



LIFE INSURANCE CORPORATION OF INDIA

_____ DIVISIONAL OFFICE

FORM OF REASSIGNMENT FOR VALUABLE CONSIDERATION

We _____
the assignees In consideration of the sum of Rs _____
re paid to us by _____ in the receipt of which we
hereby acknowledge do hereby as beneficial owners reassign unto
_____ the assured, his
heirs, Executors, Administrators and assign the policy of Assurance on his life granted to him by the Life
Insurance Corporation of India, assuring the sum of

Rs. _____ and numbered _____ and bearing date
_____ day of _____ 20_____ and the sum assured thereby and all other moneys
benefits and advantages to be received there under.

Dated _____ this _____ day of _____ 20_____

Witness: 1) _____

Signature _____ 2) _____

Full Name _____

Signature/s of Assignor/s

Designation _____

with his/their designation/s

Address _____

and Official seal or Rubber Stamp

Reassignment