

ABSOLUTE ASSIGNMENT – Key Man

To
The Manager – Policy Servicing
SBI Life Insurance Co. Ltd.
Central Processing Center, 7th Level (D Wing) & 8th Level,
Seawoods Grand Central, Tower 2, Plot No R-1, Sector 40,
Seawoods, Nerul Node, Navi Mumbai – 400 706

Date:

Through _____ Bank.

Dear Sir,

Notice of Assignment of Key Man Insurance Policy No: _____ **On the Life of Mr/Ms** _____ (key man)

I _____ **S/o / D/o** _____, the Director.....of M/s _____ and duly authorized by the Board of Directors vide their resolution dated----- to assign and give the notice of assignment of the key man insurance policy bearing no. -----, issued by SBI Life Insurance Co Ltd, on the life of Sri.....,designation of M/S-----, hereby give you notice that we have assigned the above Policy bearing number-----to the _____ Bank _____ branch, for valuable consideration. The original Policy Document is enclosed herewith.

2. Please acknowledge receipt of this Notice and return the Policy Document to the above bank after registering the assignment in your books.

Yours truly,

Signature of the Authorised Signatory with Stamp

For M/s _____

Date:.....

Name:.....

Address:.....

Encl: Original Policy Document + board resolution

Policy Number..... **On the Life of Mr/Ms** _____ (key man)

Endorsement on the Policy Document signifying assignment of benefits payable under the Policy to a bank or institution.

I _____ **S/o / D/o** _____, the Director/..... of M/s _____ and duly authorized by the Board of Directors vide their resolution dated..... to assign and give the notice of assignment of the key man insurance policy bearing no....., issued by SBI Life Insurance Co Ltd, on the life of Sri.....,designation of M/S....., hereby assign and transfer all the right, title and interest in the within-written Policy and in the moneys thereby secured to the _____ Bank, _____ Branch and its successors and assignees and declare that the receipt of the said Bank or its successors or assigns shall be a good and valid discharge for all monies payable under the Policy.

Place:

Date:

Signature of Assignee (With Stamp)

Signature of Authorised Signatory (Assignor)

For M/s _____

Signature of the witness:

Name of the Witness:

Occupation:

(Office seal TO be affixed)

For Office Use

Registration No

Date