kotak® Life Insurance

A JOINT VENTURE WITH OLD MUTUAL | plc

Zindagi se ek kadam aagey

ASSIGNMENT FORM

INSTRUCTIONS

1. Please fill this form in BLOCK LETTERS using black or blue ink. The term Assignor stands for the current owner of the policy and the term Assignee stands for the person in whose favour the policy is being assigned.
2. Only absolute assignment is permited by the company.Conditional / Partial assignment is not permissible.
3. A third party major, other than the Assignor and the Assignee ,must witness the signatures(s) and /or thumb impressions
4. The assignment of a policy shall automatically cancel any nomination made in the policy, except where the policy is assigned to the insurer,in which case the Nominee's right shall be affected to the extent of the insurer's
5. In case of Re-assignment ,please ensure a fresh nomination is registered by the assignee
6. This assignment form must be sent to " Kotak Life Insurance", The Policy Servicing Department, 5th Floor, Kotak Infiniti, Building No 21, Raheja Infinity Park, Off Western Express Highway, Goregaon Mulund Link Rd, Malad (E) , Mumbai-400097, India
7. This form shall be accompanied by the original policy document in respect of which the assignment is made
8. This assignment shall not be effectual against the Company unless it is duly completed and delivered to Kotak Mahindra Old Mutual Life Insurance Limited
9. Please submit recent passport size photo, photo identity, address proof of Assignee. and income proof (in case of total annual premium payable by the assignee is Rs.1 lac or more) along with the assignment form, except in case of assignment to banks / recognized

Recent passport size photo of the assignee (for individuals only)

GENERAL INFORMATION

Policy No

Premium(p.a) Rs.

Sum Assured(Rs.)

PARTICULARS OF THE ASSIGNOR

Title(Mr./Ms./Mrs.) Surname First name Middle name

Correspondance Address :- ☐ **Office** ☐ **Residence**

City/Village

State Pin Code

Telephone Numbers (With STD Codes)

Residence

Office

Mobile

E mail

Signature of the Assignor :
(In case of Bank/FI/Company,please affix company stamp counter signed by authorized signatory)

I, _____, as the beneficial owner of the above named policy do hereby absolutely and irrevocably transfer and assign the rights and benefits of the said policy to the Assignee named below and I hereby give you notice of the same. I hereby declare that the Assignee'sreceipt of the benefits under the Policy shall be a valid and sufficient discharge of Kotak Mahindra Old Mutual Life Insurance Ltd. I understand that, by virtue of the assignment, the assignee has the right to give fund switch request in the policy."

CONSIDERATION (if any)

Please select the applicable options

* Assignment out of love and affection
  - Assignment to blood relative/spouse
  - Assignment to others

* Assignment for a valuable consideration of Rs _____ (consideration amount is mandatory)

Purpose of the Assignment-_____(e.g. loan,other financial obligation)

PARTICULARS OF THE ASSIGNEE

Client ID (If Existing Customer)

Title(Mr./Ms./Mrs.) Surname First name Middle name

Correspondance Address :- ☐ Office ☐ Residence

City/Village

State Pin Code

Telephone Numbers (With STD Codes)

Residence Office

Mobile E mail

Relationship to Assignor _____

Date Of Birth of Assignee
(Only For Individuals) D D M M Y Y Y Y

Signature of the Assignee :
(In case of Bank/FI/Company,please affix company stamp counter signed by authorized signatory)

Details of the Assignee : (The below details are mandatory except in case of assignment to Bank /FI)

Occupation	☐ Salaried	☐ Agriculturist	☐ Housewife	☐ Retired/Pensioner
	☐ Student	☐ Business Owner	☐ Self Employed	☐ Others (please specify)
Identity Proof	☐ Passport	☐ PAN Card	☐ Voter's identity Card	☐ Others (please specify)
Address Proof	☐ Telephone Bill	☐ Ration Card	☐ Electricity bill	☐ Others (please specify)
Income Proof (For Premium >= 1 lac.)	☐ Form 16	☐ ITR	☐ Bank Statement	☐ Others (please specify)
Future premiums will be paid by		☐ Assignee	☐ Assignor	

Dated this _____- day of _____,20 _____.

PARTICULARS OF WITNESS

Address :-

City/Village

State Pin Code

Telephone Numbers (With STD Codes)

Residence Office

Mobile E mail

Signature of the Witness :
(In case of Bank/FI/Company,please affix company stamp counter signed by authorized signatory)