170431 NUP Proposal Form size: A4



PROPOSAL FORM



IN UNIT LINKED PLANS, THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER.

			URN: LUP/P01/01/052017 Ver 1.0
FOR OFFICE USE ONLY		For Bancassurance Channel Only	
Proposal Number UPF		Bank Partner	Affix Photo
For Existing Customer ID	Policy No.	Bank Branch Code	Allarioto
Advisor Name		Customer Segment	
Advisor Number		SP Certificate No	
SECTOR Urban Rural Soci	ial NRI Unique Villa	ge Code	
PROPOSAL DEPOSIT DETAILS	Voucher Nu	ımber	
Cheque/DD No.	Date		STAFF
Amount	Drawn on		Direct Marketing
 Any alterations, overwriting and/or ink char Receipt by the Company of the completed proportion 	efit Illustration should be under needs to be countersigned obtained and initial payment does not sunderwritten the risk and issued occeptable by Aviva, shall be drawn bearer cheque that is meant issued, the application money shall be ap	erstood & signed by the Proposer (can be sand by the Proposer. create any obligation on the part of the Company of the policy. Same applies for allocation of units for in favor of 'Aviva Life Insurance Account Proposer for the Company. all be refunded by NEFT ONLY, post deduction of the trom the Proposer.	ne as Life to be Insured). y to underwrite the risk and the or ULIP policies. al Number'
1.6 Sum Assured in ₹ (if applicable)1.7 Single/Annualized Premium in ₹			Non smoker
I.7 Single/Annualized Premium in ₹	Yearly Half-	Yearly Quarterly Monthly	Single Premium
1.7 Single/Annualized Premium in ₹ 1.8 Premium Frequency	Yearly Half-	Yearly Quarterly Monthly	
 1.7 Single/Annualized Premium in ₹ 1.8 Premium Frequency 1.9 Premium as per Frequency (₹) 1.10 Preferred Mode of Payment 	Yearly Half-		
 1.7 Single/Annualized Premium in ₹ 1.8 Premium Frequency 1.9 Premium as per Frequency (₹) 1.10 Preferred Mode of Payment (for Future Premiums) 			Single Premium
 1.7 Single/Annualized Premium in ₹ 1.8 Premium Frequency 1.9 Premium as per Frequency (₹) 1.10 Preferred Mode of Payment (for Future Premiums) 	Online Cheque	Demand Draft Direct Debit ECS	Single Premium
1.7 Single/Annualized Premium in ₹ 1.8 Premium Frequency 1.9 Premium as per Frequency (₹) 1.10 Preferred Mode of Payment (for Future Premiums) 1.11 Riders Opted for (if applicable)	Online Cheque	Demand Draft Direct Debit ECS	Single Premium
 1.7 Single/Annualized Premium in ₹ 1.8 Premium Frequency 1.9 Premium as per Frequency (₹) 1.10 Preferred Mode of Payment (for Future Premiums) 1.11 Riders Opted for (if applicable) 	Online Cheque	Demand Draft Direct Debit ECS	Single Premium
 1.7 Single/Annualized Premium in ₹ 1.8 Premium Frequency 1.9 Premium as per Frequency (₹) 1.10 Preferred Mode of Payment (for Future Premiums) 1.11 Riders Opted for (if applicable) For Unit Linked Plans Only 1.12 Automatic Asset Allocation (if applicable) 	Online Cheque Riders Aviva Term Plus Rider Yes No	Demand Draft Direct Debit ECS Sum Assured (₹)	Single Premium
I.7 Single/Annualized Premium in ₹ I.8 Premium Frequency I.9 Premium as per Frequency (₹) I.10 Preferred Mode of Payment (for Future Premiums) I.11 Riders Opted for (if applicable) For Unit Linked Plans Only I.12 Automatic Asset Allocation (if applicable) I.13 Systematic Transfer Plan (if applicable)	Online Cheque Riders Aviva Term Plus Rider	Demand Draft Direct Debit ECS	Single Premium
1.7 Single/Annualized Premium in ₹ 1.8 Premium Frequency 1.9 Premium as per Frequency (₹) 1.10 Preferred Mode of Payment (for Future Premiums) 1.11 Riders Opted for (if applicable) For Unit Linked Plans Only 1.12 Automatic Asset Allocation (if applicable) 1.13 Systematic Transfer Plan (if applicable) 1.14 Type of Fund (if applicable)	Online Cheque Riders Aviva Term Plus Rider Yes No Yes No	Demand Draft Direct Debit ECS Sum Assured (₹) If Yes, Weekly Monthly	Single Premium
1.7 Single/Annualized Premium in ₹ 1.8 Premium Frequency 1.9 Premium as per Frequency (₹) 1.10 Preferred Mode of Payment (for Future Premiums) 1.11 Riders Opted for (if applicable) For Unit Linked Plans Only 1.12 Automatic Asset Allocation (if applicable) 1.13 Systematic Transfer Plan (if applicable) 1.14 Type of Fund (if applicable) Balanced Fund-II % Protector Fund-	Online Cheque Riders Aviva Term Plus Rider Yes No Yes No Growth Fur	Demand Draft Direct Debit ECS. Sum Assured (₹) If Yes, Weekly Monthly nd-II % PSU Fund %	Single Premium
1.7 Single/Annualized Premium in ₹ 1.8 Premium Frequency 1.9 Premium as per Frequency (₹) 1.10 Preferred Mode of Payment (for Future Premiums) 1.11 Riders Opted for (if applicable) For Unit Linked Plans Only 1.12 Automatic Asset Allocation (if applicable) 1.13 Systematic Transfer Plan (if applicable) 1.14 Type of Fund (if applicable)	Online Cheque Riders Aviva Term Plus Rider Yes No Yes No Growth Fur Il % Infrastructure F	Demand Draft Direct Debit ECS. Sum Assured (₹) If Yes, Weekly Monthly nd-II % PSU Fund % und %	Single Premium

