PSRF176726121811 Comp/Dec/Int/4924
HDFC Life Reassignment Form For office use only: Branch: Received at branch on: Received by: Interaction ID: Sar utha ke juyo
Policy No.: E-Insurance Account No.: (Only for Dema
Details of Assignor
Name of the Assignor:
Details of Assignee
Name of the Assignee: (E.g. Policyholder)
Details of Nominee If existing Nominee If new Nominee, please fill in the below details
Name of the Nominee:
Date of Birth: DDMMYYYY Relationship with Assignee:
Details of Appointee (in case the Nominee is a minor)
Name of the Appointee:
Date of Birth: DDMMYYYY Relationship with Nominee:
IMPORTANT
but the rights of the Nominee shall be affected only to the extent of HDFC Life's interest in the policy. The transfere of a policy, whether wholly or in part, in consideration of a loan advance by the transferee 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, as the case may be, the policy. The nomination, which has been automatically cancelled consequent upon the transfer shall stand automatically revived when the policy is reassigned by the Assignee or retransferred by the transferee in favour of the policyholder on repayment of loan other than on a security of policy to HDFC Life. 2 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 Authorised Signation on the company seal. 3. Policy servicing charges may be levied as applicable. Please refer to your policy document for details. 4. As per section 194DA of the Income 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 su allocated by way of bonus, other than the amount exempt u/s 10(10D) of the Income Income-tax Act, 1961, at the rate as applicable subject to the conditions and limits specified therein. 5. Assignor will not have the right to execute any policy alteration or processing without the written consent of the Assignee except as otherwise provided under No Objection For Servicing Transactions. 6. Tax laws are subject to change. 7. Nominee's address will be considered to be the same as the Policyholder's address. 8. Reassignment of your policy shall be made by a separate instrument. Confirmation provided herein by Assignor and Assignee shall be considered as a consent to make the reassignment under the policy in accordance to the underwriting guidelines of HDFC Life. 9. You agree and confirm that by making this application for Reassignmen
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 SIGN HERE SIGN HERE
Place:
Signature & Round Seal / Stamp of Re-Assignor Signature/thumb impression of Policyholder Signature of Witness
Third party declaration
The Policyholder/Witness/Assignee(if individual) has affixed his/her thumb impression/has signed in vernacular/has not filled the application. I hereby declar that the content of this application form has been explained to the Policyholder/Witness/Assignee(if individual) and have truthfully recorded the answer provided to me. I further declare that the Policyholder/Witness/Assignee(if individual) has signed/affixed his/her thumb impression in my presence. Name: Date: DD/MM/YYYY Place: Address: Signature of Third Person
NOTE
With reference to recent regulatory changes, please submit PAN or Form 60 (if you do not have a PAN) with HDFC Life with immediate effect. Pls update via M Account/service@hdfclife.com/022-68446530/HDFC Life branch. Ignore if submitted.
HDFC Life Insurance Company Limited (HDFC Life). CIN: L65110MH2000PLC128245. IRDAI Registration No. 101. Regd. Off: 13th Floor, Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.
Customer Acknowledgement Copy (Reassignment form)

Time:

Date:

Branch Stamp

_Interaction ID No.: _

Policy No.: _

Policyholder Name: _____ Customer Relations Officer: