IDBI FEDERAL
In association with Ageas

IDBI Federal Life Insurance Co Ltd

Tradeview, Oasis Complex, Kamala City, P. B. Marg, Lower Parel (W). Mumbai - 400013.
Toll Free: 1800 102 5005 (For non-MTNL subscribers), 1800 22 1120 (For MTNL subscribers). E-mail: support@idbifederal.com.
www.idbifederal.com

APPLICATION FOR ASSIGNMENT

(Kindly fill in Block Letters)

INSTRUCTIONS

- Parties to the assignment should satisfy themselves before forwarding the policy document to the company, for the registration of assignment.
- This form must be filled by the owner of the policy. A conditional assignment may be made, part assignment of a policy is not allowed.
- An assignment in favor of survivor/s shall be valid.
- The assignment of a policy shall automatically cancel any nomination made in the policy, except where the policy is assigned to the insurer, in which case the nominees' right shall be affected to the extent of the insurer's interest in the policy.
- This form shall be accompanied by the original policy document in respect of which the assignment is made.
- The assignment shall not be effectual against the company unless it is duly completed and delivered to IDBI Federal Life Insurance Co. Ltd.
- The assignment will be as per the section 38 of insurance act.

GENERAL INFORMATION

POLICY NUMBER		**SUM ASSURED**	

ASSIGNOR DETAILS

NAME		
Address		
	City	
	State	PIN
TELEPHONE NUMBERS (STD CODE)	Residence	
	Office	
	Mobile	
SIGNATURE OF THE ASSIGNOR		
Executed on this	D D / M M / Y Y Y Y	**at**

I, Mr. / Ms. / Mrs. / Title _____, as the owner of the above named policy assign this policy to the assignee named herein, and I hereby give you the notice of same.

CONSIDERATION (IF ANY)

Please strike out parts which are not applicable.

☐ Consideration received Rs

In words, _____

From the assignee _____

I hereby acknowledge the receipt of the above mentioned consideration from the assignee.

OR

☐ The policy has been assigned out of natural love and affection and no other consideration has been received from the assignee.

ASSIGNEE DETAILS

NAME		
Address		
	City	
	State	PIN
TELEPHONE NUMBERS (STD CODE)	Residence	
	Office	
	Mobile	
RELATIONSHIP TO THE POLICY OWNER		

PTO

Gender	Male ☐ Female ☐	**Date Of Birth**	D D / M M / Y Y Y Y
SIGNATURE OF THE ASSIGNEE			
Executed on this	D D / M M / Y Y Y Y **at**		

WITNESS DETAILS	
NAME	
Address	
	City State
	PIN
SIGNATURE OF THE WITNESS (age should be more than 18 years)	

Future premiums will be paid by: (Tick as applicable) ☐ **Assignee** ☐ **Assignor**

Signature/ thumb impression of Assignor

D D / M M / Y Y Y Y

Signature of Assignee

D D / M M / Y Y Y Y