PSRF631925081621 Comp/Aug/Int/4718				
HDFC Life Assignment/Reassignment Form				
ASSIGNMENT REASSIGNMENT Sar utha ke jiyo !				
Policy Number:				
DETAILS OF ASSIGNOR				
Name of the Assignor:				
Communication Address*:				
Contact No.*: (Off) (Res) Mob*: 0 0000000000000000000000000000000000				
*Contact details provided herein will be updated for all future communications. The above mentioned contact number will be considered as consent to communicate with him / her on the contact details provided herein.				
DETAILS OF ASSIGNEE				
Name of the Assignee:				
Date of Birth/Incorporation: D M M Y Y Place of Birth/Registered Office: Image: Control of the second s				
Gender: M F Email ID: F Email				
Contact No.*: (Off) (Res) Mob*:				
Communication Address*:				
Relationship with Assignor*:				
*Contact details provided herein will be updated for all future communications. The above mentioned contact number will be considered as consent to communicate with him / her on the contact details provided herein. +1. To be filled in case of individual assignment. 2. Self-attested identity and address proofs of the assignee should be submitted. 3. Income proof of the assignee should be submitted.				
TYPE OF ASSIGNMENT (Please tick one)				
CONDITIONAL ABSOLUTE Please select a reason in case assignment is to an individual or conditional assignment:				
I have received INRas consideration from the assignee in respect of the aforesaid assignment.				
I have assigned the policy out of natural love and affection and without any consideration from the assignee.				
Specify any other reason:				
NOMINATION DETAILS (Please tick one) (TO BE FILLED AT THE TIME OF REASSIGNMENT)				
Existing Nominee [#] New Nominee ^{##}				
Nominee Name: D M Y Y Y				
Nominee Address:				
Pin Code: Nominee relationship with Assignee:				
*Existing details of the nominee will be captured as per the application form. ##Please fill in the above details in case of a new nominee. If the new nominee is a minor, then appointee details will be applicable.				
Appointee Details (If the Nominee is a minor, please provide the appointee details)				
Appointee Name: D D M Y Y Y	í			
Appointee Address:	1			
Appointee relationship with Nominee:				
Appointee relationship with Assignee:				
I hereby grant my consent to the appointment. NO OBJECTION FOR SERVICING TRANSACTIONS (to be filled by the Assignee only in the case of conditional Assignment) I/We do not have any objection to the assignor carrying out the following transaction(s) on the above mentioned policy during the assignment period.				
Servicing request Yes No Servicing request Yes No Sign Here				
1. Change of address Image: A state of the state o				
2. Top-up 4. Fund Switch 4. Change in Premium PaymentFrequency Signature of Assignee o	,			
Customer Acknowledgement Copy (Assignment/Reassignment form)				
Policy No.: Interaction ID No.:				
Policyholder Name:				
Documents submitted for assignment/reassignment:				
Original Policy Document Others (please specify):				
Customer Relations Officer: Date: Time:				
Call 1860-267-9999 (local charges apply). DO NOT prefix any country code e.g. +91 or 00. Available Mon-Sat from 10 am to 7 pm Email – service@hdfclife.com NRIservice@hdfclife.com (For NRI customers only) Visit – www.hdfclife.com				
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Declaration for Assignment				
1. The assignor hereby assigns absolutely/conditionally all the rights, title and interest in the policy mentioned above granted by HDFC Standard Life insurance Company Limited assuring the sum assured thereby and all other moneys thereby secured and benefits attached there to the assignee for the value received.				
2. The assignor hereby assigns absolutely all the rights, title and interest in the policy mentioned above and the money thereby secured and benefits attached thereto to the assignee for the value received.				
 Subject to the terms and conditions of assignment, the assignee named in the form will be recognised as the only person entitled to the benefits under the policy. 				
Date: DD/MM/YYYY SIGN HERE Date: DD/MM/YYYY	SIGN HERE Date: DD	/MM/YYYY SIGN HERE		
Place: Place:	Place:			
Signature of Assignor(s) Signa	ature of Assignee/Appointee ^s (s)	Signature of Witness		
Declaration for Reassignment				
This is to inform you that the Policy above which was assigned in my/ our favour, is being re-assigned by me/ us in favour of the Assignor as per the details furnished in the form and I/ we have no further claims or lien on the benefits under the Policy.				
Date: DD/MM/YYYY SIGN HERE Date: DD/MM/YYYY	SIGN HERE Date: DD/	/MM/YYYY SIGN HERE		
Place:	Place:			
Signature & Round Seal /Stamp of Re-Assignor Signa	ature of Assignee/Appointee ^s (s)	Signature of Witness		
IMPORTANT				
 A transfer or assignment made in accordance with Section 38 of the Insurance Act, 1938 as amended from time to time shall automatically cancel a nomination except in case of assignment to HDFC Life in consideration of a loan granted by HDFC Life on the security of the policy within its surrender value, or its reassignment on repayment of the loan, nomination shall not be cancelled, but the rights of the Nominee shall be affected only to the extent of HDFC Life's interest in the policy. The transfer or assignment of a policy, whether wholly or in part, in consideration of a loan advanced by the transferee or Assignee to the policyholder, shall not cancel the nomination but shall affect the rights of the Nominee only to the extent of the interest of the transferee or Assignee, as the case may be, in the policy. The nomination, which has been automatically cancelled consequent upon the transfer or assignment, shall stand automatically revived when the policy is reassigned by the Assignee or retransferred by the transferee in favour of the policy holder on repayment folan other than on a security of policy to HDFC Life. This assignment shall not be effectual unless this Assignment Form is duly completed and delivered, accompanied by the original Policy bond to the company. If Assignee is more than 18 years of age, kindly submit the ID proof and address proof of the Assignee. For cases where the assignment is in favour of an individual or Financial institution apart from our channel partners, then the Assignor must get the signature of the Anthrised Signatory on the company seal. APolicy servicing charges may be levied as applicable. Please refer to your Policy document for details. As per section 194DA of the Income Tax Act, 1961, tax will be deducted at source from the payments made to residents of any sum under a life insurance policy including the sum allocated by way of bonus, other than the amount exempt u/s 10(10D) of the Income Tax Act, 1961, a				
Declaration to be made by a third person:				
The Policyholder has affixed his/her thumb impression/has signed in vernacular/has not filled the application. I hereby declare that the content of this application form has been explained to the Policyholder in language and have truthfully recorded the answers provided to me. I further declare that the Policyholder has signed/affixed his/her thumb impression in my presence. Name:				
For Official Use Only	Poroived by			
For Official Use Only Branch Name:	Received by			
Branch Name: Branch Code:				
Date & Time: DD/MM/YYYY &	Signature:			
	Contact Updated :			
Signature Verified :				
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