





## 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

\*In case the nominee is a minor, please fill appointee details

Share% should total to 100

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

Signature of the Assignor

Signature of the Assignee

## 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 (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
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



IndusInd Nippon Life

## Endorsement Form

Date  D  D  M  M  Y  Y  Y  Y

I/We (name of the assignor)  F I R S T  M I D D L E  L A S T

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

IndusInd Nippon Life Insurance 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

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

F I R S T  M I D D L E  L A S T

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

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  F I R S T  M I D D L E  L A S T

Correspondence Address/ Usual place of residence  F I R S T  L A S T  F L A T  N O.

B U I L D I N G  R O A D  N A M E  /  N O.

D I S T R I C T  T A I L U K A  L A N D M A R K  1

C I T Y  V I L L A G E  L A N D M A R K  2

S T A T E  P i n C o d e

STD ISD Code  M O B I L E  E 1  E M A I L A D D R E S S

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



IndusInd Nippon Life

For office use

We, IndusInd Nippon Life Insurance 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

Authorised Signatory

**IndusInd Nippon Life Insurance Company Limited (Formerly Reliance Nippon Life Insurance Company Limited).** IRDAI Registration No. 121. Registered & Corporate Office: Unit Nos. 401B, 402, 403 & 404, 4th Floor, Inspire-BKC, G Block, BKC Main Road, Bandra Kurla Complex, Bandra East, Mumbai-400051, India. T +91 22 6896 5000. For more information or any grievance, 1. Call us between 8 am to 8 pm, Monday to Saturday (except public holidays) on our Toll-Free Number - 1800 102 1010 or 2. Visit us at [www.indusindnipponlife.com](http://www.indusindnipponlife.com) 3. Email us at [customerservice@indusindnipponlife.com](mailto:customerservice@indusindnipponlife.com). 4. Chat with us on our WhatsApp number (+91) 7208852700. The trade logo displayed above belongs to IndusInd International Holdings Limited & Nippon Life Insurance Company and is used by IndusInd Nippon Life Insurance Company Limited under license.

**BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS/FRAUDULENT OFFERS:** IRDAI or its officials do not involve in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.



#### Customer Acknowledgment

We acknowledge your request for assignment of your IndusInd Nippon Life Insurance Policy No.  on:  D  D  M  M  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/indusindnipponlifeinsurance.com/customer/> or call our toll free number 1800-102-1010 between 9 am to 6 pm, Monday to Saturday