



भारतीय आयुर्विमा महामंडळ  
 भारतीय जीवन बीमा निगम  
 LIFE INSURANCE CORPORATION OF INDIA  
 मुंबई विभाग-1/मुंबई मंडळ-1/MUMBAI DIVISION-1

**FORM OF REASSIGNMENT OF POLICY FOR VALUABLE CONSIDERATION  
 (Absolute Reassignment)**

I/We \_\_\_\_\_ the  
 assignees in consideration of the sum of Rupees \_\_\_\_\_  
 repaid to us by \_\_\_\_\_  
 the receipt of which I hereby acknowledge, do hereby as beneficial owners reassign unto the said \_\_\_\_\_  
 \_\_\_\_\_ Aged \_\_\_\_\_ years the assured his Heirs, and reassign the policy of  
 Assurance on his life granted to him by the Life Insurance Corporation of India assuring the sum of Rupees \_\_\_\_\_  
 And numbered \_\_\_\_\_ and bearing date \_\_\_\_\_  
 and the sum assured thereby and all other moneys, benefits and Advantages to be receive thereunder.  
 Dated at \_\_\_\_\_ this \_\_\_\_\_ day of year 20

Witness :

Signature : \_\_\_\_\_  
 Full Name \_\_\_\_\_  
 Designation \_\_\_\_\_  
 Address \_\_\_\_\_

\_\_\_\_\_  
 Signature of Reassignor

Place : \_\_\_\_\_

Date \_\_\_\_\_

The Senior / Branch Manager,  
 Branch No. \_\_\_\_\_  
 Life Insurance Corporation of India,  
 Policy No. \_\_\_\_\_

Dear Sir

I/We hereby give you notice that I/We have reassigned the above policy to :  
 Shri \_\_\_\_\_ on \_\_\_\_\_  
 Please acknowledge receipt of this notice and forward the enclosed Policy/Deed of Reassignment to \_\_\_\_\_  
 after registereing the reassignment / thereon in your Books

Yours faithfully

\_\_\_\_\_  
 Signature of Witness  
 Name : \_\_\_\_\_  
 Designation : \_\_\_\_\_

\_\_\_\_\_  
 (Signature/Thumb Impression of Reassignor)