

If yes, please provide details

Signature of the Assignor

NOTICE OF ASSIGN	NMENT - DEBTOR C	REDITOR			
POLICY DETAILS					
Policy Number			Date		
Name of Policy Holder (i.e.	Assignor/Debtor) Mr./Mrs./N	M/S			
Address*					
			Pin Code		
Contact No. (Office)		Residence)	Mobile		
Email Id					
				of Assignor) holder of the	
Insurance policy, have read the above policy to:	l and understood the Instruc	tions mentioned, and hereb	y give you notice to assign t	he rights and benefits of	
DETAILS OF THE ASSIGN	NEE				
Name of Assignee					
Status 1. Bank /Financial	Institution				
2. Others					
Address of Assignee					
		Din Codo			
Contact No.* (Office)				Mob*(Mandatory)	
	,	•		,	
Nationality Resident In			National (Nationality)		
Residence for Tax Purposes			es' then FATCA & CRS -Self (
mandatory completed. For	the purpose of taxation, I ar	m a resident in the following	countries and my Tax Identif		
·	vailable (Kindly fill the detail		,		
Country/ countries of Tax residency	Address in the jurisdiction for Tax Residence	Tax Identification Number (TIN)/Functional equivalent Number	TIN/ Functional equivalent Number Issuing Country	Validity of documentary evidence provided	
Tax Residence. Since US ta USA. Tax Identification Num has issued a high integrity n of that type of number for in resident registration number Are you associated or have	exes the global income ofits on the global income of the character of the global income of the beautiful of the global include, a social sector)	citizen, every US citizen of we reported ifit has not been is yel ofidentification (a "Functicurity insurance number, citicular party or politician or h	ourposes in jurisdiction(s) outs whatever nationality, is also a sued by the jurisdiction. How onal equivalent"), the same material identification of such distribution of such distribution in materials.	resident for tax purpose in ever, if the said jurisdiction nay be reported. Examples services code/ number and	

Terms & Conditions:

INSTRUCTIONS / NOTICES:

- 1. All the information is to be filled in **BLOCK LETTERS**.
- 2. All fields are mandatory.
- 3. The term Assignor stands for the current Policyholder, who intends to assign the Policy, whereas the term Assignee stands for the person in whose favour the Policy is to be assigned.
- 4. This assignment shall not be effectual against the Company unless this Assignment Form is duly completed and delivered, accompanied by the original Policy Bond to the Company.
- 5. In case of assignment in favour of a financial institution/bank/other entities, the financial institution/bank should affix its stamp and should be countersigned by its authorised signatory.
- 6. In case of assignment to third party/(ies), other than banks/financial institutions, the Assignor should submit identification proof, residential proof and income proof of such third party.
- 7. The witness should be a person competent to contract.
- 8. 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.
- 9. The Company is entitled to charge a fee of Rs. 50 (for policies issued through electronic mode) & Rs. 100 (for other than electronic mode) for granting written acknowledgment of the receipt of notice of assignment or transfer of policy.
- 10. This form shall be ineffective if the policy is issued under Section 6/ Section 5 of Married Women's Property Act (MWPA), 1874.

ENDORSEMENT OF THE POLICY DOCUMENT SI	GNIFYING ASSIGNMENT OF BENEFITS UNDER THE POLICY
Policy No	
I/We,	the within name holder of Future Generali India Life Insurance
Company Limited Policy No	for valuable consideration of ₹
(Rupees) hereby assign and transfer all my rights, title and interests
in the within written policy and the money secured to	
whose address is	
and his/her successors,	effective from and declare that
the receipt of the said person or his/her successor or assigns	s shall be a good and valid discharge for all monies payable under the policy.
Signature of Assignee^	
Date	
Place	Signature of Assignor/ Policyholder^
Witness	
The assignor has executed the endorsement on the policy. T	he signature/thumb impression is of the assignor and he/she has affixed it in
my presence on the date and time stated above.	
Name of Witness	
Occupation	
Address	
Signature of Witness	
Declaration when the policyholder has affixed his/her th	numb impression or has signed in a language other than English
I hereby declare that I have explained the contents of this for	rm to the assignor in language and that
the assignor has affixed his/her signature/ Thumb impression	n on the form in my presence, after fully understanding the content thereof.
Signature of the person making the declaration	