



## CHANGE IN OWNERSHIP OF THE POLICY

(Proposer Deceased)

Policy Number																Date	D D M M Y Y Y Y	
Name of Deceased Proposer																		
	Salutation					First Name					Surname							
Date of Death																		
Name of the Life Assured																		
	Salutation					First Name					Surname							
Date of Birth																		

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 death 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 ■ In case the Life Assured is selected as the New Owner, please submit a separate nomination form to enable the Company to record the nomination ■ All benefits / rights are subject to the conditions stated in the Policy ■ Where the Life Assured is minor, the New Owner shall remain as the Owner of the Policy only till the Life Assured turns major ■ All future communications will be sent in the name of the New Owner.

### NEW OWNER DETAILS

Name	Mr./Ms./Mrs.																	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth																
Current Address	<input type="checkbox"/> Residential <input type="checkbox"/> Permanent																	
City		State																
Contact Numbers	(R) <input type="text"/>	(O) <input type="text"/>	(M) <input type="text"/>															
E-mail id																		
Marital Status	<input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Widower <input type="checkbox"/> Divorced																	
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> NRI																	

### ACKNOWLEDGEMENT

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

Policy No																GC Stamp
CLS ID																
Date																

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 Life Assured \_\_\_\_\_

Relationship with the deceased Owner \_\_\_\_\_

\_\_\_\_\_  
Signature of Life Assured  
(if above 18 years of age)

\_\_\_\_\_  
Signature of New Policy Owner

**DECLARATION FOR POLICYHOLDER SIGNING IN VERNACULAR LANGUAGE / THUMB IMPRESSION**

Name of Witness \_\_\_\_\_ Contact no. \_\_\_\_\_

Witness Address \_\_\_\_\_

Signature of Witness      Signature / Thumb impression of Policyholder

Date |D|D|M|M|Y|Y|Y|Y|      Date |D|D|M|M|Y|Y|Y|Y|

Place \_\_\_\_\_      Place \_\_\_\_\_