IndiaFirstLife

**Date:** D D M M Y Y Y Y

## 1. POLICY OWNERSHIP CHANGE FORM

Policy Number

Full Name of the Life Assured

Salutation First Name Surname

Full Name of the deceased Proposer

Salutation First Name Surname

## GUIDELINES

- **Proposer** (Policy Holder) owns the policy and handles all transactions.
- Submit duly filled form signed by all **Class 1 legal heirs** of deceased proposer.
- If **Life Assured** becomes new owner, nomination details are mandatory.
- Rights/benefits as per policy terms.
- If Life Assured is a **minor**, new owner holds rights only till they turn major.
- All future communication will be in new owner's name.

## 2. DECLARATION

The Life Assured is ☐ Major ☐ Minor

**If Life assured is minor please specify new proposer relationship with life assured** _____

The Proposer deceased on D D M M Y Y Y Y and the above Policy has become part of his/her estate. We declare and state that we are the only Class I heirs entitled to succeed to his/her estate.

## 3. AUTHORIZATION OF ALL THE CLASS 1 LEGAL HEIRS OF THE DECEASED PROPOSER FOR THE OPTION SELECTED ABOVE

For any legal heir who is minor, his/her guardian should sign on his/her behalf. Please attach a separate sheet in case of more names.

☐ *We have no objection to Mr./Ms. _____ being appointed as the absolute owner of the above policy. We understand that the new owner will hold all rights and benefits, and premiums will be paid from genuine sources. In case the Life Assured is a minor, the new owner will retain ownership only until the Life Assured attains majority.*

| Full name | Date of birth | Complete Address | Relation with the deceased Proposer | Signature |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Date:**_____

**Place:** _____

**Note:** We, the undersigned, confirm that we are the sole Class 1 Legal Heirs of the deceased proposer and are entitled to inherit their estate. The details provided above are true and accurate to the best of our knowledge.
In case any information is found to be incorrect or false, we agree to indemnify the Company against all resulting losses, damages, costs, or legal expenses.

## 4. NEW OWNER DETAILS

**Name** Salutation First Name Surname

**Gender** ☐ Male ☐ Female Date of Birth D D M M Y Y Y Y

**Address :** ☐ Residential Address ☐ Permanent Address

City State Pin Code

**Contact Number** STD Residence STD Office Ext. ISD Mobile

**E-Mail ID**

**Marital Status** ☐ Unmarried ☐ Married ☐ Widower ☐ Divorced

**Nationality** ☐ Indian ☐ Non Indian **Residential Status** ☐ Resident Indian ☐ Non Resident Indian **Resident Country** _____

**You are :**

- **Salaried** ☐ Private Ltd. ☐ Public Ltd. ☐ Government ☐ Trust ☐ Partner/Proprietor ☐ Others _____
- **Business Owner** ☐ Trading ☐ Manufacturing ☐ Service _____
- **Self Employed** ☐ _____ ☐ Housewife ☐ Student ☐ Agriculturist ☐ Others _____

**If Retired/Pensioner, please mark details of your last organization, profession and position held:**

- **Your Organization** ☐ Private Ltd. ☐ Public Ltd. ☐ Government ☐ Others _____
- **Nature of Job / Business** _____ **Designation** _____

***CKYC Number/KIN (If available)**

**Kindly provide the following documents along with the duly filled and signed form.**

PHOTO

1) Recent Photograph of the new owner( if proposer other then Life assured)
2) Death Certificate.(if applicable)
3) Self-attested PAN copy of new proposer.
4) Self-attested Officially valid document of new proposer (Addrress Proof)
   - Passport
   - Proof of possession of Aadhaar ( First 8 digit of Aadhaar should be in the masked form) –
   - Driving License
   - Voter ID card issued by Election Commission of India
   - Job card issued by NREGA duly signed by an officer of the State Government
   - Letter issued by the National Population Register containing details of name, address or any other document as notified by the Central Government in consultation with the Regulator

Kindly carry original KYC documents of assignee / new policy owner for verification along with photocopies (In case of walk in request).

