CKYC No.



Form for Assignment

Coloured photograph of assignor/ assignee (as applicable)

- Original policy document
- Any one coloured copy of officially valid document (for ID and address proof), which includes Aadhaar, Passport, Driving License, Election card (Voter id card), Job card issued by NREGA, Letter issued under National Population Register containing details of name and address with photograph
- Copy of PAN card or Form 60 (all cases)

Documents to be collected in case assignee is an individual

- One recent color photograph
- Any one coloured copy of Income proof of the assignee (If annual premium is greater than INR 99,999/-), which includes Income Tax Assessment orders/Income Tax Returns, Employer's Certificate, Form -16 A, Form -16, Recent Pay slips, Bank Cash-flows Statements, Pass-Book, Bank Assessment Form signed by Bank Authorized signatory/SP
- In case of an individual third-party assignment is towards security to a loan availed, a "Promissory note" or "Loan agreement" if any, signed by both assign ee and assignor has to be submitted as proof of consideration (In prescribed format of PNB MetLife)
- New ACH/ Direct debit request from the assignee in case premium is being paid by the assignee (Applicable only in case of absolute assignment and assignee wants to pay future premium through Direct Debit)
- If Proof of possession of Aadhaar is submitted as ID and address proof, touch points to ensure that first 8 digits are properly masked and only last 4 digits are visible

Note: -

Fields marked with "*" are mandatory to be filled if the request is submitted for individual assignment/ re-assignment to an individual. If any of the fields are not filled the request will not be accepted

	•	he	rein	for	nec	essar	y do	cun	nenta	tic	on re	equi	red t	o be	sub	mitt	ed to	or oti	ner t	ypes	٠.	assigi	men	ι																	
Assig	nor D	et	ails	<u>:</u>																																					
*Poli	y Nur	mb	er:																					*R	leque	est s	ubn	nissi	on [ate	: [0 0		VI	M	Υ	Υ	Υ	′ Y	,	
*Nan	ne (Mi					./Ma	ster/	Otł	ner):	F	I	R	S	Т								N	1 1	D	D	L	E				L	А	S	Т							
*Mai	(San den N			D Pro Ms./I		Othe	r):	F		R	S	 								М		D		TE					L	A	S	T									
	oplica er's N							F		R									M		I	D L											A	S							
	her's		•	-	-		•):):	F	ᆜᅳ	ᆜ는	۲,]] [T						M	_	D	۲,	JL E												s T					
	use Na									F	ᆜᅳ	ᆜ느	S							<u></u>	_	D C		E										╬		T T		! 			
*Pro	of of ic	der	ntity	and	ado	dress	(Plea	ase	ment	_					num	ber	of the	e pro									JL	JL			_		ا	_الــ		ШL	L		_		
□ A-	Passpo	ort	Nu	mbe	r							B-Vo	oter I	D ca	rd _					_ 🗆	C-I	Drivin	g Lice	nse								_ 🗆	D-N	REG	A Jo	ob (Card	i			
□ E-	Natio	nal	l Po	pulat	ion	Regis	ter l	ette	er											_ 🗆	F-I	Proof	of po	sses	sion	of A	adh	aar^													
L	A	J	D	M	А	R	K																С	I	Т	Υ	/		Г	0	W	N	/	V			L	L	А	G	Е
D	I S	5	Т	R	I	С	Т		Р		I	N	/	Р	0	S	Т	С	0	D	E		S	Т	А	Т	Е			U	Т	С	0	D		E					
* Cur	rent a	dd	lres	det	ails																																				
☐ Sa	ne as	m	enti	one	d ab	ove (In su	ich	cases	ac	ddre	ss d	etails	as b	elov	w ne	ed n	ot to	be p	orovio	dec	d)																			
