HDFC Life Reassignment Form

For office use only:
Branch:
Received at branch on:
Received by:
Interaction ID:

HDFC Life
Sar utha ke jiyo!

Policy No.: E-Insurance Account No.: (Only for Demat)

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: D D M M Y Y Y Y

Relationship with Assignee:

Details of Appointee (in case the Nominee is a minor)

Name of the Appointee:

Date of Birth: D D M M Y Y Y Y

Relationship with Nominee:

IMPORTANT

1. A transfer 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 of a policy, whether wholly or in part, in consideration of a loan advanced 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, in 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 Signatory 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 sum 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 Reassignment, all previous instructions for assignments received from you and not processed by the Company shall be null and void.
10. Upon processing of your request for Reassignment, we shall intimate you and the Assignee about the same. You agree and confirm that upon receipt of such communication from us, you shall submit the policy document with the assignee's documents.
11. Once you have reassigned, all the rights are transferred to the new Assignee. For all future assignment/reassignment within the policy, please submit all required documents as per the Company's Terms and Conditions.

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
Place:

SIGN HERE	SIGN HERE	SIGN HERE
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 declare that the content of this application form has been explained to the Policyholder/Witness/Assignee(if individual) and have truthfully recorded the answers 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:

SIGN HERE
Signature of Third Person

HDFC Life Insurance Company Limited [Formerly HDFC Standard 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)

Policy No.: Interaction ID No.:

Policyholder Name:

Customer Relations Officer: Date: Time:

Branch Stamp