



Switching of Funds**  (For number of free switches – please refer to policy terms & conditions)	Required Switch Type	Target Percentage
	_____	_____
	_____	_____

Redirection of fund option**  (For number of redirections allowed in a policy year please refer to policy terms & conditions)	I would like to redirect all my future premiums to:	
	Required Switch Type	Target Percentage
	_____	_____
	_____	_____
	_____	_____
<b>(The collated percentage value redirected should total upto 100%)</b>		

Premium Reduction	From _____ To _____
	_____
	_____

Change / Rectification / Addition of Nominee***	Nominee Name	Nominee DOB	Nominee Relation	Nomination Percentage
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

<b>(If Nominee is a Minor, Please give Appointee details below)</b>			
Name of Appointee _____	Relationship to the Minor _____	Date of Birth _____	(DD / MM / YYYY)
Address _____			
_____			
Signature of Appointee _____			

Rectification / Correction of***	First Name _____	Middle Name _____
	<input type="checkbox"/> LI Name	Surname _____
	<input type="checkbox"/> DOB	DOB _____
	(DD / MM / YYYY)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Age proof attached _____	

Additional Single / Regular Premium	Amount (Rs.) _____	DD / Cheque No _____
	Required Fund Type: _____	
	Target Percentage: _____	
<b>Please mention the percentage of premium you would like to invest in each of the funds (the total must be 100%)</b>		

Cancellation of Riders*** <b>(Please specify the name)</b>	
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Duplicate Policy Issuance Policy Documents to be sent:  <input type="checkbox"/> At the above mentioned address  <input type="checkbox"/> At the above mentioned branch	Specify Reason _____ _____ _____  (I understand that if policy documents have been lost by me, I have to submit Rs.250/- as policy issuance fees. The payment details are _____, request you to please send the policy documents at the selected address).
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\*Please check with your advisor on the availability of these facilities, if available, please complete the Direct Debit Instruction Mandate, relevant charge slip and submit along with your request.

Alternatively please contact customer services at 1800-180-22-66 (Toll Free) for further information / assistance.

\*\*For availability of fund options please refer policy schedule.

\*\*\*Please submit your original policy document along with request.

<sup>1</sup> Final confirmation regarding frequency change shall be on the bases of Banca Partner acceptance.

Enclosures:  Policy  Other document(s), if any \_\_\_\_\_

**Declaration / Authorization**

I / We hereby request that Aviva Life Insurance Co. India Ltd, make the necessary changes to my / our policy in accordance with the information furnished above and I / We hereby accept and agree to be bound by such changes.

I / We agree and accept, no request is valid, until Aviva receives (receipt of this form by an agent does not construe as receipt by Aviva) the request during the lifetime of the LI and provide such request is accepted by Aviva.

I / We declare and agree that any my / our personal information available with Aviva (either through this application or otherwise), is permitted to be held, used and disclosed by Aviva to any insurance intermediaries, service providers, re-insurers, claims investigation agencies or such other persons and entities are determined by Aviva to fulfill a transaction, I / We have requested, process service my / our policy / policies direct marketing investigate or handle claims detect or prevent fraud comply with lawful requests from regulatory and law enforcement authorities and to communicate with me / us in this regard.

I/We agree and accept that my / our request cannot be processed without my / our furnishing the required information.

Signature of Life Insured \_\_\_\_\_ Date of request \_\_\_\_\_ Signature of witness \_\_\_\_\_  
(DD / MM / YYYY)

Signature of policy owner \_\_\_\_\_ Date of request \_\_\_\_\_ Signature of witness \_\_\_\_\_  
(If other than LI) (DD / MM / YYYY)

Declaration by the person filling in the form  <b>(If the form is being filled in vernacular / PH Signature is in vernacular)</b>	<p><b>I hereby declare that I have fully explained the content of the endorsement form to the PH &amp; he / she has fully understood the same &amp; I have truthfully recorded the answers given by the PH.</b></p> <p>Declarant's Name: <input type="text"/></p> <p>Declarant's Address <input type="text"/></p> <p>DOB of Declarant: _____ Signature of Declarant: _____ (DD / MM / YYYY)</p>
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