□ A-	Passpo	ort	Nu	mbe	r							B-Vo	oter I	D ca	rd _							Drivin										_ 🗆	D-N	REG	A Jo	ob (Card	i			
□ E-	Natio	~~!	l Poi	pulat	ion	Regis	iter l	ette	r۹																																
		IIdi			. —	_											7	7			, - i	Proof	of po	sses	sion	of A	adh	aar^							-				1		
		IIdi																				Proof	of po	sses	sion	of A	adh	aar^													
																						Proof		sses	sion		adh														
	A		D	M	A	R	K																C]]] T						W	N	/	V			L	L	A	G	
D	A N		D	M	I	С	K		P			N		P	0]]] S			0	D			C	I T	T	Y	/ /			 	W	N C	/	V] [] E		L] [A	G]
Proc	A N	oos:	D T	M R	I	С	K T	cluc	P	ad			/ /d, Aa		ar le		, e-A			D			C S I mas	T	T	Y	/ /				_	=	/					L] [A	G]
^Proc	A N	oos:	T sess	M R	I	С	K T ar inc	cluc	P Pales Aa	ad ent			d, Aa		ar le	tter	, e-A PIO		ar, n	D D-Aac			C S mas	T	T A Aadl	Y	/ /				_	=	/ 0					L] [A] G]
^Proc *Res *#Nat	A Note that I see that	oos: Sta	D T ssess atus:	M R sion o	of Aa	Cadha	K T ar ind	cluc	Peles Aaeside	ad ent	in/ I	r Car Fore	ign I	adha	ar le	tter	, e-A PIO Forei	adha gn N	ar, n	D n-Aac]] E		C S mas		A Aadlident	Y Thaaar	/ / E]]]]]]]]]]]]]]]]]]]		U	Т	С		D]
^Proc *Res **Nat *Non Conta	A Note of positional increase and the contract Decrees the contract of the con	oos: Sta ity:	T Tssess atus : :nt Ir	M R R sion of the side of the	of Aa	c adha	K T C C of I	cluc	Pedes Aaeside	ad ent rig	in/ I	r Car Fore fore	ign I	adha	ar le onal ber i	tter	, e-A PIO Forei n FAT	adha gn N CA/	ar, n	n-Aac]]] Iha	nar and	C S I mas	T sked Resi NRI	A Aadlidentired	Y Thaair t Co	// / E	Ty	if N	atio	T	c ty is	sele	D	d o	othe	er th	an I	ndia	n	
^Proc *Res **Nat *Non Conta	A Note of positional increase of the position and increase of the position	oos: Sta ity:	D T ssessatus:	M R R sion o	of Aa	c adhaa ersor nentid	K T E c of I	cluc R I r	P P des Aa eside dian On try co	ad ent rig	in/ I	r Car Fore fore	ign I	adha Natio	ar le onal ber i	tter	, e-A PIO Forei	adha gn N CA/	ar, n	n-Aac]]] Iha	aar and	C S I mas	T sked Resi NRI	A Aadlidentired	Y Thaair t Co	// / E	Ty	if N	atio	T	c ty is	sele	D	d o	othe	er th	an I	ndia	n	
^Proc *Res **Nat *Non Conta Tel. (A Note of positional increase and the contract Decrees the contract of the con	oos: Sta ity:	D T ssess at us:	M R R siion (of Aa	cadha	K T E E of I	cluc 3 R 1 Ir ndi	Pedes Adeside	ad ent rig	in/ I	r Car Fore fore	ign I	adha Natio	ar le onal ber i	tter I I cun men	e-A PIO Forei n FAT tione (Res)	adha gn N CA/ ed)	atio	D D n-Aac	l l l	nar and	C S I mas	T Sked Resi NRI	A Aadliden	Y T T T T T T T T T T T T T T T T T T T	/ / · · · untr	Ty Illed	if N_*N	atic	onali	c c	sele	D	d o	othe	er th	an I	ndia	n	
^Proc *Res **Nat *Non Conta Tel. (*Ema	A Note of positional increase of the control of the	oos: Staity: der etai	D T ssesssatuss:	M R sion o	of Aa	cadha	K T E C of I	cluc 3 R 3 Ir ndi	P P P P P P P P P P P P P P P P P P P	ad ent rig	in/ I	r Car Fore fore	the	Natio	ar le onal ber i	tter I I cun men	e-A PIO Forei n FAT tione (Res)	adha gn N CA/ ed)	atio	D D n-Aac	l l l	paar and	C S I mas	T Sked Resi NRI	A Aadliden	Y T T T T T T T T T T T T T T T T T T T	/ / · · · untr	Ty Illed	if N_*N	atic	onali	c c	sele	D	d o	othe	er th	an I	ndia	n	
