

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.
3. 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

Place: _____

Signature of Assignor(s)

Date: DD/MM/YYYY

SIGN HERE

Place: _____

Signature of Assignee/Appointee²(s)

Date: DD/MM/YYYY

SIGN HERE

Place: _____

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

Place: _____

Signature & Round Seal /Stamp of Re-Assignor

Date: DD/MM/YYYY

SIGN HERE

Place: _____

Signature of Assignee/Appointee²(s)

Date: DD/MM/YYYY

SIGN HERE

Place: _____

Signature of Witness

IMPORTANT

1. 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 of loan other than on a security of policy to HDFC Life.
2. 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.
3. 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.
4. Policy servicing charges may be levied as applicable. Please refer to your Policy document for details.
5. 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, at the rate as applicable subject to the conditions and limits specified therein.
6. 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.
7. Tax laws are subject to change.
8. ²Signature of Appointee is required if nominee is a minor.

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: _____

Date: DD/MM/YYYY Place: _____

Address: _____

SIGN HERE

Signature of Third Person

For Official Use Only

Branch Name: _____

Branch Code: _____

Date & Time: DD/MM/YYYY & _____

Interaction ID No.: _____

Signature Verified : **Received by**

Employee Code: _____

Signature: _____

Contact Updated :