



**HNB ASSURANCE PLC**  
**Level 03, Iceland Business Center, No. 30, Sri Uttarananda Mawatha,**  
**Colombo 03.**  
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LSDOC008

**FORM OF RE-ASSIGNMENT (ABSOLUTE)**

I/We..... of  
..... Assignee/Assignees as per  
Assignment Deed dated ..... do hereby re-transfer, re-convey and  
reassign all my / our rights, title and interest in policy no .....  
issued by HNB Assurance PLC and the sum thereby assured to .....  
his / her executors, administrators or assigns and declare that the receipt or receipts of the said  
..... his / her executors, administrators or  
assigns for any sum of money to be received by his / her executors, administrators or assigns under or  
on account of the said policy either by reason of death or by surrender of the said policy  
notwithstanding that such surrender may be without my / our concurrence or against my / our wishes  
shall discharge the **HNB Assurance PLC** from all responsibility in respect of the application of such  
money as effectually and to all intents and purposes as if such receipt or receipts were signed by  
myself / ourselves, my / our executors, administrators or assigns.

Date at ..... this ..... day of ..... 20.....

.....  
Signature of Assigner/Assignors

.....  
Signature of Assignee/Assignees

**WITNESSES**

**(01) SIGNATURE** : .....  
**NAME** : .....  
**ADDRESS** : .....  
**NATIONAL ID NO** : .....

**(02) SIGNATURE** : .....  
**NAME** : .....  
**ADDRESS** : .....  
**NATIONAL ID NO** : .....