^Proce *Res **Non Conta Tel. (*Ema Occu Name *Date	A A A A A A A A A A A A A A A A A A A	oos: Sta ity: der etai	sessatus: int Irrilis: (M R R adiar Pleas	of Aa	C C C C C C C C C C C C C C C C C C C	K T E C of I	cluc 3 R 3 Ir ndi	P P P P P P P P P P P P P P P P P P P	ad ent rig	in/ I	r Car Fore fore	the	Natio	ar le	ttter I I Cun men Fel.	re-A PIO Forei n FAT tione (Res)	adha gn N CCA/ ed)	ar, n	nal Que:	ll	ponnaii	C S I mass	T sked Resi NRI requ	A Aadlidentiired	Y T Talanti Co	/ / / untr oe fil	Ty	if N_*N	atic	T pnali	c ty is	sele	ecte	d o	the	er th	an I	ndia	n	
^Proc *Res **Non Conta Tel. (*Ema Occu Name *Date	A N S S S S S S S S S S S S S S S S S S	oos: Staity: der etai	D T Ssess atus : : : : : : : : : : : : : : : : : : :	M R R sion of the	of Aa	C C C C C C C C C C C C C C C C C C C	K T T ar inc	ccluc l R l Ir ndi	P P P P P P P P P P P P P P P P P P P	ad ent rig	in/ I	r Car Fore fore	the	Natio	ar le	ttter I I Cun men Fel.	re-A PIO Forei n FAT tione (Res)	adha gn N CCA/ ed)	ar, n	nal Que:	ll	aar and	C S I mass	T sked Resi NRI requ	A Aadlidentiired	Y T Talanti Co	/ / / untr oe fil	Ty	if N_*N	atic	T pnali	c ty is	sele	ecte	d o	the	er th	an I	ndia	n	
^Prouse *Ress ***Nat *Non Contact Tel. (*Ema Occu Name *Date *PAN (*It i	A N Sof of podent donali Resident De Off) il id poation e of the No/ F s man	oos: Staity: der etai	sessatus: : nt Irr ills: (M R R sion of the	of Aa	C C C C C C C C C C C C C C C C C C C	K T T ar inc	ccluc l R l Ir ndi	P P P P P P P P P P P P P P P P P P P	ad ent rig	in/ I	r Car Fore fore	the	Natio	ar le	ttter I I Cun men Fel.	re-A PIO Forei n FAT tione (Res)	adha gn N CCA/ ed)	ar, n	nal Que:	ll	ponnaii	C S I mass	T sked Resi NRI requ	A Aadlidentiired	Y T Talanti Co	/ / / untr oe fil	Ty	if N_*N	atic	T pnali	c ty is	sele	ecte	d o	the	er th	an I	ndia	n	
^Proof *Res ***Nat *Non Conta *Tel. (*Ema Occu Namu *PAN (*It i *Ban *Ban *Ban *Ban *Ban *Ban *Ban *Ban	A No Soft of position of the control	oos: Sta ity: etai n: irth for ida ail:	D T ssesssatus: : int Irr fils: (Organ: : rm 6 ttory	M R R Sision of the sister of	I Person	C C C C C C C C C C C C C C C C C C C	K T T C C C C C C C C C C C C C C C C C	cluc l R l Ir ndi	Peles Adeside adian Or Control of the Period	ad ent rig ode	e bet	Fore	the	Natic	ar le	ttter cun men fel.	, e-A PPIO Forei FAT ttione (Res)	adha gn N CCA/ ed) and r	ar, natio	nal Que:	dut	aar and tites:	I mass	T Sked Resi NRI requ	Aadlidentiired	y y Tanaari t Co	/ / / untr pe fill	Ty	if N	atic	T nali	ty is	sele	ecte	d o	vthe	er th	an I	ndia	n	
^Proof*Res***Natt *Nontcontail.(*Ema Occu Name *PAN (*It i *Ban Accol	A N Sof of podent donali Resident De Off) il id poation e of the No/ F s man	Statity: Sta	D T ssess atus : nt Ir ilis: (Orga tory ss: ler N	M R R Sion of the	I Person	C C C C C C C C C C C C C C C C C C C	K T T C C C C C C C C C C C C C C C C C	cluc l R l Ir ndi	Peles Adeside adian Or Control of the Period	ad ent rig ode	e bet	Fore	the	Natic	ar le	ttter cun men fel.	, e-A PPIO Forei FAT ttione (Res)	adha gn N CCA/ ed) and r	ar, natio	nal Que:	dut	ties: _	C S I mass	ked Resi NRI requ	Aadlidentiired	Y Transarit Co	// / E	Ty	if N	atic	T nali	ty is	sele	ecte	d o	vthe	er th	an I	ndia	n	

