

A Joint Venture of



Application for Assignment

(Please read the instructions carefully before proceeding)

Date- _____

Name of Policy Owner: _____

Policy No:

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Client ID: _____

Contact No. (Off/Res) _____ Mobile _____ email ID: _____@_____

Sir/Madam,

I/We _____ applicant/holder of the Life Insurance Application/Policy No _____ with IndiaFirst Life Insurance Company Limited do hereby assign the right and benefits of the said policy in favor of _____ (assignee's name) being my _____ (relationship) whose Date of Birth is _____ (if assignee is an individual) and residing at/having their office at _____

Details of the Assignee (The below details are mandatory only if Absolute Assignment has been made to an Individual and not to a Company/Trust/Institution) (✓ Please tick as applicable)

Occupation: Salaried Agriculturist Housewife Student
 Retired/Pensioner Business Owner Self Employed Others Please specify

Documents relating to the Assignee: (✓ Please tick as applicable)

Identity Proof: Passport PAN Card Voter's Identity card Others Please specify

Address proof: Telephone Bill Ration card Electricity Bill Others Please specify

Assignee Status: Resident Indian Non Resident Indian

Signature of the Assignor
(Policy Owner)

Signature of the Assignee

For any queries or more information, call
Toll Free 1800 209 8700
or mail us at customer.first@indiafirstlife.com

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IndiaFirst Life Insurance Company Ltd
301, 'B' Wing, The Qube,
Infinity Park,
Dindoshi - Film City Road,
Malad (East), Mumbai - 400 097.

Re: Notice of Assignment under Section 38 of the Insurance Act, 1938 for policy no-_____

Dear Sir,

Notice is hereby given that I/We, _____ have assigned the above Policy to Mr./Mrs./Ms
_____ (name of assignee), whose address is _____
_____ on _____ (date of assignment dd/mm/yyyy). We enclose the deed of
assignment for registration of the assignment.

Signature of the Assignor

Signature of the Assignee

Name of the Assignor

Name of the Assignee

Address of the Assignor

Address of the Assignee

Place: Date:

Signature of the Witness

Name of the Witness

Address of the Witness

Instructions

- The full name, age, address and relationship of the assignee must be stated where the assignor is an individual
- The assignment of a policy shall automatically cancel any nomination made in the policy
- In case of assignment in favor of a Financial Institution/bank please affix a stamp of the Financial Institution/Bank and countersigned by the Authorised Signatory.
- The witness should be a major and competent to contract.
- Please submit the original policy certificate along with this request

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