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Policy Number:

Policy Number input fields

FOR OFFICE USE ONLY

Received Date:

Assignment Form

Policyholder (i.e. Assignor) Contact Details

Landline No. (Residence), Landline No. (Office), *Mobile No., Email ID

Are you a US Citizen or US tax resident Yes No If Yes, Please provide TIN:

All communications will be on the e-mail id mentioned above (if available). The mode of communication from and to the company would include electronic mode like sms, email etc.

Please tick 'Physical copy' if you want to receive communication in electronic form as well as physical Copy

Physical Copy checkbox

Declaration

(Please read the Instructions/Notices mentioned overleaf before filling up this form)

I/We Name input fields (First, Middle, Last)

have read and understood the Instructions/Notices mentioned overleaf and I/We hereby give you notice that I/We have assigned the above Policy to:

Name of the Assignee input fields (First, Middle, Last)

Status of the Assignee: Bank/Financial Institution Relative of the Assignor Others

Relationship with the Assignor:

Address of Assignee input fields (City, State, Pin Code)

Landline No. (Residence), Landline No. (Office), *Mobile No., Email ID

Occupation:

Date of Birth input fields (DDMMYYYY)

Signature of the Assignor and Signature of the Assignee boxes

Endorsement

I/We Name input fields (First, Middle, Last)

as the beneficial owner/s of Policy No. issued by Bharti AXA Life Insurance Company Limited for the

Sum Assured of ₹ have assigned the said Policy to the Assignee mentioned hereinbelow:

Name of the Assignee: (Please tick whichever is applicable)

Individual Name input fields (First, Middle, Last)

Financial Institution/Bank Name input fields

Type of Assignment: (Please tick whichever is applicable)

- I/We have absolutely assigned the Policy to the Assignee mentioned hereinabove. OR I/We have conditionally assigned the Policy to the Assignee mentioned hereinabove, on the condition that the Policy shall

revert to me/us in the event of:

