PARTIAL ASSIGNMENT DEED ADDENDUM

Canara HSBC LIFE INSURANCE

I, _____ the holder of Life Insurance Policy No. _____ issued by Canara HSBC Life Insurance Company Limited ('the Company') do hereby partially transfer and assign the right and benefits of the Policy in favour of (hereby jointly referred to as "Partial Assignees")

*** Please update your latest Bank Account details with us.***

Partial Assignee Details *(In case of additional Partial Assignees, separate sheets may be filled in)*

Name

Father's Name/Husband's Name

Address

Telephone Number

*Mobile Number

*Email ID

Photograph of Assignee (Mandatory if annual premium is more than Rs. 10,000)

Date of Birth D D / M M / Y Y Y Y Gender ☐ Male ☐ Female | Smoker ☐ Yes ☐ No

Education ☐ Illiterate ☐ Primary School ☐ High School ☐ Graduate ☐ Post Graduate ☐ Professional

Marital Status ☐ Single ☐ Married ☐ Widow(er) ☐ Divorcee

Occupation of Assignee_____ Job Title_____

Name of Company_____ Nature of Business_____

Nationality ☐ Indian ☐ Foreign National

Residential Status ☐ Resident ☐ **Non Resident ☐ PIO

**Country of Residence_____ *(Mandatory to provide for Non-resident status & depending on the Country of Residence, further document may be raised/required)*

Are you making the request while you are in US. ☐ Yes ☐ No

CKYC No

* - Details are mandatory to be filled.
** - If Residential Status is Non Resident or Country of Residence is other than India then please submit FATCA/CRS Questionnaire available on our website.

Bank Account Details of Assignee

Bank Name

Bank Branch Address

Bank Account Type ☐ Savings ☐ Current (**Is the selected account NRE* :** ☐ Yes ☐ No)

Bank Account Number MICR Code

IFSC Code *PAN Card Number

*In case of NRE account then please submit FATCA/CRS Questionnaire available on our website.
** - Details are mandatory to be filled.

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(Submit copy of 'Cancelled' cheque (with account number/account holder name 'printed') or Self-attested copy of passbook (with account number and account holder name 'printed') or Self-attested Bank Statement. In case of NRE payment either bank statement reflecting transactions of the premium paid from NRE account or a declaration to this effect from the Bank is mandatory)

Relationship of Transferee/Assignee with Transferor/Assignor *(Specify blood relatives/spouse/creditor):* _____

Antecedents of the Assignee/Previous Assignees *(Applicable if the Policy been assigned before):* Name _____

Nationality_____ Occupation_____ Telephone Number _____

Future premiums payable by Assignee
(Note that where future premiums are paid by Assignee, Assignee is required to provided duly filled up Payor Form)

☐ Yes ☐ No

List of documents to be submitted for KYC of the Transferee/Assignee *(In case Assignee is an individual, the Assignor is required submit KYC documents of the Assignee along with this assignment form.)*

Identity Proof ☐ Passport ☐ PAN Card ☐ Voter's ID Card Others _____

Address Proof ☐ Telephone Bill ☐ Electricity Bill Others _____

Income Proof and/or Proof of Source of Funds_____

(All the supporting proof/s & document /s submitted along with this deed have to be self-attested along with attestation by a Gazetted officer as specified by Government of India/Authorized personnel of our company (including our Corporate Agents) /Branch Manager of a Nationalized Bank.)

Is Transferee/Assignee /nominee of the Transferee/Assignee a Politically Exposed Person*? ☐ Yes ☐ No
If Yes, please provide details _____

*[*Politically Exposed Persons (PEP) are individuals who are or have been entrusted with prominent public functions, for example Heads / Ministers of Central / State government, Senior politicians, Senior government/ judicial / military officers, Senior executive of state owned corporations, Important political party officials & immediate family member of above persons (Spouse, Children, Parents, Siblings, In-laws and close associate of PEPs).*

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Details of Transferee's/Assignee's Nominee *(Applicable and Mandatory if Assignment is in favour of Individuals)*

Name _____ Nominee's relationship with Transferee/Assignee _____

Date of Birth of Nominee _____ Percentage of Nomination _____

Name of Appointee *(Applicable if Nominee is a minor)* _____

Appointee's relationship with Nominee _____ Appointee's/ Transferee's Signature _____

Details of Previous Life Insurance Policies Owned by Transferee/Assignee (including Policies assigned in his name)

[If required an additional annexure may be used]

Policy Number/Life Insurance Company which issued the Policy	Single/Regular	Annualised Premium

Declaration by Transferor/Assignor and Transferee/Assignee

I understand that only one person will pay the premium irrespective of the number of assignments made _____ amongst Assignor/Partial Assignees shall be the only person responsible for paying all the premiums. I understand that the following rights and obligations apply to the Assignor and Partial Assignees:

1. If the Assignor wants to revoke the partial assignment, then he/she will have to revoke it for all the assignments made after submitting a No Objection Certificate (NOC) from all the Partial Assignees and then the entire policy will revert back to the Assignor. If initially while making the partial assignment, 100% of the policy is assigned then in such case Assignor will have no right of revocation.
2. Partial Assignees cannot seek for increase or decrease in sum assured for their individual portions as this feature will apply to the entire policy as per terms and conditions of the policy.
3. If the policy terms and conditions allow partial withdrawal, then a Partial Assignee can seek partial withdrawal subject to obtaining a NOC from the remaining Partial Assignee/s and / or Assignor. Such request shall be applied to the entire policy and evaluated whether such withdrawal will be permissible as per the product terms and conditions. Further if allowed it shall be proportionately applied to the entire policy and will have equal impact on all the proportions.
4. If the policy terms and conditions allow loan on the policy, and a Partial Assignee/Assignor (where he/she retains a portion of the policy) wishes to apply for loan on their portion then NOC will have to be obtained from the rest of the Partial Assignees and /or Assignor. The implications of such loan shall apply on the whole policy and will have equal impact on all the portions irrespective of the fact that others may not have applied for the loan.
5. In case of auto termination, the effect shall be applied equally to all the portions.
6. I/We authorize the Company to seek/ store or/and to share my KYC details from/ with (i) Governmental and/or Regulatory Authority, (ii) Insurance Repositories (iii) CERSAI/UIDAI (iv) reinsurers/group companies/hospital or diagnostic centers/other insurance companies or third parties for underwriting assessment, claim investigation/ settlement, KYC authentication, policy servicing purpose and such like purposes.
7. There are restrictions on requests of Top-ups, Increase or Decrease in Sum Assured, Changes in Funds (including Fund Switch and Redirection), Revival of Policies, any request that results in change of premium or policy feature while the customer is in the US. We reserve the right to restrict any other policy servicing request basis the applicable US Laws. Please contact our call center for further information.

Executed on this _____ day of _____20_____ at _____

Signature/Thumb Impression of Transferor/Assignor
Name, Designation and official seal (If Assignee is a company/bank)

Signature/Thumb Impression of Transferee/Assignee
Name, Designation and official seal (If Assignee is a company/bank)

Date D D / M M / Y Y Y Y

Canara HSBC Life Insurance Company Limited
(formerly known as Canara HSBC Oriental Bank of Commerce Life Insurance Company Limited) **IRDAI Regn. No. 136**
Head Office Address: 139 P, Sector 44, Gurugram – 122003, Haryana, India
Registered Office Address: 8th Floor, Unit No. 808 - 814, Ambadeep Building, Plot No.14, Kasturba Gandhi Marg, New Delhi - 110001
Corporate Identity No: U66010DL2007PLC248825

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Visit our website at www.canarahsbclife.com