

# PARTIAL ASSIGNMENT DEED ADDENDUM



LIFE INSURANCE

I, \_\_\_\_\_ the holder of Life Insurance Policy No. \_\_\_\_\_ issued by Canara HSBC Life Insurance Company Limited ('the Company') do hereby partially transfer and assign the right and benefits of the Policy in favour of (hereby jointly referred to as "Partial Assignees")

\* Please update your latest Bank Account details with us.\*

## Partial Assignee Details (In case of additional Partial Assignees, separate sheets may be filled in)

Name \_\_\_\_\_

Father's Name/Husband's Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

\*Mobile Number \_\_\_\_\_

\*Email ID \_\_\_\_\_

Date of Birth  /  /   Gender  Male  Female  Smoker  Yes  No

Education  Illiterate  Primary School  High School  Graduate  Post Graduate  Professional

Marital Status  Single  Married  Widow(er)  Divorcee

Occupation of Assignee \_\_\_\_\_ Job Title \_\_\_\_\_

Name of Company \_\_\_\_\_ Nature of Business \_\_\_\_\_

Nationality \_\_\_\_\_  Indian  Foreign National

Residential Status  Resident  \*\*Non Resident  PIO

\*\*Country of Residence \_\_\_\_\_ (Mandatory to provide for Non-resident status & depending on the Country of Residence, further document may be raised/required)

Are you making the request while you are in US.  Yes  No

CKYC No \_\_\_\_\_

\* - Details are mandatory to be filled.

\*\* - If Residential Status is Non Resident or Country of Residence is other than India then please submit FATCA/CRS Questionnaire available on our website.

## Bank Account Details of Assignee

Bank Name \_\_\_\_\_

Bank Branch Address \_\_\_\_\_

Bank Account Type  Savings  Current **(Is the selected account NRE\* :  Yes  No)**

Bank Account Number \_\_\_\_\_ MICR Code \_\_\_\_\_

IFSC Code \_\_\_\_\_ \*PAN Card Number \_\_\_\_\_

Photograph of Assignee  
(Mandatory if  
annual premium is  
more than Rs. 10,000)

\*In case of NRE account then please submit FATCA/CRS Questionnaire available on our website.

\*\* - Details are mandatory to be filled.

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(Submit copy of 'Cancelled' cheque (with account number/account holder name 'printed') or Self-attested copy of passbook (with account number and account holder name 'printed') or Self-attested Bank Statement. In case of NRE payment either bank statement reflecting transactions of the premium paid from NRE account or a declaration to this effect from the Bank is mandatory)

**Relationship of Transferee/Assignee with Transferor/Assignor** (Specify blood relatives/spouse/creditor): \_\_\_\_\_

**Antecedents of the Assignee/Previous Assignees** (Applicable if the Policy been assigned before): Name \_\_\_\_\_

Nationality \_\_\_\_\_ Occupation \_\_\_\_\_ Telephone Number \_\_\_\_\_

### Future premiums payable by Assignee

(Note that where future premiums are paid by Assignee, Assignee is required to provided duly filled up Payor Form)

Yes  No

**List of documents to be submitted for KYC of the Transferee/Assignee** (In case Assignee is an individual, the Assignor is required submit KYC documents of the Assignee along with this assignment form.)

Identity Proof  Passport  PAN Card  Voter's ID Card Others \_\_\_\_\_

Address Proof  Telephone Bill  Electricity Bill Others \_\_\_\_\_

Income Proof and/or Proof of Source of Funds \_\_\_\_\_

(All the supporting proof/s & document/s submitted along with this deed have to be self-attested along with attestation by a Gazetted officer as specified by Government of India/Authorized personnel of our company (including our Corporate Agents) /Branch Manager of a Nationalized Bank.)

**Is Transferee/Assignee /nominee of the Transferee/Assignee a Politically Exposed Person\*?**  Yes  No

If Yes, please provide details \_\_\_\_\_

(\*Politically Exposed Persons (PEP) are individuals who are or have been entrusted with prominent public functions, for example Heads / Ministers of Central / State government, Senior politicians, Senior government/ judicial / military officers, Senior executive of state owned corporations, Important political party officials & immediate family member of above persons (Spouse, Children, Parents, Siblings, In-laws and close associate of PEPs).

