

FORM FOR CONDITIONAL ASSIGNMENT/TRANSFER

I [Policyholder's name/duly authorised agent				
of the Policyholder] ("Assignor") do hereby assign/transfer all my rights, equities, liabilities and benefits in the insurance				
policy bearing number ("Policy") to				
("Assignee/Transferee") as per terms stated herein.				
I further confirm that I have verified and correctly completed all the details of Assignee/Transferee and antecedents of Assignee/Transferee as provided herein and undertake to provide any further information or documentation to Axis Max Life Insurance (if requested) for further verification of the same.				
I hereby authorise Axis Max Life Insurance to process my payouts to my Aadhaar linked Bank Account and to use the same to validate/ update my KYC details. I accept to receive all further communication from Axis Max Life Insurance through E-mail ID only (strike if you want to continue with hard copy).				
Further Premiums to be paid by [Tick any one]:				
a) Assignor b) Assignee				
Percentage of Sum Assured Assigned/Transferred [Tick any one]:				
a) 100% b) Other % (applicable in case of partial assignment)				
Reason for Assignment/Transfer [Tick any one]:				
a) Love and affection b) Loan				
c) Other (Please specify the complete reason)				
Personal Details of Assignee/Transferee				
[Details of Authorised Person is to be included in case Assignee/Transferee is a body corporate]:				
Name:				
Photograph of				
the Assignee to				
Father's/Husband's Name: be pasted here (Mandatory if				
annual premium ₹ 10,000)				
Address:				
State: Pin Code: Pin Code:				
Tel. No.: Mobile No.: Mobile No.:				

E-mail ID:	
Date of Birth (DD/MM/YYYY)] Y
Gender: Male Female	
Education: Illiterate Primary School High School	Graduate Post Graduate Professional
Nationality: Indian Foreign National	
Residential status: Resident Non-Resident	Person of Indian Origin (PIO)
Country of residence:	Job Title:
Occupation of Assignee:	Nature of Business:
Name of Company:	
Exact nature of duties:	
Annual Income of Assignee/Transferee:	
a) Source of funds:	
b) PAN/Declaration in lieu of PAN:	
Relationship of Assignee/Transferee with Assignor/Transfero	r:
Antecedents of the Assignee/Previous Assignees [Applicabl previous history of assignment for this policy]	e if the Policy has been assigned before. Please mention the
Name:	
Nationality:	Occupation:
Tel. No.:	
E-mail ID:	
(Kindly share a valid E-mail ID to receive progress update and	d closure confirmation on your request)
Is assignee relative of Axis Max Life Insurance Employee/Age	ent/SP/Seller?
Yes No (In case of Yes, please specify the r	elation)
Is Assignee/Transferee/nominee of the Assignee/Transferee	a Politically Exposed Person*?
Yes No (If Yes, then please fill up the PEP of	questionnaire).
[*Politically Exposed Person (PEP) are the individuals who have	ve been entrusted with prominent public functions, for example
	liticians, senior government/judicial/military officers, senior
executive of state owned corporations, important political (spouse, children, parents, siblings and in-laws)].	party officials & immediate family member of above persons
(apadas, crimaren, parenta, sistings and in laws)].	

Bank A/C Detail	Is of Assignee/ Ir	ansteree:					
a) Bank Account No.:							
b) Bank & Branc	h Name: ———						
c) IFSC Code:							
Note: Kindly atta	ach a cancelled c	heque bearing a	ccount number a	and polic	cyholder	name or copy of	Bank Passbook.
Details of Assign	nee's/Transferee	's Nominee [Ap _l	olicable and Mar	datory i	f Assignı	ment is in favour	of Individuals]:
N	Nominee's relationship with Assignee/Transferee		:h	Date of Birth of Nominee		Percentage of Nomination	
If the Nominee	is a minor (i.e. un	der 18 years of a	ge); please name	an Appo	ointee.		
Name of Appoi	ntee [applicable it	Nominee is a m	nor]:				
Appointee's re	lationship with N	lominee:					
Address:							
Pin Code:			Tel N	lo.:			
Mobile No.:							
Appointee's/Tra	ınsferee's Signatu	re:					
Details of previous life insurance policies owned by Assignee/Transferee (including policies assigned in his name) [if required an additional annexure may be used]							
Policy Proposal No.	Relationship with Life Insured	Name of Insurance Company	Date and Year of Issue	Type Tern Pol	n of	Basic Sum Assured including all benefits	Status - Applied In-forced /Reinstated/ Lapsed

List of documents to be submitted for KYC of the Assignee/Transferee [In case Assignee is an individual and financial institution not registered with submit the KYC documents along with the assignment form]	RBI/SEBI	I/IRDAI, the	Assignee is required to
1) Identity Proof: Passport PAN (Individual/Company)	Vot	er's ID Card	
Others:			
2) Address Proof: Telephone Bill Electricity Bill Registration	on Certifi	ıcate	
3) Income Proof and/or Proof of Source of Funds: ITR Profit & Le Balance Sheet	oss State	ment	
List of Documents to be submitted in case Assignee is a non-registered Fin	nancial Ins	stitution:	
1) Copy of Memorandum/Articles of Association	Yes	No	
2) Copy of PAN card	Yes	No	
3) Copy of Registration Certificate of Company/Institution	Yes	No	
4) Address Proof	Yes	No [
5) Income Proofs (Latest Profile and Loss Statement, Balance Sheet, ITR)	Yes	No	

Declarations by Assignor

I declare that I am assigning the policy on my own volition and confirm that the assignment is Bonafide, in my/Policyholder's interest, in public interest and is not for the purpose of trading. I understand that the assignment shall be complete upon the execution/due attestation of this instrument and shall be operative upon Axis Max Life Insurance ("Axis Max Life") as and when a notice in writing along with this instrument or a certified copy thereof (certified to be correct by me and the Assignee or our duly authorised agents) have been delivered to Axis Max Life Insurance.

