## **ASSIGNMENT FORM**

## Important instructions for you to proceed:

- All fields are mandatory
- Assignor is the policyholder intending to assign the policy. Assignee is any person/institution in whose favor the policy is assigned.
- Absolute assignment:
  - $\checkmark$  It is an unconditional transfer of all the rights, interests, title and obligations to the assignee.
  - ✓ The assignee becomes the "policyholder" if the assignor absolutely assigns the policy and if the assignee agrees to pay future premium.
  - ✓ All the rights and obligations rests with the assignee.
  - ✓ A nomination gets cancelled in the case of absolute assignment.
- Conditional Assignment means that the Transfer of Rights will happen from the Assignor to the Assignee subject to certain terms and conditions. If the conditions are fulfilled then only the Policy will get transferred from the Assignor to the Assignee or the policy will get transferred from the Assignor to the Assignee till certain conditions are fulfilled. Once the conditions are fulfilled, the policy automatically gets transferred back to the original owner, i.e. the Assignor.
- If more than one policy is to be assigned, separate forms are to be filled up in respect of each of them.
- It is mandatory to submit the Original Policy Documents along with this form.
- In case of an individual third party assignment, a" Promissory note" or "Loan agreement" signed by both assignee and assignor has to be submitted as proof of consideration

Policy Number:	
Name of the Policyholder :	
Address:	
Pin Code:	Telephone No. (Residence)*:
Telephone No. (Office):	 Mobile No*.:
Email Address:	
	DETAILS OF THE ASSIGNEE
Name of Assignee:	
Father's Name:	
Address:	
Pin Code:	Telephone No. (Residence)*:
Telephone No. (Office):	Mobile No*.:
Email Address:	
Entity Type: 🗖 🛛 Individual 🛛	□ Non Individual Date of Birth: D D M M Y Y Y Gender: □ Male □ Female
Nationality: 🗖 Indian	
Resident Status: 🗖 Resider	
	ed to the Assignor 🗖 Yes 🗖 No If yes, please specify relation
•	Professional 🗆 Self Employed 🗆 Student 🗖 Housewife 🗖 Retired 🗖 Others:
	n 🗆 Import/Export 🗆 Mining 🗖 Shipping 🗖 Scrap 🗖 Dealing 🗖 Real Estate
🗖 Agricultu	re 🗖 Stock Broking 🗇 Banking/Finance 🗇 Others:
	NOTICE OF ASSIGNMENT
I/We	, the Assignor, have read and understood the above
instructions and, subject to t	he above instructions, have absolutely assigned the policy to the Assignee mentioned herein above.
	TYPE OF ASSIGNMENT (Please tick whichever is applicable)

- $\square$  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:\_
  - b. Date of Loan Expiry : \_\_\_\_





I intend assigning the policy for Rs respect of the aforesaid assignment, OR	(valuable consideration) received by me from the assignee in		
<ul> <li>I intend assigning the policy out of natural love and affection Policyholder*)</li> </ul>	to(Relationship with the Proposer/		
Note: *Policy can be assigned only to Spouse, Parents, Children, Brother and Sister			
KYC DOCUMENTS			
1. Identity proof (Assignee)			
2. Address proof (Current communication address of Assignee) _			
3. Income proof*			
4. Recent Coloured Photograph of Assignee			
*If Annualised Premium is greater than 4 lacs.			
Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions example, Heads of State or of Governments, senior politicians, senior government / judicial / military officials, senior executives of state owned corporations, important political party officials, etc., including their family members and close relatives. Are you a Politically Exposed Person? Yes No			
If answer to above question is Yes, kindly	answer the questions mentioned below:		
1. Are you a Politically Exposed Person (Active Member / Inactive	Member / Relative of PEP / Close Acquaintance of PEP)?		
<ol> <li>Please specify the extent of political involvement (Political experience, affiliation to political party, social worker, whether party in power, portfolio handled).</li> </ol>			
3. Please specify your previous occupation. Since how many years are you involved in politics?			
4. Please specify all sources of income.			
DECLAR			
• The submission of a duly filled and signed Assignment form along with the requisite documents will be treated as adequate notice of assignment of the policy.			
<ul> <li>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.</li> </ul>			
• Subject to the terms and conditions of the assignment, the Company shall, from the date of receipt of this notice, recognize the assignee named in the notice as the only person entitled to the benefit under the policy.			
• For regular premium cases, where assignment is in favour of individuals on account of natural love and affection and other individuals on account of financial consideration by way of promissory note etc., the assignor have to continue to pay the future premiums. The assignee will no way be responsible for premium payment			
Declarant's Name*: Declarant's Signature*:			
Declarant's Address & Contact Number*:			
Place: Signature of Assignor Signature of Assignee			
*In case of signature in vernacular/ thumb impression this declaration should be made by a person of standing whose identity can easily be established but not connected with Aviva Life Insurance Company India Ltd. *A self attested copy of the Photo identity proof of the declarant is required.			
DETAILS OF THE PERSON SIGNING AS WITNESS (Please note the	hat the witness should be major and competent to contract)		
The Assignor has duly executed the endorsement on the policy, and the signature/thumb impression is of the Assignor affixed on the Date and at the Place herein above stated.			
Name of Witness:			
Address:			
	Pin Code:		
Occupation: Signature of Witness			
The hereby declare that I have fully explained the content of assignment form to the Policyholder & he / she has fully under- stood the same & I have truthfully recorded the answers given by the Policyholder.			
Declarant's Name:			
Declarant's Address:			
	Pin Code:		
DOB of Declarant:   D   M   Y   Y   Y   Signature of Declarant			
For details on our branch locations, ple	ease log on to <b>www.avivaindia.com</b>		

**CONSIDERATION** 

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