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### Details of Transferee's/Assignee's Nominee (Applicable and Mandatory if Assignment is in favour of Individuals)

Name \_\_\_\_\_ Nominee's relationship with Transferee/Assignee \_\_\_\_\_  
Date of Birth of Nominee \_\_\_\_\_ Percentage of Nomination \_\_\_\_\_  
Name of Appointee (Applicable if Nominee is a minor) \_\_\_\_\_  
Appointee's relationship with Nominee \_\_\_\_\_ Appointee's/ Transferee's Signature \_\_\_\_\_

### Details of Previous Life Insurance Policies Owned by Transferee/Assignee (including Policies assigned in his name)

[If required an additional annexure may be used]

Policy Number/Life Insurance Company which issued the Policy	Single/Regular	Annualised Premium

### Declaration by Transferor/Assignor and Transferee/Assignee

I understand that only one person will pay the premium irrespective of the number of assignments made \_\_\_\_\_ amongst Assignor/Partial Assignees shall be the only person responsible for paying all the premiums. I understand that the following rights and obligations apply to the Assignor and Partial Assignees:

1. If the Assignor wants to revoke the partial assignment, then he/she will have to revoke it for all the assignments made after submitting a No Objection Certificate (NOC) from all the Partial Assignees and then the entire policy will revert back to the Assignor. If initially while making the partial assignment, 100% of the policy is assigned then in such case Assignor will have no right of revocation.
2. Partial Assignees cannot seek for increase or decrease in sum assured for their individual portions as this feature will apply to the entire policy as per terms and conditions of the policy.
3. If the policy terms and conditions allow partial withdrawal, then a Partial Assignee can seek partial withdrawal subject to obtaining a NOC from the remaining Partial Assignee/s and /or Assignor. Such request shall be applied to the entire policy and evaluated whether such withdrawal will be permissible as per the product terms and conditions. Further if allowed it shall be proportionately applied to the entire policy and will have equal impact on all the proportions.
4. If the policy terms and conditions allow loan on the policy, and a Partial Assignee/Assignor (where he/she retains a portion of the policy) wishes to apply for loan on their portion then NOC will have to be obtained from the rest of the Partial Assignees and /or Assignor. The implications of such loan shall apply on the whole policy and will have equal impact on all the portions irrespective of the fact that others may not have applied for the loan.
5. In case of auto termination, the effect shall be applied equally to all the portions.
6. I/We authorize the Company to seek/ store or/and to share my KYC details from/ with (i) Governmental and/or Regulatory Authority, (ii) Insurance Repositories (iii) CERSAI/UIDAI (iv) reinsurers/group companies/hospital or diagnostic centers/other insurance companies or third parties for underwriting assessment, claim investigation/ settlement, KYC authentication, policy servicing purpose and such like purposes.
7. There are restrictions on requests of Top-ups, Increase or Decrease in Sum Assured, Changes in Funds (including Fund Switch and Redirection), Revival of Policies, any request that results in change of premium or policy feature while the customer is in the US. We reserve the right to restrict any other policy servicing request basis the applicable US Laws. Please contact our call center for further information.

Executed on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ at \_\_\_\_\_



Signature/Thumb Impression of Transferor/Assignor  
Name, Designation and official seal (If Assignee is a company/bank)

Signature/Thumb Impression of Transferee/Assignee  
Name, Designation and official seal (If Assignee is a company/bank)

Date 

D	D			
/	M	M		
/	Y	Y	Y	Y

Canara HSBC Life Insurance Company Limited  
IRDAI Regn. No. 136

Head Office Address: 139 P, Sector 44, Gurugram – 122003, Haryana, India  
Registered Office Address: 8<sup>th</sup> Floor, Unit No. 808 - 814, Ambadeep Building, Plot No.14, Kasturba Gandhi Marg, New Delhi - 110001  
Corporate Identity No: U66010DL2007PLC248825

Call us at 1800-103-0003/1800-891-0003

E-mail us at customerservice@canarahsbclife.in

SMS at 7039004411

Visit our website at www.canarahsbclife.com