I understand that subject to the terms and conditions stated herein, from the date of receipt of the notice of transfer/assignment, the Assignee named herein shall be the Transferee/Assignee entitled to benefits under the policy and be subject to all liabilities and equities to which I was subject to, at the date of transfer/assignment and may institute any proceedings in relation to the policy, obtain a loan under the Policy or surrender the Policy without taking my consent or making me a party to such proceedings. Save and except provided under section 39 of the Insurance Laws (Amendment) Act, 2015, I understand that the transfer/assignment of the policy shall automatically cancel a nomination under the policy. I understand and agree that in the event the policy is partially assigned/transferred to the Assignee/Transferee, the remainder will not be further assigned/transferred by me. I hereby confirm that I am not assigning a policy which has been taken under Section 6 of the Married Women's Property Act, 1874.

Declarations by Assignee

I understand and agree that the bonus option available to me in case of assignment/transfer of the policy shall be by way of Paid-up Additions (wherever applicable). I understand that Axis Max Life Insurance may accept this assignment/transfer or decline to act upon the same, wherein it has sufficient reason to believe that the assignment is not Bonafide or in the interest of the Policyholder or in public interest or is for the purpose of trading of the policy. I understand that all the proceeds under the Policy shall become payable to the Policyholder or to his nominee (in the event I predecease the Life Insured) or the Life Insured survives the Policy term. Since this is a conditional assignment, I shall not be entitled to obtain a loan on the Policy or surrender the Policy.

I understand and agree that the date of delivery of the notice referred to transfer/assignment as between the parties interested in the policy and or assignment, the priority of the claims under such instruments shall delivered. I understand and agree that subject to receipt of applicable written acknowledgement of receipt of the notice of assignment and sagainst Axis Max Life Insurance that it has duly received the notice to we	where there is more than one instrument of transfer be governed by the order in which the notices are fee, Axis Max Life Insurance shall provide me with a uch acknowledgement shall be conclusive evidence
I hereby agree that the receipt of the benefits under the policy by me Life Insurance of its liabilities.	shall be a valid and sufficient discharge of Axis Max
Signature of Assignor	Signature of Assignee/Transferee [In case of assignment in favour of a person other than individual (i.e. Financial Institution/Bank/Body Corporate) official stamp of such institution should be affixed and countersigned by its authorized signatory]
Vernacular declaration Declaration when the Policyholder/Assignee has affixed his/her thumb English: I hereby declare that I have explained the contents of this form that the Assignor has affixed his/her signature/thumb impression on the content thereof.	to the Assignor in language understood by him and
Signature of the person making the declaration (Note: This declaration	aration may be made by the Office Head only)
Name:	
Address:	

WITNESS
I confirm that the Assignor has executed this instrument of assignment and that he/she has affixed his/her signature/
thumb impression in my presence.
Name of Witness:
Address:
Signature of Witness:

Documents to be attached with the request:

- Original Policy Pack
- Self-attested income document (if annual premium is >= 1,00,000)
- Copy of self-attested photo ID proof (individual)/ID proof (other than individual) irrespective of the premium amount
- Self-attested copy of PAN/Form 60/Form 61/Form 49A as per applicability
- Copy of any one of the Valid Officially Valid Document (NAREGA Job Card, Aadhar, Voter ID, Driving License or Passport)
- KYC disclosure format (If Assignee is other than individual i.e. Trust, Partnership/ Pvt. Ltd., etc).

"I/we understand that, I/we have disclosed my/our personal information (which may include Aadhaar related information) with Axis Max Life Insurance for the purpose of providing insurance and related services and I/we hereby consent and authorise Axis Max Life Insurance to use, store and/or share the same with government/regulatory/statutory bodies, Insurance repositories, reinsurers/hospitals or diagnostic centers/other Insurance companies for the purposes of underwriting assessment, claim investigation/settlement, KYC and policy servicing purposes, as per applicable law."









For more details, visit us: axismaxlife.com/contact-us



Axis Max Life Insurance Limited (formerly known as Max Life Insurance Company Limited) is a Joint Venture between Max Financial Services Limited and Axis Bank Limited. Important: DO NOT believe in calls, SMSes or e-mails offering discounts. For NEFT Payments, please transfer only to "HSBC Bank A/C No. 1165 <Followed by 9 digit Policy No> IFS Code: HSBC0110002". Axis Max Life Insurance does not collect Premium in any other account. Axis Max Life Insurance Limited (formerly known as Max Life Insurance Company Limited): Plot No. 90 C, Sector 18, Udyog Vihar, Gurugram, Haryana - 122 015. Regd. Office: 419, Bhai Mohan Singh Nagar, Railmajra, Tehsil Balachaur, District Nawanshahr, Punjab - 144 533. CIN: U74899PB2000PLC045626 | Customer Helpline Number: 1860 120 5577

The Brand Ambassadors (if depicted herein), have endorsed only the Axis Max Life Insurance Products and are not in any manner endorsing Axis Bank Limited and do not have any kind of association or relationship with Axis Bank Limited.

IRDAI Registration No. 104

BEWARE OF SPURIOUS/FRAUD PHONE CALLS!

- IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums
- Public receiving such phone calls are requested to lodge a police complaint