☐ Absolute Assignment	□ Cond	ditional	Assig	nmen	t																						
Reason for Assignment/Reassignment:																											
☐ Financial needs/ Loan ☐ With Consideration Amount			(to b	e fille		ancia	ıl nee		oan	is se	lecte	ed)		•										by cı		ner	
☐ Any other (provide details) Executed on this	day of					_, 20)						_at _														
Future premiums to be paid by:																											
Fresh Board Resolution is required signed by authorized signatory in case condition of assignment is being modified **Such assignment is generally executed in favor of a blood relative which shall mean and include only the father, mother, spouse and children of the Assignor																											
Assignee Details:																											
*Name (Mr./Mrs./Ms./Dr./Master/Other): (Same as ID Proof)	FI	R S	Т						M	I	D	D	L	Е				L	A .	S	Т						
*Maiden Name (Ms./Dr./Other):	RS	Т					M	1 [D	L	Е					L	А	ST	-								
(Applicable only for females) *Father's Name (Mr./Dr./Other): F	RS	T				M		D	L	E										A	S	Т					
*Mother's Name (Ms./Mrs./Dr./Other):	FI	R S	Т				М	I	D	L	E								Ī		А	S	Т				Ī
*Spouse Name (Mr./Ms./Mrs./Dr./Other):	FI	R S	Т				М	I	D	L	Е									A	S	Т					
Assignee is (please tick one):		□ ві	ood R	elativ	e								l Re	gula	ted I	nsti	tutio	on (by	v RE	31/ 5	SEBI	ı/ IR	DAI	/ Oth	er)		
☐ Non-Regulated Institution/ NGO/ Trus					ganizat	tion							l Otl					(,	,		,	,		,		
*Proof of identity and address (Please men					_		subr	nitted	1)																		
☐ A-Passport Number	🗆 B-V	oter ID	card _															[] D-	-NR	EGA	Job	Car	.d			
☐ E- National Population Register letter							[∃ F-Pi	oof	of po	sses	sion	of Aa	dha	ar^			_						,			
															Ļ				Ļ		_		L				
								_									Ļ				_		Ŀ				
L A N D M A R K										С		T	Y	_	T	0					V	1			A	G	E
	IN		РО	S	ТС	0	D	E		S	L	A	Т	E	/	U	T	С		0	D	Е	L				
* Current address details ☐ Same as mentioned above (In such case	address	details a	s belo	w nee	ed not t	o be	prov	ided)																			
☐ A-Passport Number	□ B-V	oter ID	card _				[C-D	iving	Lice	nse] D-	-NR	EGA	Job	Car	·d			
☐ E- National Population Register letter				□ F-P	roof of	poss	sessio	on of	۹adh	aar^																	
LANDMARK										С	I	Т	Υ	/	Т	0	W	/ N		/	V	I	L	L	А	G	Е
DISTRICT	l N	/	РО	S	Т	0	D	E		S	Т	А	Т	Е	/	U	Т	С	(О	D	Е					
				□ PI								dent	Cou	ıntr	/												
*Resident Status:					roian I		nnal				NRI																
*#Nationality:		oian Na	**Nationality:																								
*#Nationality:	rigin/ For	_		l cum	FATCA,	/ CRS		estior	nair	e is r	equ	ired i	to b	e fill	ed if	Nat	iona	ali ty i	s se	elec	ted	oth	er t	han I	ndia	า	
**Nationality:	rigin/ For code bef	ore the	numb	l cum er me	FATCA, entione	/ CRS d)	S Que																				
**Nationality:	rigin/ For code bef	ore the	numb	l cum er me	FATCA, entione	/ CRS d)	S Que																				
**Nationality:	rigin/ For	ore the	numb Te	l cum er me	FATCA, entione s)	/ CRS d)	S Que																				
**Nationality:	rigin/ For code bef	ore the	numb Te *	l cum per me el. (Re Gende	FATCA, entione s) r:	/ CRS d) M - I	G Que	□ F	 - Fer	nale		 	rans	gen	der	*Mc	bile										
**Nationality:	rigin/ For