

Conditional Assignment in favor of individuals

Print each page on a separate sheet:: Use separate form for each policy:: Refer instructions at the bottom on page 2

To
SBI Life Insurance Co Ltd,
Branch _____

Date: / /

Notice of Assignment

Policy Details

Policy Number																		
Name of Policyholder																		
Contact	Residence						Office						Mobile					
No. &	s	t	d				s	t	d				m	o	b	i	l	e
Email ID																		

Details of Assignee (Assignee is any person in whose favour the policy is assigned)

Name of the Assignee																		
Address																		
Contact	Residence						Office						Mobile					
No. &	s	t	d				s	t	d				m	o	b	i	l	e
Email ID																		

Is Assignee ☐ SBI Life Employee ☐ SBIL Advisor ☐ Relative of SBIL Employee / Advisor ☐ Other

Individual Assignees: **Date of Birth** **Gender** ☐ Male ☐ Female
☐ Relative* _____ (give relationship) ☐ Unrelated
Nationality ☐ Indian ☐ Non Indian
Residential Status ☐ Resident ☐ Non Resident ☐ PIO **Country of Residence** _____

* Documentary proof (preferably Ration Card) mentioning the relation therein should be produced along with this form for relationships other than spouse, children or parents.

KYC: (a) Identity Proof _____ (b) Address Proof _____
(c) Proof of source of funds _____
(d) PAN Number _____ (e) Document Submitted: ☐ PAN Card copy ☐ Form 60
(f) Are you a "Politically Exposed Person" (PEP) or a close relative of PEP ☐ Yes ☐ No

Photograph
of Assignee

PEPs are individuals who are or have been entrusted with prominent public functions, i.e. heads / ministers of central / state govt., senior politicians, senior govt, judicial or military officials, senior executives of govt. companies, important political party officials, immediate family member of above persons (would include spouse, parents, siblings, children, spouse's parents or siblings and close associates of PEPs.)

Details of previous life insurance policies owned by the assignee (including policies assigned in his name. Use an annexure if required)

Policy Number	Single / Regular	Annualized premium

Policy Number	Single / Regular	Annualized premium

I hereby give you notice that I have conditionally assigned the above policy to _____

The original policy document is sent herewith. Please acknowledge the receipt of this notice and the original policy document and return the policy document to the above assignee after registering the assignment.

Signature of Assignee

Signature of Assignor/policyholder

[illegible]

and declare that the receipt of the said person or his/her successors or assigns shall be a good and valid discharge for all monies payable under the policy. Provided however that in the event of _____ (Name of Assignee) predeceasing me during the term of the policy the benefit under this policy and the right to receive moneys there under shall revert to me as if this assignment had not been made.

Signature of Assignor /Policyholder

[illegible]

Signature of Witness

Signature of the person making the declaration

SBI Life Branch Stamp

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