

FORM FOR TRANSFER/ASSIGNMENT

(This deed is to be provided on the Endorsement Sheet of the Policy document or on a Non-Judicial stamp paper along with original policy document)

I, the holder of the Life Insurance Policy No. _____ ("**Policy**") issued by Canara HSBC Oriental Bank of Commerce Life Insurance Company Limited ("**Company**") do hereby transfer/assign my rights and benefits under the Policy in favour of

Mr./Ms./M/s. _____ ("**Transferee/Assignee**") as per the terms stated herein.

Type of Assignment (Tick whichever is applicable) Absolute Conditional

Reasons For Transfer/Assignment (Tick any one) a) Out of love and affection; b) Out of valuable consideration of Rs. _____ and c) Others _____

Please update your latest Bank Account details with us.

Details of Transferee/Assignee (Details of Authorised Persons are to be inserted in case Transferee/Assignee is a body corporate)

Name

Father's Name/Husband's Name

Address

Telephone Number

*Email ID

*Mobile Number

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/Duties _____

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

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

** - Details are mandatory to be filled.

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

FORM FOR TRANSFER/ASSIGNMENT

(This deed is to be provided on the Endorsement Sheet of the Policy document or on a Non-Judicial stamp paper along with original policy document)

(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 Transferee/ Assignee ,than Transferee/Assignee is required to provided requisite documents including 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).]

FORM FOR TRANSFER/ASSIGNMENT

(This deed is to be provided on the Endorsement Sheet of the Policy document or on a Non-Judicial stamp paper along with original policy document)

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 the date of receipt of this deed of Transfer/ Assignment by the Company shall be construed as notice under section 38 of the Insurance Act, 1938 (as amended) and the Transferee/Assignee named herein shall be the Transferee/Assignee entitled to benefits under the Policy and be subject to all liabilities and equities to which I was subject to, at the date of Transfer/Assignment in accordance with applicable laws. I further confirm that I am not transferring/assigning the Policy which has been taken under Section 6 of the Married Women's Property Act, 1874.

I declare that I am transferring/assigning the Policy on my own volition and confirm that the Transfer/Assignment is bonafide, in my/policyholder's interest, in public interest and is not for the purpose of trading. I understand that the Company may reject this Transfer/Assignment if any of the foregoing is found to be untrue. I hereby authorize the Company to dispatch the Policy Document, to Transferee/Assignee post registering the assignment in Company's records and to send all future communication to both Transferor/Assignor and Transferee/Assignee.

I understand that in case of conditional assignment, I as an Assignee will not be entitled to obtain a loan on the Policy or surrender the Policy. I hereby declare that the Transferee's/Assignee's receipt of the benefits under the Policy shall be a valid and sufficient discharge of the Company.

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.



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)

FORM FOR TRANSFER/ASSIGNMENT

(This deed is to be provided on the Endorsement Sheet of the Policy document or on a Non-Judicial stamp paper along with original policy document)

Date / /

Declaration if this form is signed in Vernacular/Thumb Impression

I _____ Son/Daughter of _____, residing at _____ hereby declare that the contents of this form have been duly explained to the Assignor/Assignee (Transferor/Transferee) in language understood by them and they have affixed their thumb impression/signatures on this document in my presence, after fully understanding the contents thereof.

Signature of Declarant _____ Name _____ Address _____

WITNESS (Please note that the witness should be major and competent to contract)

The Transferor/Assignor and Transferee/Assignee has executed this deed and the signature/thumb impression is of the Transferor/Assignor and Transferee/Assignee affixed on the date place herein above stated in my presence.

Signature of Witness _____ Full Name _____ Address of witness _____

Date / /

Instructions:

- In case of Partial Assignment, please provide complete details in Partial Assignment Deed Addendum.
- In case auto vesting clause is applicable under your policy and the life assured has attained majority, the request will be processed only after providing specimen signatures as mentioned in any of the following documents- PAN CARD/Passport/Driving License.
- I understand and agree that the submission of this form does not mean that the request will be acceded.
- Kindly fill the form in English.
- In the event of any disagreement in interpreting the language, English version will prevail.
- 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.

Policy/Application Number

/ /

For Office Use Only/

Received By _____

Signature

(Please mention above Employee Bank Staff Name & Designation)

Date & Time of Receipt _____

Date & Time of Dispatch of Request _____

Received Stamp