

Bank account details of Assignee (If Individual)

Bank Account Details

Policy Holder Name as per Bank Records

Bank Name Branch

Bank Account No IFSC Code

*Payment will be credited to the given bank account except in the case where the banks are not participating in Electronic Clearing

Signature of the Assignor

Name
 Date
 Place

Signature of the Assignee

Name
 Date
 Place

Instructions

- All fields are Mandatory
- All the information is to be filled in BLOCK LETTERS.
- 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
- The Assignment of a policy shall automatically cancel any nomination made in the policy, except for assignment in favour of Reliance Nippon Life Insurance Company Limited (wherever applicable) in which case the rights of the nominee would get affected to the extent of the Company's interest in the policy (Section 39(4) of Insurance Act 1938)
- The company expresses no opinion as to the legality or validity of the assignment
- In case of Reassignment to the Life Assured, please ensure that a fresh nomination is made, since the original nomination stood cancelled at the time of assignment
- This Assignment shall not be effectual against the company unless this Notice of Assignment and Endorsement are duly filled and completed in all respects and delivered along with original policy document to nearest branch of Reliance Nippon Life Insurance Company Limited
- In case the Assignment is in favour of a Financial Institution/Bank, please affix stamp of the Financial Institution/Bank and countersigned by the Authorised Signatory
- In case the Assignment is in favour of a relative (i.e. the father, mother, spouse or child of the assignor), documentary proof (preferably ration card) mentioning the relation therein should be produced along with this form
- In case the Assignee is other than a Bank/Financial Institution/Relative, please furnish Identification Proof, Residential Proof and Income Proof of the proposed Assignee
- The witness should be above 18 years of age and competent to contract
- Self-attestation mandatory on KYC & Income Proof for assignor/Assignee
- Post Registrations of Assignment, Assignee has to fill Nomination and bank account details separately
- If Assignee wants to pay premium through our own business/firm's bank account, in that case we need to fill Third Party Declaration Form from customer for our record purpose.
- Source of declaration required -if premium paid through cash or DD

Reliance Nippon Life Insurance Company Limited. IRDAI Registration No: 121. Registered & Corporate Office: Unit Nos. 401B, 402, 403 & 404, 4th Floor, Inspire-BKC, G Block, BKC Main Road, Bandra Kurla Complex, Bandra East, Mumbai - 400051. India. T +91 22 6896 5000. For more information or any grievance, 1. Call us between 9am to 6pm, Monday to Saturday on our Toll-Free Number 1800 102 1010 or 2. Visit us at www.reliancenipponlife.com or 3. Email us at: mnlife.customerservice@relianceada.com. Trade logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited & Nippon Life Insurance Company and used by Reliance Nippon Life Insurance Company Limited under license.

Beware of Spurious / Fraud Phone calls: IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.

Endorsement Form

Policy No.

Date DDMMYY

I/We (name of the assignor) FIRS... MID... L... A... S... T... as the owner/s of the policy no. issued by Reliance Nippon Life Insurance Company Limited on the life of Mr./Mrs. (name of the Life Assured)

with Sum Assured of Rs. ... hereby give you notice that I/We have assigned the said policy to Mr./Mrs./Ms. (name of the assignee) on DDMMYY

Type of Assignment (Select whichever applicable) I/We have Absolutely Assigned the policy to the assignee mentioned above Or I/We have Conditionally Assigned the policy to the assignee mentioned above on the condition that in the event of (state the event on the happening of which, the assignment shall be inoperative) ... the said policy shall revert to me/us without any further act or deed on the part of the said assignee.

Consideration (Select whichever is applicable) I/We have received a sum of Rs. ... as consideration from the said assignee with respect to the referred assignment Or I/We have assigned the policy out of natural love and affection only

Signature of the Assignor Name ... Date DDMMYY

Signature of the Assignee Name ... Date DDMMYY

Signature of the Witness Name ... Date DDMMYY Address ...

Signature of the Declarant Name ... Date DDMMYY Address ...

If the signature is in vernacular language, please complete the following declaration I hereby declare that I have fully explained/translated the contents mentioned in the Assignment form to FIRS... MID... L... A... S... T... and I further declare that he/she/they fully understood the meaning thereof.

Signature of the Declarant (Declarant should not be an employee/advisor of Reliance Nippon Life Insurance) Date DDMMYY

Name & Address of the Declarant FIRS... MID... L... A... S... T... Correspondence Address/ Usual place of residence FIRS... L... A... S... T... F... L... A... T... N... O... BUILDING... ROAD NAME / NO... LANDMARK 1... LANDMARK 2... STATE Pin Code... STD ISD Code... LANDLINE... MOBILE... EMAIL ADDRESS

I hereby confirm that I have been explained the content in ... (Language) and have understood the same.

Signature of the Policyholder Date DDMMYY

We Reliance Nippon Life Insurance Co. Ltd have recorded the assignment of policy no. ... on the life of ... by the policyholder ... with effect from DDMMYY (date of receipt of notice of assignment by the company)

In recording the assignment, the company does not express any opinion on the legality or validity of the assignment. For Reliance Nippon Life Insurance Company Limited Authorised Signatory

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