non-Individual      Date of Birth

Gender  Male  Female      Marital Status  Unmarried  Married  Widow(er)  Divorced

Current Address

Pin Code

Mobile No  Alternate No

Email ID  Nationality  Indian  Others (Please Specify Country)

Aadhaar No (Mandatory)  PAN No

Occupation  Salaried  Professional  Self Employed  Student  Housewife  Retired      Others

Residential Status  Residing in India  NRI  PIO (Please Specify Country)

Residence for Tax Purposes in Jurisdiction(s) outside India  Yes  No      If yes, kindly fill the CRS/FATCA Addendum available at any Aviva Branch/Website

Whether the Assignee is related to the Assignor?  Yes  No      If yes, please specify Relation

Whether the Assignee is/was ever a part of Aviva?  Yes  No      If yes, please specify Nature of Association

Are you or your relative a Politically Exposed Person\*?  Yes  No      If yes, kindly submit PEP Questionnaire available at any Aviva Branch

\* **Politically Exposed Person (PEP)** are individuals who are or have been entrusted with prominent public functions, for example Heads/Ministers of Central/State Government, Senior Politicians, Senior Government/Judicial/Military Officers, Senior Executive of State Owned Corporations, important party officials and immediate family members of above persons (spouse, children, parents, siblings and in-laws)

### APPOINTEE DETAILS (To be filled up in case Assignee is minor)

Name of the Appointee \_\_\_\_\_ Date of Birth 

D	D	M	M	Y	Y	Y	Y
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Gender  Male  Female Relationship with the Assignee \_\_\_\_\_

Address \_\_\_\_\_

Signature of Appointee

### TYPE OF ASSIGNMENT (Tick as applicable)

I/ We have absolutely assigned the Policy to the Assignee mentioned here above, OR

I/ We have conditionally assigned the Policy to the Assignee mentioned here above

A. On the condition that Policy shall revert to me in the event of \_\_\_\_\_ OR

B. Date of Loan Expiry \_\_\_\_\_

### REASON FOR ASSIGNMENT

Love & Affection  Loan  Other, Please give reason \_\_\_\_\_

Consideration Amount ₹ 

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 (Mandatory for Third Party Assignment)

Future premiums will be paid by (Tick any one)

Assignor  Assignee

Percentage of Sum Assured Assigned (Tick any one)

100% Or 

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 % (Applicable for Partial Assignment)

### NOTICE OF ASSIGNMENT

I/ We \_\_\_\_\_, the Assignor, have read and understood the above instructions and, subject to the above instructions, have assigned the Policy as described herein above to the Assignee.

### DECLARATION

- Assignment is bonafide in public interest and is not for the purpose of trading.
- The policy under Married Women's Property Act, 1874 can not be assigned.
- The submission of a duly filled and executed Assignment form along with the requisite documents will be treated as adequate notice of assignment of the Policy.
- In the event of the assignment of the Policy not being notified to the Company as above, it will not be operative and will not confer upon the Assignee or his legal representatives any rights as against the Company. Priority of claims after assignment will be governed strictly by the order in which notices of assignments have been delivered to/ received by the Company at its specified office.
- Subject to the Terms and Conditions of the assignment, the Company shall, from the date of receipt of this notice, recognise the Assignee named in the notice as the only person entitled to the benefit under the Policy.
- A transfer/ assignment of the Policy shall automatically cancel a nomination under the Policy except as provided under section 39 of the Insurance Laws (Amendment) Act, 2015.

Signature/Thumb Impression of Assignor

Signature/Thumb Impression of Assignee/Appointee

Date 

D	D	M	M	Y	Y	Y	Y
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Place \_\_\_\_\_

**VERNACULAR DECLARATION – Declaration when the assignee has affixed thumb impression or has signed in any language other than English.**

I hereby declare and certify that I have explained the content of this Assignment Form to the Assignor in the language understood by him/ her and that the Assignor has affixed his/her thumb impression/ signature on the Assignment Form in my presence , after fully understanding the content thereof.

Name of Declarant \_\_\_\_\_

Address \_\_\_\_\_

Contact Number \_\_\_\_\_

Signature of Declarant

**WITNESS**

I hereby confirm that the Assignor has executed this instrument of Assignment and the Assignor has affixed his/ her signature /thumb impression in my presence on the date and place mentioned herein above.

Name of Witness \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

Pin Code

Signature of Witness

**FOR BRANCH USE ONLY**

Service Request ID

Branch Name \_\_\_\_\_

Processed by (Name & Signature)

Branch Stamp & Date



**Aviva Life Insurance Company India Limited**  
Aviva Tower, Sector Road, Opposite Golf Course  
DLF Phase-V, Sector 43, Gurugram-122003  
www.avivaindia.com



**Customer Service Helpline Number**  
1800-103-77-66 (Toll Free)  
0124-270-9046



**Email**  
customerservices@avivaindia.com