☐ I hereby give consent and voluntarily submit my Aadhaar number to IndiaFirst Life Insurance Co. Ltd. For the purpose of_____ to fulfill "Know Your Customer" regulations in order for my above-mentioned servicing request to be processed and give indiafirst Life Insurance Complany Ltd to use and store my aadhar

For identity and address proof, please submit an officially valid document (Passport/Driving License/Voters ID/Masked Aadhaarcopy/NREGA Job Card).

Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions by a foreign country, for example, Heads of State or of Governments, senior politicians, senior government / judicial / military officials, senior executives of state owned corporations, important political party officials, etc., including their family members and close relatives.

Are you a politically exposed person or Relative of Of politically exposed person ☐ Yes ☐ No

I/We confirm that the information provided is true and accurate. In case of any changes or discrepancies, I/We will notify the Company immediately.

Signature of Old Owner(If applicable) Signature of New Owner Signature of Life Assured

Date D D M M Y Y Y Y

Place _____

## 5. PAN UPDATION

Kindly submit PAN/Form 60 (as defined under Income Tax Act, 1961), if not already submitted at the time of applying for the policy. Also PAN/Form 60 is mandatory where the premium amount exceeds ₹ 50,000 in a Financial year. The premium payment can be done only through the acceptable premium collection modes. Where any customer/policyholder wishes or proposes to make any payment in cash, it can be accepted up to the limit of ₹ 49,999/- only at the authorized collection points.

**Name** (as is appears on the PAN Card) Salutation First Name Surname

**Document Submitted:** ☐ PAN Card Copy ☐ Form 60

## 6. NOMINATION (Applicable only if Life Assured is the Proposer)

| Name of Nominee | Date of Birth | Mobile No. & E-mail ID | Communication Address | Relationship with Life Assured | Share % |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | Share % should total to | **100 %** |

**If Nominees are apart from Parents, Spouse and Child , please clarify the reason**_____

*In case nominee is a minor, please fill Appointee details

All the moneys secured by the above mentioned policy shall be paid to the above nominee/s in the event of my death

Executed at _____ the _____ day of _____ , 20_____

**Signature of the New Policy Holder**

☐ **APPOINTEE(S) DETAILS: MANDATORY, IF NOMINEE(S) IS A MINOR**

The nominee(s) being a minor, I hereby appoint the below as the appointee(s) to receive the moneys secured by the policy during the minority of the nominee(s)

| Name of Appointee | Date of Birth | Mobile No. & E-mail ID | Communication Address | Relationship with Nominee | Name of Nominee |
|---|---|---|---|---|---|
| | | | | | |

Executed at _____ the _____ day of _____ , 20 _____ . In consent of the above appointment I sign here under.

**Signature of Appointee**

Signature of the New Policy Holder

## 7. RENEWAL PAYMENT MODE

How would you like to pay future premiums under the captioned policy?

(Please select one of the following options)

☐ **Online Payment / Cheque Payment**

☐ **NACH Mandate (Auto-debit from registered bank account)** **Mandatory for policies with monthly premium payment frequency.**

If opting for NACH Mandate, please submit the duly filled and signed **ECS Mandate Form** (attached) along with any one of the following:(with preprinted name,account number and IFSC Code )

- Cancelled cheque
- Bank passbook copy
- Bank account statement

**I / we, hereby declare that the premium has not been paid from proceeds of any criminal activities / offences listed in the Prevention of Money Laundering Act 2002 or under any other applicable law**

**Third party premium payment Declaration:**

I hereby declare that the premium for this policy is being paid from my legally declared and assessed sources of income only. I am fully aware that IndiaFirst does not accept premium payment through a third-party credit card/debit card/internet banking account/UPI. I agree and understand that in case I am found violating provisions of any laws relating Prevention of Money Laundering or if there has been a contravention or evasion of any Act, Rules, Regulations, Notification or Directions issued by any Regulatory Authority in India, IndiaFirst has the right to peruse my financial profile and also reserves the right to cancel this premium payment transaction or even the

