

CONSIDERATION (if any)

Please select the applicable options

* Assignment out of love and affection Assignment to blood relative/spouse Assignment to others

* Assignment for a valuable consideration of Rs. _____ (consideration amount is mandatory) Purpose of the Assignment- _____ (e.g. loan, other financial obligation)

Declaration from Bank/Financial Institution (FI) and Assignor

It is understood and agreed to by the Assignor and Assignee that - 1. Except in case of death claim, Kotak Mahindra Life Insurance Company Ltd. shall make payments under the Policy to the Assignee Bank/FI. 2. In case of death claim, Kotak Mahindra Life Insurance Company Ltd. shall make the payment under the Policy first to the Assignee, to the extent of loan outstanding, and the balance amount, if any, shall be paid to the nominee/legal heirs, as per Insurance Act, 1938. 3. At the time of death claim, the Assignee Bank/FI shall provide a loan statement giving the outstanding loan as at the time of death.

Signature/Stamp of authorised signatory of Bank/FI	Signature of the Assignor
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PARTICULARS OF NOMINEE: (The below details are mandatory incase of assignment to the life insured)

	NOMINEE	APPOINTEE
Client ID		
Percentage Share	(%)	
Title	Surname	Surname
FULL NAME	First Name Middle Name	First Name Middle Name
Date of Birth	D D M M Y Y Y Y	D D M M Y Y Y Y
Relationship	To the Assignee	To the Nominee
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> NRI status <input type="checkbox"/> Residence <input type="checkbox"/> Non Residence <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> NRI status <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
ADDRESS	Office <input type="checkbox"/> Residence <input type="checkbox"/>	Office <input type="checkbox"/> Residence <input type="checkbox"/>
	City	City
	State	State
	Pin	Pin
Telephone Number (with STD Codes)		
E-mail ID		

DECLARATION BY THE ASSIGNOR

I, Mr./Ms. _____, on behalf of _____ / as the beneficial owner of the above named policy do hereby transfer and assign the rights and benefits of the said policy to the Assignee named below and I hereby give you notice of the same. I declare that the Assignee's receipt of the benefits under the policy shall be a valid and sufficient discharge of Kotak Mahindra Life Insurance Company Ltd. I understand that, by virtue of the assignment, the assignee has the right to give fund switch request in the policy.

Signature of the Assignor/Left thumb impression of Assignor :
(In case of Bank/FI/Company, please affix company stamp counter signed by authorized signatory)**PAYMENT OPTIONS (Pay directly to my bank account mentioned here, please attach an Original cancelled cheque for any payment type)**Payment remittance type Cheque Direct credit

Name of the Policy holder as per Bank record _____

Bank Name & Address	Account No.
Account Type <input type="checkbox"/> Savings <input type="checkbox"/> NRE* <input type="checkbox"/> Others (if any)	IFSC Code
*Credit to NRE account can be given only if premiums are received from NRE account	MICR Code

PARTICULARS OF WITNESS

Title(Mr./Ms./Mrs.)	Surname	First name	Middle name
Address :			
State	City/Village		Pin Code

Telephone Numbers (With STD Codes)

Residence	Office	Signature of the Witness : (In case of Bank/FI/Company, please affix company stamp counter signed by authorized signatory)
Mobile	E mail	

DECLARATION BY THE PERSON FILLING IN THE FORM (Applicable only where form is filled in by a scribe or signed in vernacular languages or where thumb impression is affixed)

I, _____ having known the policy holder for a period of _____ do declare that I have explained the nature of the questions contained in this form.

Address of Scribe	Signature of Scribe
City	Date D D M M Y Y Y Y
State	Place
Pin	

ACKNOWLEDGEMENT

We acknowledge the receipt of your request for _____ for policy number _____

Branch Name and code _____

Name of Operations Executive _____

Kotak Mahindra Life Insurance Company Ltd.

IRDAI Regn. No. 107, CIN: U66030MH2000PLC128503, Regd. Office: 8th Floor, Plot # C- 12, G- Block, BKC, Bandra (E), Mumbai- 400 051

For any correspondence kindly contact us at: 9th Floor, Intellion Square (Building No.4), Infinity Park, Off. W. E. Highway, General AK Vaidya Marg, Malad (E), Mumbai - 400 097. India.
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CC\PS\Assignment Form\007