Change of ownership Form	Dale
Change of ownership Form	
I would request you to change the ownership of policy number	which is currently owned
by in the favor of	Photo of
Details of New proposer	new
Full Name	proposer
Father's Name	The proposer
Date of Birth	
Residence Address	
Residence Address	
	Pincode
Landline Mobile	
Email Email	
PAN Number provided Yes No PAN Number	
Gender Male Female Transgender	
Marital Status Unmarried Married Divorced	
Occupation (Please tick) Salaried Self Employed/Business Unemployed Housewife Others	
Nationality Indian Non-Indian	
Whether the Life to be Insured/Proposer/Nominee(s)/Appointee(s)/Premium payor is/are Politically Exposed Person(s	* Yes No
(*Politically Exposed Persons (PEPs) are individuals who are or have been entrusted withprominent public functions. P members or close relatives of the above referred individuals.)	EP norms may also be applied to the accounts of the family
Residential status Indian Non-Resident Indian (NRI) Country, if NRI	
Residence for Tax purposes in Jurisdiction(s) outside India Yes No (If Yes then mandatory to fill the FATCA/CRS declaration)	
If existing client, pls mention client ID	
Reason for change of ownership	
Relation with the existing proposer	
Signature of the Life Assured/ Policyholder	

## AUTHORIZATION OF ALL THE CLASS I LEGAL HEIRS OF THE DECEASED PROPOSER

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

Note: We, the signatories to the authorisation above do hereby declare that we are the only Class I Legal Heirs of the deceased and are entitled to succeed to the estate of the deceased Policyholder. We hereby declare that the particulars furnished above are true, complete and correct in all respects. In the event any of the particulars is found to be incorrect / false, we undertake to indemnify the Company against all losses, damages, costs and expenses (including the costs of any litigations) that the Company may incur or may be put to as a consequence thereof.

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	Signature of the Declarant (Declarant should not be an employee/ advisor of Reliance Nippon Life Insurance)															Υ																		
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Reliance Nippon Life Insurance Company Limited. IRDAI Registration No. 121. Registered & Corporate Office: Unit Nos. 401B, 402, 403 & 404, 4th Floor, Inspire-BKC, G Block, BKC Main Road, Bandra Kurla Complex, Bandra East, Mumbai - 400051. India. T +91 22 6896 5000. For more information or any grievance, 1. Call us between 8 am to 8 pm, Monday to Saturday (except public holidays) on our Toll-Free Number - 1800 102 1010 or 2. Visit us at www.reliancenipponlife.com 3. Email us at: rnlife.customerservice@relianceada.com. 4. Chat with us on our WhatsApp number (+91) 7208852700. Trade logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited & Nippon Life Insurance Company and used by Reliance Nippon Life Insurance Company Limited under license.

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