GENERALI Central
— LIFE INSURANCE —

Change In Ownership of The Policy

(For Auto Vesting)

Policy Number _____ Date D D M M Y Y Y Y

Name of the Existing Owner _____
Salutation First Name Surname

Date of Auto Vesting D D M M Y Y Y Y

Name of the Life Assured _____
Salutation First Name Surname

Date of Birth D D M M Y Y Y Y

All fields are mandatory.

eIA No. _____

INFORMATION FOR THE NEW OWNER

This form is to be filled in where change in owner is to be made on account of auto vesting of proposer/policyholder. The Proposer of an Insurance Policy is the owner of the Policy (also referred to as the Policy Holder) entitled to receive any benefit there under, and has the right to carry out any transaction under the Policy. Filling up this form and submitting the same would help the Company in recording the new owner for the above mentioned Policy.

NEW OWNER DETAILS

Name Mr./Ms./Mrs. _____

Affix Passport Size Photo

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

Current Address ☐ Residential ☐ Permanent

City _____ State _____ Pin code _____

Contact Numbers (R) _____ (O) _____ (M) _____

E-mail id _____

Marital Status ☐ Unmarried ☐ Married ☐ Widower ☐ Divorced

Nationality ☐ Indian ☐ NRI

PAN No _____

FATCA/RCS Questionnaire (To be filed by the proposer)

Resident for Tax Purposes in Jurisdiction(s) outside India ☐ **Yes** ☐ **No**

If 'Yes', please provide details below: For the purposes of taxation, I am a resident in the following countries and my Tax Identification Number (TIN)/ Functional equivalent in each country is set out below or I have indicated that a TIN/functional equivalent is unavailable (kindly fill details of all countries of tax residence if more than one

Country/countries of tax residency	Address in jurisdiction for Tax Residence	Tax Identification Number (TIN)/Functional equivalent number	TIN/Functional Equivalent Number Issuing Country	Validity of documentary evidence provided

If answer to section 5.3 is 'Yes'. Please fill the FATCA/CRS Declaration from separately

Instruction: Clarification/ Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside. Jurisdiction(s) of Tax Residence: Since US taxes the global income of its citizen, every US citizen of whatever nationality, is also a resident for tax purpose in USA. Tax Identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a Functional Equivalent), the same may be reported. Examples of that type of number for individual include, a social security/ insurance number, citizen/ personal identification/ services code/ number and resident registration number)

Generali Group's and Central Bank of India's liability is restricted to the extent of their shareholding in Generali Central Life Insurance Company Limited. Generali Central Life Insurance Company Limited (Formerly known as 'Future Generali India Life Insurance Company Limited') (IRDAI Regn. No.: 133) (CIN: U66010MH2006PLC165288). Regd. Office & Corporate Office address: Unit 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai - 400083 | Email: care@generalicentral.com | Call us at 1800 102 2355 | Website: www.generalicentrallife.com

Professional details

☐ Salaried ☐ Private Ltd. ☐ Public Ltd. ☐ Government ☐ Trust ☐ Partner / Proprietor

☐ Others _____

☐ Self Employed Name of company _____ Nature of business _____

☐ Other ☐ Housewife ☐ Student

KYC Documents

Identity Proof ☐ Passport ☐ PAN Card ☐ Driving License ☐ Others _____

Address Proof ☐ Telephone ☐ Ration Card ☐ Electricity Bill ☐ Others _____

Income Proof (If Applicable) _____

Relationship with the Proposer (Old Owner) _____

Bank Account Details of LA (New Owner)

Account Number _____

IFS Code _____ Bank Name _____

Signature of New Policy Owner

Nominee Details

Nominee Name _____ Date of Birth D D M M Y Y Y Y

Relationship with LA _____

Name of Appointee (if Nominee is minor) _____ Relation with Nominee _____

Bank Account Details of Nominee (if nominee is major)

Account Number _____

IFS Code _____ Bank Name _____

Signature / Thumb impression of Policyholder

Date D D M M Y Y Y Y

Place

Date D D M M Y Y Y Y

Place

DECLARATION FOR POLICYHOLDER SIGNING IN VERNACULAR LANGUAGE / THUMB IMPRESSION

Name of Witness _____ Contact no. _____

Witness Address _____

Signature of Witness

Date D D M M Y Y Y Y

Place

Signature / Thumb impression of Policyholder

Date D D M M Y Y Y Y

Place

ACKNOWLEDGEMENT

This is to acknowledge the receipt of application for Ownership change of the policy.

Policy No _____

CLS ID _____

Date D D M M Y Y Y Y

GC Stamp

Generali Group's and Central Bank of India's liability is restricted to the extent of their shareholding in Generali Central Life Insurance Company Limited. Generali Central Life Insurance Company Limited (Formerly known as 'Future Generali India Life Insurance Company Limited') (IRDAI Regn. No.: 133) (CIN: U66010MH2006PLC165288). Regd. Office & Corporate Office address: Unit 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai - 400083 | Email: care@generalicentral.com | Call us at 1800 102 2355 | Website: www.generalicentrallife.com