code bef	ore the	numb Te *0	l cum per me el. (Re Gender	FATCA, entione s) r:	/ CRS d) M - I ob Tit	Male	☐ F	- Fer	male of di	uties	T - T	rans	gen	der	*Mc	bile										
**Nationality:	rigin/ For code bef	ore the	numb Te *0	l cum per me el. (Re Gender	FATCA, entione s) r:	/ CRS d) M - I ob Tit	Male	□ F	- Fer	male of di	uties	T - T	rans	gen	der	*Mc	bile										
**Nationality:	rigin/ For code bef	ore the	numb Te *0	l cum per me el. (Re Gender	FATCA, entione s) r:	/ CRS d) M - I ob Tit	Male	☐ F	- Fer	male of di	uties	T - T	rans	gen	der	*Mc	bile										
**Nationality:	rigin/ For code before Y Y Y	ore the	*C	l cum per me el. (Re	FATCA, entione s) r:	/ CRS d) M - I	S Que	□ F nd na *Inco	- Fer ture me P	male of do	uties	T - T	rans	geno	der	*Mc	bile										
**Nationality:	rigin/ For code before Y Y Y	ore the	*C	l cum per me el. (Re	FATCA, entione s) r:	/ CRS d) M - I	S Que	□ F nd na *Inco	- Fer ture me P	male of do	uties	T - T	rans	geno	der	*Mc	bile										
**Nationality:	rigin/ For code before Y Y Y	ore the	*C	l cum ver me el. (Re	FATCA, entione s)	/ CRS	S Que	□ F	Fer ture me P	male of di	uties	T - T	rans	geno	der	*Mc	bile										
**Nationality:	rigin/ For code before Y Y Y	ore the	*C	l cum ver me el. (Re	FATCA, entione s)	/ CRS	S Que	□ F	Fer ture me P	male of di	uties	T - T	rans	geno	der	*Mc	bile										
**Nationality:	rigin/ For code before Y Y Y	ore the	*C	I cum le	FATCA, entione s)	/ CRS	Male an	□ F	- Fer ture me P N T	roof lame	uties e of t	T - T	rans ank nt: _	gen	der	*Mc	bile										
**Nationality:	rigin/ For code before the cod	ore the	*C	l cum lever me leter, ce letter, ce letter, ce letter, ce letter, ce letter	FATCA, entione s)	/ CRSd) M - I	Male and m-Aa	□ Find na *Inco dhaa	- Fer ture me P N T	roof lame	uties of A Code ked	T - T :: the B ccou :: Aadh	rans ank nt: _	gen(der	*Mc	bile	0	the								
**Nationality:	rigin/ For code before the cod	ore the	*C	l cum per mee lel. (Re	FATCA, entione s) Jo	/ CRSd) M - I bb Tiff	Male an m-Aa	□ F nd na *Inco dhaa	- Fer ture me P T III	male of di	of the code code code code code code code cod	T - T :: the B ccou :: Aadh	rans ank nt: _	geno	der	*Mc	bile	00 00	othe	ers _							
**Nationality:	rigin/ For code before the cod	ore the	*C	l cum per mee lel. (Re	FATCA, entione s) Jo	/ CRSd) M - I bb Tiff	Male an m-Aa	□ F nd na *Inco dhaa	- Fer ture me P T III	male of di	of the code code code code code code code cod	T - T :: the B ccou :: Aadh	rans ank nt: _	geno	der	*Mc	bile	0	othe	ers _							
**Nationality:	rigin/ For code before the cod	ore the	*C	l cum per mee lel. (Re Gender Http://den.	FATCA, entione s) Jo	/ CRSd) M - I bb Tiff	Male an m-Aa	□ F nd na *Inco dhaa	- Fer ture me P T III	male of di	of the code code code code code code code cod	T - T ::	rans ank nt: _	geno	der	*Mc	bile	00 00	othe	ers _							
**Nationality:	rigin/ For code before the cod	ore the	*C	l cum per meer meer meer meer meer meer meer m	FATCA, entione s) Jo	/ CRS	Male an m-Aa	□ F Inco	- Fer ture me P N T I I I I Oouse	male of di	uties of A Code ked	T - T :: :he B ccou :: Aadh Son Lend	rans ank nt: _ naar er/ I	gender General Control of En	aug owe	*Mc	/ Ad	O	the