IndusInd Nippon Life

Notice of Assignment

Date D D M M Y Y Y Y

To,
IndusInd Nippon Life Insurance Company Ltd.
Unit Nos. 401B, 402, 403 & 404, 4th Floor, Inspire-BKC, G Block, BKC Main Road,
Bandra Kurla Complex, Bandra East, Mumbai - 400051. India.

All the information is to be filled in BLOCK LETTERS.

I/We (name of the assignor) FIRST MIDDLE LAST

as the owner/s of the policy no. issued by

IndusInd Nippon Life Insurance Co. Ltd. hereby give you notice that I/We have absolutely/conditionally assigned the said policy to Mr./Mrs./Ms. (name of the assignee)

on D D M M Y Y Y Y as per the endorsement annexed to this notice.

We request you to register the assignment in your records and acknowledge the same to me/us and Mr./Mrs./Ms. (name of the assignee).

Details of the Assignee

Name of the Assignee FIRST MIDDLE LAST

Father's Name Date of Birth D D M M Y Y Y Y

Photo of Assignee

Gender ☐ Male ☐ Female ☐ Transgender Marital Status ☐ Unmarried ☐ Married ☐ widower ☐ Divorced

Occupation ☐ Salaried ☐ Self Employed/Business ☐ Other Annual Income

Nature of Duties_____ Source of fund/Income_____

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)

Residence Address FLAT NO.

BUILDING ROAD NAME/NO.

LANDMARK 1

DISTRICT/TALUKA LANDMARK 2

CITY/VILLAGE STATE Pin Code

STD ISD Code LANDLINE MOBILE EMAIL ADDRESS

Permanent Address

MOBILE 1 MOBILE 2 EMAIL ADDRESS

PAN Number Provided ☐ No ☐ Yes

Relationship with Assignor

Immediate family ☐ Father ☐ Mother ☐ Spouse ☐ Son ☐ Daughter

Other Individual ☐ Friend ☐ Others Please specify_____

Institutional Entity ☐ Bank/Financial institute ☐ Society ☐ Trust ☐ Others Please specify

Are Advisor/SM related to the Assignee? ☐ Yes ☐ No If Yes, to whom and what is the relationship? _____

Whether the Life to be Insured/Proposer/Nominee(s)/Appointee(s)/Premium payor is/are Politically Exposed Person(s)* ☐ Yes ☐ No

(*Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions. PEP norms may also be applied to the accounts of the family members or close relatives of the above referred individuals.)

Terms of Assignment

Future premium will be paid by ☐ Assignor ☐ Assignee (Premium Payor cannot be Bank/Financial Institute)

Identity Proof ☐ Aadhar Card ☐ Passport ☐ Pan Card ☐ Others_____

Address Proof ☐ Electricity Bill ☐ Bank Statement ☐ Aadhar card ☐ Others_____

Income Proof_____(as per mentioned in AML KYC Matrix)

CIN: U66010MH2001PLC167089

MKTG/MID/Notice of assignment/V1/Nov25

IndusInd Nippon Life

Notice Of Nomination

Dear Sir / Madam,
Please make the following changes
Appointment of Fresh Nominee(s)/Change of Existing Nominee(s) as given below

Name Of Nominee	Date Of Birth	Mobile No & E-Mail ID	Communication Address	Relationship With Assignee	Share%
*In case the nominee is a minor, please fill appointee details				Share% should total to	100

Appointees Details : Mandatory if Nominee is a Minor
The nominee(s) being a minor, I hereby appoint as the appointee(S) to receive the moneys secured by the policy during the minority of the nominee(s)

Name Of Appointee(s)	Date Of Birth	Mobile No & E-Mail ID	Communication Address	Relationship With Nominee	Name of Nominee

Name & Signature of Nominee

Name & Signature of Appointee

Bank account details of Assignee (If Individual)

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

The above bank account will be updated in your policy/policies and shall be used for processing all future payouts.

I/we agree that the PAN details and other information provided by me/us in this form maybe used by the Company to download/verify/ register/ update my/our KYC documents on/from the CERSAI* CKYC portal for processing this request, any future applications, or any other requests.

I/We understand that only the acceptable officially valid documents would be relied upon for processing any requests/applications.

*(Central Registry of Securitisation and Asset Reconstruction and security Interest of India).

Signature of the Assignor

Name

Date D D M M Y Y Y Y

Place

Signature of the Assignee

Name

Date D D M M Y Y Y Y

Place

Instructions

1. All fields are Mandatory
2. All the information is to be filled in BLOCK LETTERS.
3. 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
4. The Assignment of a policy shall automatically cancel any nomination made in the policy, except for assignment in favour of IndusInd 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)
5. The company expresses no opinion as to the legality or validity of the assignment
6. 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
7. 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 IndusInd Nippon Life Insurance Company Limited
8. 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
9. 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
10. 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
11. The witness should be above 18 years of age and competent to contract
12. Self-attestation mandatory on KYC & Income Proof for assignor/Assignee
13. Post Registrations of Assignment, Assignee has to fill Nomination and bank account details separately
14. 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.
15. Source of declaration required -if premium paid through cash or DD

CIN: U66010MH2001PLC167089

MKTG/MID/Notice of assignment/V1/Nov25

IndusInd Nippon Life

Endorsement Form

Date D D M M Y Y Y Y

I/We (name of the assignor) FIRST MIDDLE LAST

as the owner/s of the policy no. _____ issued by

IndusInd 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 D D M M Y Y Y Y

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

I/we agree that the PAN details and other information provided by me/us in this form maybe used by the Company to download/verify/ register/ update my/our KYC documents on/from the CERSAI* CKYC portal for processing this request, any future applications, or any other requests.

I/We understand that only the acceptable officially valid documents would be relied upon for processing any requests/applications.

*(Central Registry of Securitisation and Asset Reconstruction and security Interest of India).

Signature of the Assignor

Name _____

Date D D M M Y Y Y Y

Signature of the Assignee

Name _____

Date D D M M Y Y Y Y

Signature of the Witness

Name _____

Date D D M M Y Y Y Y

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 FIRST MIDDLE LAST

and I further declare that he/she/they fully understood the meaning there of.

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

Date D D M M Y Y Y Y

Name & Address of the Declarant FIRST MIDDLE LAST

Correspondence Address/ Usual place of residence FIRST LAST FLAT NO.

BUILDING ROAD NAME/NO.

LANDMARK 1

DISTRICT/TALUKA LANDMARK 2

CITY/VILLAGE 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 D D M M Y Y Y Y

CIN: U66010MH2001PLC167089

MKTG/MID/Notice of assignment/V1/Nov25

IndusInd Nippon Life

For office use

We, IndusInd Nippon Life Insurance Co. Ltd have recorded the assignment of policy no.

on the life of Mr./Ms./Mrs.

by the policyholder

with effect from D D M M Y Y Y Y (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 IndusInd Nippon Life Insurance Company Limited
Authorised Signatory

Customer Acknowledgment

We acknowledge your request for assignment of your IndusInd Nippon Life Insurance Policy No. on: D D M M Y Y Y Y

Your Service Request Number is

Signature

Branch Stamp

Name of the CCE: F I R S T M I D D L E L A S T

Kindly note that you can check the status of your Service request any time at https://customer IndusIndnipponlife.com/customer/ or call our toll free number 1800-102-1010 between 8 am to 8 pm, Monday to Saturday

MKTG/MID/Notice of assignment/V1/Nov25

CIN: U66010MH2001PLC167089