



# Conditional 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"/>

**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	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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Office / Business:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	E-mail:	<input type="text"/>														

Assignee is any person/institution in whose favor the policy is assigned

ASSIGNEE DETAILS	Name of the Assignee:	<input type="text"/>														
	Address:	<input type="text"/>														
	City:	<input type="text"/>	State:	<input type="text"/>	PIN:	<input type="text"/>										
	Occupation:	<input type="text"/>														
	Contact Details Mobile:	<input type="text"/>	Phone (Home):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Office / Business:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Institutional Assignees:**

Regulated Institutions (by RBI/SEBI/IRDAI/ Other statutes)       Non-Regulated Institution       Non-Profit Organisation / Trust

**Individual Assignees:**

Is Assignee:  HDFC Life Insurance Employee     HDFC Life Insurance Advisor     Relative^ of HDFC Life Insurance Employee/Advisor     Other

Is Assignee:  Assignor's Relative \_\_\_\_\_ (give relationship)     Unrelated

Date of Birth:              Gender:  Male     Female    Nationality:  Indian     Non Indian

**Details of Appointee/Guardian** (To be filled up in case assignee is minor)

Name: \_\_\_\_\_

Date of Birth:              Gender:  Male     Female

Relationship with the Assignee: \_\_\_\_\_ Address: \_\_\_\_\_

Signature of the Appointee/Guardian:

**Residential Status:**  Resident     Non Resident     PIO     Country of Residence

**"Are you a Politically Exposed Person (PEP)"**    Yes     No

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  No  If yes, nature of relationship with PEP \_\_\_\_\_

**Please submit the following listed documents of Assignee**

<input type="checkbox"/> Identity Proof	<input type="checkbox"/> Address Proof
<input type="checkbox"/> PAN Card / Form 60/61 wherever applicable*	<input type="checkbox"/> Income Proof**

#Mandatory if the cumulative annual premium is ₹50,000 or more.    \*\*Mandatory if the annual premium is ₹1,00,000 or more.

Photograph of Assignee

ACKNOWLEDGMENT SLIP	<b>This is to acknowledge the receipt of application for Absolute / Conditional Assignment.</b>	Customer Service Executive Signature:	<input type="text"/>
	Policy Number: <input type="text"/>	Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Documents received: <input type="checkbox"/> Identity Proof <input type="checkbox"/> Address Proof <input type="checkbox"/> PAN Card	Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Others: _____ <input type="checkbox"/> Income Proof <input type="checkbox"/> Photograph <input type="checkbox"/> Original Policy Bond			

POS/CON/SEPT 2022/Version 1.3

# Conditional Assignment Form

CONDITIONAL ASSIGNMENT NOTICE

I hereby give you notice that I have conditionally assigned the above policy to \_\_\_\_\_ subject to the following condition \_\_\_\_\_ 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 Assignor  
(Incase of Institution, affix seal and authorized signature)

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

CONDITIONAL 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 Number \_\_\_\_\_

hereby conditionally assign and transfer all my rights, title and interests in the within written policy and the money secured to \_\_\_\_\_ residing at \_\_\_\_\_

\_\_\_\_\_ and his/her successor subject to the following condition \_\_\_\_\_

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

Signature / Thumb Impression  
(Assignor) or Policyholder

Signature / Thumb Impression  
Assignee / Appointee / Guardian

Date:

Place:

**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:

Signature

Date:

Place:

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 from 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.