Sold Services	ers _	ety						-
**Nationality:	rigin/ For code before the cod	Ind, Aad	*C	l cum per me l. (Re Gender HI Othe	FATCA, entione s)	/ CRS d) M - I bb Tiff aaar, I peciff	Male and Male are aving aving uest	□ F nd na *Inco dhaa □ S HUF Perso g rea shall	- Fer ture me P N T and	male of di roof	uties e of 11 Code ked	T - T - T - T - T - T - T - T - T - T -	rans ank nt: _ naar er/ I	general genera	Daug Daug Daug Daug Daug Daug	*Mc	/ Ad	O C	the Se	ers _ ocie	ety	ons,	, ins	struc	tions po	/not	ices
**Nationality: Indian *Non-Resident Indian/ Person of Indian C Contact Details: (Please mention country Tel. (off) *Email id *Date of Birth: D D M M Y Y Occupation: Name of the Organization: *PAN No/ Form 60: (*It is mandatory to provide PAN No./ Form to provid	rigin/ For code before code code before code code code code code code code cod	loyee	*C *C hand according to the control of the control	l cum per me el. (Re Gendel HI Othe No	FATCA, entione s)	/ CRS d) M - I bb Tiff aaar, I pecif	Male the arm-Aam-Aam-Aam-Aam-Aam-Aam-Aam-Aam-Aam-Aa	□ F nd na *Inco *Inco By HUF Perso g rea shall includes	- Fer ture me P N T and	male of di roof	uties of fi	T - T - T - T - T - T - T - T - T - T -	rans ank nt: _ naar er/ I	general genera	Daug Daug Daug Daug Daug Daug	*Mc	/ Ad	O C	the Se	ers _ ocie	ety	ons,	, ins	struc	tions po	/not	ices
**Nationality:	rigin/ For code before the consecutive policy as policy	ore the	*C	l cum per me l. (Re Gender HI Othe No Rereby ting out	FATCA, entione s)	/ CRS d) M - I bb Tit	Male arm-Aa avinguest quest the r	□ Fond na *Inco dhaa □ Sp HUF Perso g rea shall inclue notice	- Fer ture me P N T and	male of di roof	uties of fi	T - T - T - T - T - T - T - T - T - T -	rans ank nt: _ naar er/ I	general genera	Daug Daug Daug Daug Daug Daug	*Mc	/ Ad	O C	the Se	ers _ ocie	ety	ons,	, ins	struc	tions po	/not	ices
**Nationality:	rigin/ For code before the consecutive as above as a source code before the consecutive as above as a source code before code to the code of the code	ore the	*C *C *C arisii e deta	l cum per me l. (Re Gender HI Othe No Rereby ccept the good	FATCA, entione s)	/ CRS d) M - I Db Tit aar, r mbe peciff rm h / req d in e assi	Male arm-Aa avinguest the r	□ Fr nd na *Inco dhaa □ Sr HUF Perso g rea shall inclu notice ent.	- Fer ture M T I I I I I I I I I I I I I I I I I I	male of di roof	uties e of f	T - T - T - T - T - T - T - T - T - T -	rans ank nt: _ naar er/ I d al accc t or	geno	der der daug owe mplo	*Mc	/ Ad	O C	tthe Send	condand col	ety	ons,	, ins	struc of the	tions po	/not	ices

Vernacular Declaration: To be filled in case policyholder's signat	cures is in the form of a thumb impression	on (left thumb) or in a vernacular language:	
I hereby declare that, I have fully explained the contents of the fully understood by the Applicant/Policyholder and the replies replies as per the information/instruction provided by the Applic	have been recorded by the Applicant/P	Policyholder in language. I have record	led the
Name of Declarant:			
Date: DD-MM-YYYY Place:	Signature:	<u></u>	
Witness Details			
Full Name of the Witness:			
Address of the Witness:			
Signature:			
