

RE - ASSIGNMENT FORM - POLICY ENDORSEMENT

I/We (Name of the Assignee) _____

the assignee of policy number _____ issued by Star Union Dai-ichi Life Insurance for the Sum Assured of (₹) _____ which

was assigned in my/our favour and registered by you; hereby in consideration of _____ reassign the right, title and interest, in favour of

First Name _____ Middle Name _____ Last Name _____

(original policy holder) as per the provisions of Section 38 of the Insurance Act 1938, as amended from time to time.

Signature/Stamp of Assignee

Signature of Policyholder

Witness Details

Full Name of the Witness:

Occupation:

Address of the Witness:

PAN No.:

Signature: _____

Signature / Stamp of SUD Life

Date:

Place: _____

Star Union Dai-ichi Life Insurance Company Limited

Registered Office: 11th Floor, Vishwaroop IT Park, Plot No. 34, 35 & 38, Sector 30A of IIP, Vashi, Navi Mumbai – 400 703.

Toll Free No.: 1800 266 8833 (9:00 am to 7:00 pm – Mon to Sat)

Email: customercare@sudlife.in | Website: www.sudlife.in | IRDAI Regn. No. 142 | CIN: U66010MH2007PLC174472

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Protecting Families, Enriching Lives!

NOTICE OF RE - ASSIGNMENT

I/We (Name of the Assignee) _____
 the assignee of policy number _____ issued by Star Union Dai-ichi Life Insurance for the Sum Assured of (₹) _____ which
 was assigned in my/our favour and registered by you; give you notice that I have re-assigned the policy in favour of the Assignor (original policy
 holder). I/We have no further claims on the benefits under the policy.

Individual: _____
 (Name of the policyholder) First Name Middle Name Last Name

Signature/Stamp of Assignee

Signature of Policyholder

Witness Details

Full Name of the Witness:

Occupation:

Address of the Witness:

PAN No.:

Signature: _____

Signature / Stamp of SUD Life

Date:

Place: _____

For Office Use Only

Corporate Client No.: _____ *please mention the existing client ID of corporate client.

Signature verified: YES NO

Branch Date/Time Stamp
 (Affix stamp in this box only)

RO/BO staff signature: _____

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