## 8. VERNACULAR DECLARATION (to be filled if the policyholder is illiterate/signed in a Vernacular language) :

I do hereby state that I have read out and explained the contents of the form to the policyholder in _____ language and he/she have understood the same. I declare that whatever I have stated herein above is true and correct to the best of my knowledge and belief. The policyholder has signed /affixed the thumb impression after fully understanding the contents thereof.

Name of the Declarant : _____ Signature: X_____Relation with the Policyholder _____

Address of the Declarant : _____ Contact No.: _____

I hereby certify that the contents of the form have been clearly explained to me and I have fully understood them. I further certify that the answers recorded in the form are as per the information provided by me.

X

Signature/Thumb impression

## 9. DECLARATION BY POLICYHOLDER

X

Signature/Thumb Impression of Policyholder

Place

D D M M Y Y Y Y

Date

## For Official Purpose:

X

Name & Signature of Branch Official with stamp

Place

D D M M Y Y Y Y

Request Date

Request time

Policy Ownership Change Form/V1/August2025.

# Mandate Form - Direct Debit / NACH

To,

The Branch Manager,

Bank Name _____

Bank Branch Name & Address _____

Date D D M M Y Y Y Y

Ref: Authorization to pay IndiaFirst Life Insurance premium through Direct Debit / NACH

Dear Sir/Madam,

I/We undersigned authorize IndiaFirst Life Insurance Company Limited / their authorized service provider to debit my / our bank account through NACH / Direct Debit towards payment of my / our life insurance premium, as per the details provided below

☐ Direct Debit

| Application No. / Policy No. | Amount (₹) (in words) | Amount | Frequency (i.e. yearly/half yearly/Quarterly/Monthly) | Start Date | End Date |
|---|---|---|---|---|---|
| | | | | | |

Name of the Account Holder
(As appearing in the Bank records) _____

**Account No.** _____ **Account Type** ☐ Savings ☐ Current

(Affixing of your proprietary firm / company stamp is mandatory, in case of current account)

MICR Code (Applicable in case ECS payment) _____
(Is the 9 digit code on the cheque book issued by the bank. You are requested to attach a cancelled cheque fir verification of the MICR code)

IFSC Code (Applicable in case Non ECS payment) (If appearing on Cheque book) _____

Mobile No. _____ Email Id _____

Request for Payment Mode change to NACH / Direct Debit OR Declaration of NACH / DD mandate should be submitted 35 days prior to the due date or same would be effective from the next premium due date

**Declaration for Auto Debit**

- If the declaration is delayed or not effected at all for reasons of incomplete or incorrect information,I / we shall not hold the company responsible for such delay or non credit to my policy.
- In addition, I / we understand and agree that the premium amount to be debited from my/ our account may varydue to taxes and other statutory levies as may be applicable from time to time.I / We also accept that thetransaction will be effected to the policy on the due date(provided it is a working day).
- In case of ECS / direct debit dishonor, I / we authorize IndiaFirst Life insurance to redebit my / our bank accountwith the mentioned bank to recover the premium payable.
- I hereby authorize IndiaFirst Life Insurance Co.Ltd.and their authorize service providers to debit mybank account directly or by NACH for collection of premium payments.
- I / We hereby agree to maintain adequate balance in the account stated herein for availing DirectDebit facility.
- I / We hereby authorize the bank to debit my account towards charges for DD mandate verification if any applicable.
- The maximum validity of NACH mandate is 30 Years. If the policy's premium paying term is greater than 30 years than we will need another mandate before the end of 30 Years" should be displayed as shown below.