Date: Place:			
Terms and Conditions			
 Term 'Assignor' stands for the current policyholder who in assigned; 	tends to assign the policy and 'Assignee'	e' stands for the person in whose favour the policy is to b	be
 In case the Assignee is a Tax Resident of a country other than 	n India, the FATCA / CRS Questionnaire sh	hould be submitted;	
In case the Assignee is a minor, the legal/natural guardian of	_		
 The Surrender and Cash Withdrawals (wherever applicable) v PMLI may reject the request for endorsement of Assignmen 			~~
 PMLI may reject the request for endorsement of Assignmen reasons for such rejection. The policyholder may approach la such rejection; 		, , ,	•
 If the policy is assigned to a lender to secure a loan, then policy, is repaid. The lender may surrender/foreclose the policy 	icy in case of any non-repayment or NPA l	by the assignor;	
 The Assignor with suitable concurrence from the Assignee Assignor; 			
Re-assignment of your policy shall be made by a separate in: make the re-assignment;	·		
 In case of Assignment, please ensure that a fresh nomination automatically cancelled by virtue of Assignment; 	is registered by the assignee by submitt	tting a fresh nomination form, as the original nomination ge	ts
In case of re-assignment, if no new nomination is given, nom	inee details as available in PMLI records v	would be considered;	
In case premium is being paid by assignee, existing Direct I through Direct Debit he/she need to provide freeh Direct Debit Debit he/she need to provide freeh Direct Debit	, ,,	ncelled. In case the assignee wants premium to be deducte	∍d
 through Direct Debit, he/ she need to provide fresh Direct De Any matter written in vernacular should have the English train 		ttested in the manner give n above:	
The Company expresses no opinion as to the legality or validity.		ttested in the marine. give it daste,	
• In case the request for assignment/ reassignment is received	via email/other digital modes, the assign	nor has to hand over the policy document to the assignee an	ıd vice-
versa; • Policy servicing charges may be levied as applicable.			
Assignee Declaration I hereby declare that the details furnished above are true and commediately. In case any of the above information is found to be			
consent to receiving information from CKYC Registry through SM			•
Date: Signature of Assignor:		Signature of Assignee:	
Place:			
To be filled by Branch Services - Mandatory			
Request received from □ Customer □ Customer Represer	ntative Bank Courier		
Form Received By: Employee Name:	Employee ID:	Employee Signature:	
Request Received date at Branch: DD-MM-YYYY	Request received Time at Branch: HH:N		- ¬
nequest neceived date at branch. DD-MW-11111	request received fille at branch. nn.iv	Branch Seal	
	3<		
8	Acknowledgement Slip		
Received a request for	against Policy/Solut	ition No:	
Onat			
Received By: Employee Code			
		[—
		Branch Stamp	
Registered office: Unit No. 701, 702 & 703, 7th Floor, West Wing			

Techniplex -1, Techniplex Complex, Off Veer Savarkar Flyover, Goregaon (West), Mumbai – 400062. Phone: +91-22-41790000, Fax: +91-22-41790203