Cl	Date
Change of ownership Form	
I would request you to change the ownership of policy number	which is currently owned
by in the favor of	Photo of
Details of New proposer	new
Full Name	
Father's Name	
Date of Birth	
Residence Address	
	Pincode Pincode
Landline Mobile	
Email	
PAN Number provided Yes No PAN Number	
Gender Male Female Transgender	
Marital Status Unmarried Married Divorced	
Occupation (Please tick) Salaried Self Employed/Business Unemployed Housewife	Others
Nationality Indian Non-Indian	
Whether the Life to be Insured/Proposer/Nominee(s)/Appointee(s)/Premium payor is/are Politically Exposed	
(*Politically Exposed Persons (PEPs) are individuals who are or have been entrusted withprominent public fumembers or close relatives of the above referred individuals.)	inctions. PEP norms may also be applied to the accounts of the family
Residential status 🔲 Indian 🔲 Non-Resident Indian (NRI) Country, if NRI	
Residence for Tax purposes in Jurisdiction(s) outside India Yes No (If Yes then mandatory to fill the FATCA/CRS declaration)	
If existing client, pls mention client ID	
Reason for change of ownership	
Relation with the existing proposer	
Signature of the Life Assured/ Policyholder	

## AUTHORIZATION OF ALL THE CLASS I LEGAL HEIRS OF THE DECEASED PROPOSER

Full name	Date of birth	Complete Address	Relation with the deceased Proposer	Signature

Note: We, the signatories to the authorisation above do hereby declare that we are the only Class I Legal Heirs of the deceased and are entitled to succeed to the estate of the deceased Policyholder. We hereby declare that the particulars furnished above are true, complete and correct in all respects. In the event any of the particulars is found to be incorrect / false, we undertake to indemnify the Company against all losses, damages, costs and expenses (including the costs of any litigations) that the Company may incur or may be put to as a consequence thereof.

If the	If the signature is in vernacular language, please complete the following declaration																																	
I hereb	hereby declare that I have fully explained/ translated the contents mentioned in the Declaration to																																	
F		R	S	Т																L	А	S	Т											
and I further declare that he/ she/ they fully understood the meaning there of.																																		
Signatu (Declar					emp	oloye	 :e/ a	dviso	or of	f Rel	ianc	e Nip	pon	Life	Insur	ance	e)								D	ate	D	D	$\wedge$	M	Υ	Υ	Υ	Υ
Name & Address of the Declarant																						L	А	S	Т									
Correspondence address/ Usual place of residence								F	ī	R	S	Т				L	А	S	Т			F	L	А	Т		N	0.						
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I hereby confirm that I have been explained the content in (Language) and have understood														d the	san	ne.																		
Signature of the Life Assured/ Policyholder  Terms and conditions  Filling up this form and submitting the same would help the Company in recording the new owner for the above-mentioned Policy  The Proposer of an Insurance Policy is the owner of the Policy (also referred to as the Policyholder) entitled to receive any benefit there under and has the right to carry out any transaction under the Policy.  Change in the Owner is allowed in case of death of the Proposer. The form is to be duly filled and signed by all the Class I legal heirs.  Class I legal heirs are the immediate family members of the deceased person. E.g. As per the Hindu Succession Act, the legal heirs of a man are wife, children and the mother/father.  Where the Life Assured is minor, the New Owner shall remain as the Owner of the Policy only till the Life Assured turns major. The Policy automatically vests in the Life Assured on her/she is becoming major.  In case the Life Assured is selected as the New Owner. Please submit a separate nomination form to enable the company to record the nomination.  All future communications will be sent to the new Owner.  Please submit separate request for bank and Pan details update to receive future benefits in your bank account once ownership is changed  For existing client all communication will be sent to the existing communication details available in records, hence submit a separate request for any modification of contact details (like Address, mobile ,email ) with KYC/ Applicable proof.  FOR OFFICE USE ONLY  Customer has personally visited the branch  Self-attested customer identity proof verified with original.  Documents has to be collected as per checklist																																		
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Policy No Service re		no												Bro	anch	Stam	p an	d Dat	е															ŧ
Name ar	nd Sign	of C	CE																															

Reliance Nippon Life Insurance Company Limited. IRDAI Registration No: 121. Registered Office: Unit Nos. 401B, 402, 403 & 404, 4th Floor, Inspire-BKC, G Block, BKC Main Road, Bandra Kurla Complex, Bandra East, Mumbai - 400051. 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: rnlife.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.