

Policy Number	FOR OFFICE USE ONLY											
	Received Date											
Assignment Form												
Policyholder (I.e. Assignor) Contact Details												
Landline No. (Residence): Mobile No (Mandatory):												
Landline Na. (Office): Email ID:												
Are you a US Citizen or US tax resident Yes No If Yes, Please provide TIN:												
All communications will be on the e-mail id mentioned above (if available). The mode of communication from and to the company would include electronic mode like sms, email etc. Please tick 'Physical copy' if you want to receive communication in electronic form as well as physical Copy												
Physical Copy:												
Declaration												
(Please read the Instructions/Notices mentioned overleaf before filling up this form)												
I/we												
have read and understood the Instructions/Notices mentioned overleaf and I/We hereby give you notice that I/We have assigned the	above Policy to:											
Name of the Assignee: First Name Middle Name	Last Name											
Status of the Assignee: Bank/Financial Institution Relative of the Assignor ¹⁰ Others ¹¹												
Relationship with the Assignor:												
Address of Assignee:												
City State	Pin Code											
Landline No. (Residence): Mobile No (Mandatory):												
Landline Na. (Office): Email ID:												
Occupation:												
Date of Birth:												
Signature of the Assignor: Signature of the Assignee ⁸ :												
Endorsement												
I/We Name of the Assignor) First Name Middle Name Last Name												
as the beneficial owner/s of Policy No issued by Go Digit Life Insurance Limited for the												
Sum Assured of have assigned the said Policy to the Assignee mentioned here in below:												
Name of the Assignee: (Please where ever is applicable)												
Individual: First Name Middle Name	Last Name											
Financial Institution/Bank:												
Type of Assignment (Please tick whichevr is applicable)												

 $\ensuremath{\mathsf{I/We}}$ have absolutely assigned the Policy to the Assignee mentioned hereinabove.

revert to me/us in the event of:

 $I/We\ have\ conditionally\ assigned\ the\ Policy\ to\ the\ Assignee\ mentioned\ hereinabove,\ on\ the\ condition\ that\ the\ Policy\ shall$

Consideration:																																
(Please tick whichver is	applica	ble)																														
I/We have recei	ved						as co	nsid	eratio	on fro	om tl	he A	Assi	gne	e in	resp	ect	of tl	he a	fore	said	ass	ignr	nen	t.							
I/We have assig	ned the	: Polic	y ou	t of r	natur	ral lov	/e and	d affe	ection	and	I/W	e h	ave	not	rece	eive	d an	у со	nsic	lera	tion	fron	the	e As	sign	ee.						
Date to						,	this								_ do	ıy of																
Signature of the Assign	nor:									Signature of the Assignee ⁸ :																						
Date of Birth:	D	D	M	ЛҮ	Y	Y	Y																									
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DECLARATION* IN CAS Declaration by Policyho		ASSI	GNN	νEΝ.	T FO	RM I	S ALL	ED E	BY A F	PERS	SON	ОТ	HER	R TH	IAN	THI	PС	LIC	YHC	DLD	ER (OR S	IGN	IED	IN V	/ERN	NAC	ULA	R LA	۱NG	UAGE:	
I hereby declare that the by me.	e conter	ıts in t	this f	form	have	e bee	n fully	exp	laine	d to ı	me a	ınd	l de	clar	e th	at w	/hat	ever	r is s	tate	ed he	erein	abo	ve h	as b	een	reco	orde	d as	per	the information	on provide
Thumb Impression/Sign	nature	of the	Poli	cyhc	older	٠:																										
Declaration by person	filling tl	ne for	m:																													
I have explained the cor that the Policyholder ha						-									. lan	gua	ge a	nd I	hav	e co	orrec	tly r	ecor	ded	the	ans	wer	prov	/ided	d to	me. I further d	leclare
Declarant's Name:																																
		First Nam	e									М	Middle N	Name											Last	Name					_	
Declarant's Address:																																
		City					1					S	State															Pin Co	ode			
Date of Birth:	DD	M	M \	Y	/ Y	Y]																									
Declarant's Signature:										Do	ıte:																					
*"The person giving this declaration ca		oon other	than la	ntro di sol	ina Adui	icar ar M	0A or MC																									
I/we agree that the Com or the policy and servici policy servicing related	npany m	nay pro eof to	ovide any	e/tra reins	ınsfer surer:	r/reta rs, ins	in any uranc	/ info	sociat	tion,																						
I/we agree that the Com I/we understand that i/w availing the services or the Company. In the cas	ve have otherwi	an op se, i/w	otion ve ho	to re ave c	eview an op	w and otion t	l corre to witl	ect th hdra	e info w my	orma //our	tion cons	alre sent	eady t for	y pro	ovid aring	ed o	r no data	t to giv	prov	vide earli	the er, s	data uch v	or with	info dra	rmat wal d	of th	ie co	nser	nt sh	nould	-	
Date:													Sig	gna	ture	of t	the l	Poli	cyhc	olde	r:											
Place:							-														L											

- 1. All the information is to be filled in BLOCK LETTERS.
- 2. All fields are mandatory.
- 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 Go Digit Life Insurance Limited ('the Company') in which case the rights of the nominee would get affected to the extent of the Company's interest in the Policy.
- 5. The Company expresses no opinion as to the legality or validity of the assignment.
- 6. Partial assignment of a Policy is not allowed.
- 7. This assignment shall not be effectual against the Company unless this Assignment Form is duly completed and delivered, accompanied by the original Policy Bond to the Company.
- 8. In case of assignment in favour of a financial institution/bank, the financial institution/bank should affix its stamp and should be countersigned by its authorised signatory.
- $9. \ ln \ case \ where \ the \ assignee \ is \ a \ minor, \ the \ legal/natural \ guardian \ of \ the \ minor \ shall \ sign \ on \ behalf \ of \ the \ minor.$
- 10. Relative shall mean and include only the father, mother, spouse and child/children of the Assignor. In case of assignment in favour of a relative, documentary proof (preferably ration card) mentioning the relation therein should be produced along with this form.
- 11. In case of assignment to third party/(ies), other than relatives/banks/financial institutions, the Assignor should submit identification proof, residential proof and income proof of such third party.
- 12. The witness should be a person competent to contract.

IRDAI Registration number: 165, CIN: U66000PN2021PLC206995. Registered Name: Go Digit Life Insurance Limited, Registered Address: Ananta One (AR One), Pride Hotel Lane, Narveer Tanaji Wadi, City Survey No.1579, Shivajinagar, Pune – 411005, Maharashtra, Corporate Office Address: Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru-560095, Karnataka, Help line no.: 9960126126, Website: www.godigit.com/life

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