

FORM OF REASSIGNMENT FOR VALUABLE CONSIDERATION

Policy Number:

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I /we assignee Details

- 1) Name _____
- 2) Name _____
- 3) Name _____

The assignees/ assignee, in consideration of the sum of _____Rs (in figures)_____ (in words) paid to me/ us by (Mr/Mrs/Ms) _____ (Life assured) receipt of which we hereby acknowledge, do here by as beneficial owners reassign to

_____ the assured and/or his Heirs. Executors, Administrators and assigns the Policy of assurance on his life granted to him by the ShriRam Life Insurance Co Ltd. assuring the sum of Rs.

_____ (in figures) _____ (in words) and the sum assured there in and all other monies benefits and advantages to be received thereunder

Signature of Reassignor1

Signature of Reassignor2

Signature of Reassignor3

Name _____

Place _____ Date :

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Signature of Life assured

Name _____

I certify that the above signature is that of _____ (Name of Reassignor/s) who affixed the same after understanding the contents

Signature of witness

Name :

Contact Number: