



Absolute Assignment Form



Note: Please complete the form in CAPITAL LETTERS.

All fields are mandatory

POLICY DETAILS	Policy Number: <input type="text"/>
	Policy Holder's Name: <input type="text"/>
ADDRESS	To enable us to get in touch with you and facilitate quick processing, kindly update your latest contact information (In case of change in communication address, a valid address proof of the new address is mandatory)
	Address: <input type="text"/>
	City: <input type="text"/> State: <input type="text"/> PIN: <input type="text"/>
	Contact Details Mobile: <input type="text"/> Phone (Home): <input type="text"/>
	Office / Business: <input type="text"/>
	E-mail: <input type="text"/>
ASSIGNEE DETAILS	Assignee is any person/institution in whose favor the policy is assigned
	Name of the Assignee: <input type="text"/>
	Address: <input type="text"/>
	City: <input type="text"/> State: <input type="text"/> PIN: <input type="text"/>
	Occupation: Contact Details Mobile: <input type="text"/> Phone (Home): <input type="text"/>
	Office / Business: <input type="text"/>
ASSIGNEE DETAILS	Institutional Assignees: <input type="checkbox"/> Regulated Institutions (by RBI/SEBI/IRDAI/ Other statutes) <input type="checkbox"/> Non-Regulated Institution <input type="checkbox"/> Non-Profit Organisation / Trust
	Individual Assignees: Is Assignee: <input type="checkbox"/> HDFC Life Insurance Employee <input type="checkbox"/> HDFC Life Insurance Advisor <input type="checkbox"/> Relative^ of HDFC Life Insurance Employee/Advisor <input type="checkbox"/> Other
	Is Assignee: <input type="checkbox"/> Assignor's Relative _____ (give relationship) <input type="checkbox"/> Unrelated
	Date of Birth: <input type="text"/> Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Nationality: <input type="checkbox"/> Indian <input type="checkbox"/> Non Indian
	Details of Appointee/Guardian (To be filled up in case assignee is minor)
	Name: <input type="text"/>
	Date of Birth: <input type="text"/> Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Relationship with the Assignee: _____ Address: _____
	_____ I hereby grant my consent to the appointment.
	Signature of the Appointee/Guardian: <input type="text"/>
Residential Status: <input type="checkbox"/> Resident <input type="checkbox"/> Non Resident <input type="text"/> Country of Residence	
"Are you a Politically Exposed Person (PEP)" Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, Nature of position held _____	
(Definition: Politically exposed persons are individuals who are or have been entrusted with prominent public functions e.g., Heads of States or of Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc. Enhanced scrutiny and monitoring norms may also be applied to the accounts of the family members and/or close relatives of PEPs)	
2. Are you a family member or close relative of a PEP – Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, nature of relationship with PEP _____	
DOCUMENT REQUIRED	Please submit the following listed documents of Assignee
	<input type="checkbox"/> Identity Proof <input type="checkbox"/> Address Proof <input type="checkbox"/> NOC <input type="checkbox"/> Original Policy Bond ^{***}
	<input type="checkbox"/> PAN Card / Form 60/61 [#] <input type="checkbox"/> Income Proof [#] <input type="checkbox"/> Copy of Policy Schedule
	[#] Mandatory if the cumulative annual premium is ₹50,000 or more. ^{**} Mandatory if the annual premium is ₹1,00,000 or more. ^{***} Not required for Re-Assignment
	Photograph of Assignee
	<input type="text"/>
	<input type="text"/>

ACKNOWLEDGMENT SLIP	This is to acknowledge the receipt of application for Absolute / Conditional Assignment / Re-Assignment	Name of Customer Service Executive: _____	Customer Service Executive Signature: <input type="text"/>
	Policy Number: <input type="text"/>	Employee Code: _____	Date: <input type="text"/>
	Date: <input type="text"/>		



Absolute Assignment Form



ABSOLUTE ASSIGNMENT NOTICE

I hereby give you notice that I have Absolutely assigned the above policy to _____

I have received a sum of ₹ _____ (Rupees _____) in valuable consideration from the assignee for the assignment.

I have assigned the policy out of love and affection and have not received any consideration from the assignee.

Service Rendered

The original policy document is sent herewith. Please acknowledge the receipt of this notice and the original policy document. Kindly return the policy document to the above assignee after registering the assignment.

The future premiums would be paid and remitted by Mr/Ms/ M/s _____

Signature / Thumb Impression of the Assignor (policyholder)

Signature / Thumb Impression of Assignee / Appointee / Guardian (Incase of Institution, affix seal and authorized signature)

ABSOLUTE ASSIGNMENT ENDORSEMENT

Policy Number

Endorsement on the policy document signifying assignment of the benefits under the policy.

I/We _____ the within named holder of HDFC Life Insurance Policy

No. _____ for (Strike off whichever is not applicable) service rendered/ love and affection / valuable consideration of

₹ _____ (Rupees _____)

hereby Absolutely assign and transfer all my rights, title and interests in the within written policy and the money secured to _____

_____ residing at _____

_____ and his/her successors and also declare that the receipt of the said person or his / her successors or assigns shall be a good and valid discharge for all monies payable under the policy.

Date:

Place:

Signature / Thumb Impression (Assignor) or Policyholder

Signature / Thumb Impression Assignee / Appointee / Guardian

(If the Assignee / Assignor / Appointee / Guardian is an illiterate or suffering from disability due to which writing is restricted or where the Assignor / Appointee / Guardian signs the form in vernacular language, then the following declaration is necessary from the person who has assisted the Assignor / Appointee / Guardian in filling up the form.)

Declaration in case Assignee / Assignor / Appointee / Guardian has affixed thumb impression/has signed in vernacular language/ has not filled the application

I _____, hereby declare that I have truthfully recorded the replies given by the Assignor / Assignee / Appointee / Guardian after fully explaining the contents of this form. I further declare that the Assignee / Assignor / Appointee / Guardian has signed / affixed his / her thumb impression in my presence.

Address:

Date: Place: Signature

WITNESS DETAILS

The assignor has executed the endorsement on the policy. The signature / thumb impression is of assignor and he / she has affixed it in my presence on the date and time stated above. (Note: Witness and Declarant should be a person competent to contract. Witness and Declarant should be a different person.)

Name of the Witness:

Address:

Occupation: Signature of Witness

FOR OFFICE USE ONLY

Name of Customer Service Representative: Employee No.: Branch Code: Signature

Instructions

- The Company does not express any opinion on the validity or legality of the assignment
- Assignment form will not be effective against the Company unless this assignment form is duly completed and delivered, accompanied with Original policy document to the Company. We will effect the assignment by endorsing your policy.
- Assignment will not be permitted for pension policies and for policies which are under the Married Women's Property Act, 1874
- Assignment will automatically cancel any existing nomination, except for assignment in favour of HDFC Life Insurance Company Ltd in which case the rights of nominee would get affected to the extent the Company's interest in the policy.
- In case of assignment in favor of Financial Institution/Bank, the Financial Institution/Bank should affix its stamp and should be countersigned by its authorized signatory
- In case the policy is assigned to a person other than a relative and Bank/Financial institution, Assignor shall invariably mention value of consideration received for Assignment of policy.
- Documentary proof(preferably Ration Card) mentioning the relation therein should produced along with this form for relationships other than spouse, children or parents.
- Insurer may, accept the transfer or assignment, or decline to act upon any endorsement made where it has sufficient reason to believe that such transfer or assignment is not bona fide or is not in the interest of the policy holder or in public interest or is for the purpose of trading of insurance policy
- For more details on Assignment, refer Section 38 of the Insurance Act as amended from time to time.