

Assign form

Natraj Pr. - 240 P x 50 - 12/03

Form No. 3855



**भारतीय जीवन बीमा निगम**  
**Life Insurance Corporation of India**

The Sr. Branch Manager,  
Life Insurance Corporation of India,

Place .....

Date .....

Policy No. \_\_\_\_\_

Life Assured \_\_\_\_\_

I hereby give you notice\*that I have assigned/reassigned the above policy to the Assured.

Mr. ....

Name and address of the Assignee)

On .....

Please acknowledge receipt of this notice and forward the enclosed Policy/ Deed of assignment/reassignment to Sh./Smt..... after registering the assignment thereon in your books

\*\* Certified that the thumb impression herein is that of Sh./Smt. ....

Who admits having affixed the same after understanding the contents thereof

Yours faithfully,

.....  
\*\*(Signature of Witness)

Address .....

.....  
Signature/\*\*thumb impression  
(of assignor i.e. the Proposer-  
IN ASSIGNMENT)  
( IN REASSIGNMENT -  
SIGN & STAMP OF ASSIGNEE  
WITH DESIGNATION REQUIRED)

\* Notice should be given by the assignor or his her duly authorised Agent.

\*\* The Assignor's thumb impression to the form should be attested by a Magistrate, a Justice of the Peace, a Gazetted Officer, a Class I officer of the Corporation, a Development Officer of Corporation with at least five years service provided he/she is fully satisfied about the identity of the person. The attesting witness should certify as above.

‘कृपया, हमें हिन्दी में पत्र लिखें।’



### LIFE INSURANCE CORPORATION OF INDIA

#### FORM OF ABSOLUTE ASSIGNMENT OF POLICY FOR VALUABLE CONSIDERATION

*Note*:—THIS FORM SHOULD NOT BE FILLED IN. The wording of the form, if found suitable, should be copied out either on the back of the policy itself or, in the alternative, on a proper stamp paper of the requisite value.

(FOR INSTRUCTIONS RE: EXECUTION OF AN ASSIGNMENT SEE REVERSE)

I, .....  
in consideration of the sum of Rupees.....  
paid to me by.....  
the receipt of which I hereby acknowledge, do hereby as beneficial owner assign unto the said  
.....aged.....years his Heirs, Exe-  
cutors, Administrators and Assigns, the Policy of Assurance on the life of myself granted  
to me by the Life Insurance Corporation of India, assuring the sum of Rupees.....  
and numbered.....and bearing date the.....day of  
.....19.....and the sum assured thereby and all other moneys, benefits and  
advantages to be received thereunder.

Dated at.....this.....day of.....19.....

WITNESS:

Signature.....

Full Name.....

Designation.....

Address.....

(Signature of Life Assured)

P.T.O.