**Yes, I / have attached a bank cancelled cheque Certificate to the Bank Named in the Mandate**
It is certified that as per our records, the bank account particulars of the mandate above are correct and thesignature of the bank account holder is true.

Bank Stamp

Signature of Authorized Bank official

**DD mandate should be verified by bank branch and should have Signature verified stamp along withfixed specimen signature number.**

NACH/DD is automated facility which debits your premium from the bank account specified by you on yourpremium due date, except in case of a holiday.

☐

| Policyholder's Signature | Primary account holder's Signature (if primary account holder differs from Policyholder) | Joint account holder's 1 Signature | Joint account holder's 2 Signature |
|---|---|---|---|
| | | | |

IndiaFirstLife

NACH Mandate

**UMRN** _____ **Date** D D M M Y Y Y Y

**Tick (✓)**

**CREATE**
**MODIFY**
**CANCEL**

**Sponsor Bank Code** _____ **Utility Code** _____

I/We hereby authorize _____ **to debit Tick (✓)** **SB/CA/CC/SB-NRE/SB-NRO/Other**

Bank a/c number _____

with Bank Name of customers bank IFSC _____ MICR _____

an amount of Rupees _____ ₹

**FREQUENCY** ☐ ~~Mthly~~ ☐ ~~Qtly~~ ☐ ~~H-Yrly~~ ☐ ~~Yrly~~ ☑ As and when presented **Debit type** ☐ ~~Fixed Amount~~ ☑ Maximum Amount

**Application No.** _____ **Mobile No.** _____

**Policy No.** _____ **Email ID** _____

**I agree for the debit of mandate processing charges by the Bank whom I am authorizing to debit my accountas per the latest schdule of charges of the bank.**

**PERIOD**

From D D M M Y Y Y Y

To

Signature Primary Account holder Signature of Account holder Signature of Account holder

1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

**This is to confirm that the declaration has been carefully read, understood and made by me/us.I am authorizing the user entity/corporate to debit my account.**
**I have understood that I am authorized to cancel/ amend this mandate by appropriately communicating the cancellation/ amendant request to the user entity / corporate or the bank where I have authorized the debit.**

# (To be executed on non- judicial Stamp Paper of Rs 500/- and Notarised)

Whereas,

1. Policy number _____ has been issued by IndiaFirst Life Insurance Company Limited (hereinafter referred to as the "Company") on the life of Mr/Ms._____ (hereinafter referred to as the "Life Assured") which is proposed by Mr/Ms._____ (hereinafter referred to as the "Policyholder") and the benefits thereunder being payable on the death of the Life Assured to the Policyholder while the policy is in force;
2. However, it has been reported to the Company that the Policyholder had died on _____and the Life Assured stated above is the only member in the family who is entitle to Own benefits of the policy.
3. Life Assured has approached the Company to change the Name of Policyholder in existing policy bearing number _____ and avail the benefits of policy thereof.

And whereas:

It has been represented to the Company by Life Assured Mr./Ms. _____

Residing at_____.

The _____(Relationship of Life Assured / New Proposer with Policy Holder) of the Policyholder is the Only legal heir who is entitled to the policy benefits on the death of the Policyholder and that the Company be pleased to settle the policy benefits in favour without insisting on legal evidence of title to the same;

The Company has, on the basis of the aforesaid representation, agreed to change the name of the Policyholder in policy to the Life Assured Mr./Ms._____ (the "Indemnifier") on her executing an Indemnity Bond as set out hereinafter in favour of the Company;

NOW THIS BOND WITNESSETH that pursuant to the premises aforesaid;

I, the Indemnifier, Mr/Ms._____(New Proposer Name) do hereby agree to indemnify and keep indemnified the Company against all losses, damages, costs or expenses that the Company may suffer or incur on account of anybody making a claim to the Policy monies or any other benefits of policy, in pursuance hereof.

Full signature of Indemnifier _____

Name _____

Address _____

_____(**To be attested by a Notary Public**