YES

1.15 Do you want back dating of the Policy

NO

If yes, Date of Commencement (within current Financial Year)

Date

Month



2. BANK ACCOUNT DETAILS OF THE PROPOSER

Bank	c Account		Avail	able	L	No	ot Avail	lable		Bar	ık Ac	count	: Туре															
Nam	e as per Bank Account																											
Bank	Account Number																											
Bank	« Name													<u> </u>														
MICR	R Code (9 digits)					_	-	-	-	IFS	SC C	ode (1	└── I1 dic	uits)														
				L L	L	L	_ L	- L	- L			,		,,														
3.2	Full Name (Same as ID Proof Title: Mr./Mrs./Ms./Dr. Surname Maiden Name (in case of matitle: Mrs./Ms./Dr. Surname Father's Name/Husband's ITitle: Mr./Dr. Surname Mother's Name	f) First arried First	Name						RED			. L . L					Midd	le Nar	ne L									
	Title: Mrs./Ms./Dr. Surname	First	Name		L	_L		- L				L .L	L				Midd	le Nan	ne 				L L	L L				
3.5	Date of Birth Date Month	Year		_	3.6	Gende	er	Mal Fem			3.7	Mai Stat			Unma			Marrie Divorc			3.8	No. Chil	of dren		1 [2 er than	3] 3] NA
	Age Proof School/Co	llege C	_		NI-di		Municipa					Pas	sport			De	efence	ID Ca	rd			Othe	ers					_
	Nationality Indian Others (Ple			ountry)		Mation			sport N			Indi	an					Please omm				D						
	Status NRI	iridia			PIO	rvation		1 033	эроги	J					_		Α	ddre	SS			Offi	dence ce					
3.14	Do you/your Nominee have	reside	nce fo	or Tax	Purpo	oses in	Jurisd	ictior	n(s) ou	tside	Indi	а		Yes				No	ı	f YES	S, ple	ase f	ill the	add	endı	ım.		
	I agree that I am obliged to r FATCA/CRS rules within 30 d	-			-	-		-		-							al Sta	tus of	myse	elfor	my N	lomii	nee ir	ı futı	ıre a	s per		
	Yes No										1	1	ı	ı	1 1	ı	ı	1 1	1			ı	1	ı	1	1		
3.16	Yes No Current Residential Address	L					_L	.L	L	L	L	L	L	L		L							L					
	Current Residential Address (please include c/o, s/o, w/o,		L		L	_	_	<u>-</u>	-					L						 							 	
	Current Residential Address				L	_ L _ L	_	- L - L	. L . L	L	L		L L	L						 				L				
	Current Residential Address (please include c/o, s/o, w/o, d/o, f/o, wherever necessary) (NRIs please mention your overseas address as your					_ L	_	- L - L - L	-					L L L						 								
	Current Residential Address (please include c/o, s/o, w/o, d/o, f/o, wherever necessary) (NRIs please mention your					_ L		- L - L - L - L						L L L							Distri	ct						
	Current Residential Address (please include c/o, s/o, w/o, d/o, f/o, wherever necessary) (NRIs please mention your overseas address as your communication address)						_	- L - L - L																				
	Current Residential Address (please include c/o, s/o, w/o, d/o, f/o, wherever necessary) (NRIs please mention your overseas address as your communication address)							- L - L - L - L												c	Distri	try						
	Current Residential Address (please include c/o, s/o, w/o, d/o, f/o, wherever necessary) (NRIs please mention your overseas address as your communication address) City/Town/Village State/UT Landmark															L Tel	L CRes			c	Coun	try						
	Current Residential Address (please include c/o, s/o, w/o, d/o, f/o, wherever necessary) (NRIs please mention your overseas address as your communication address) City/Town/Village State/UT Landmark Tel (Office)															Tel Mol				c	Coun	try						
	Current Residential Address (please include c/o, s/o, w/o, d/o, f/o, wherever necessary) (NRIs please mention your overseas address as your communication address) City/Town/Village State/UT Landmark																			c	Coun	try						

¹ If you are an Indian or a Person of Indian Origin, not residing in India, please fill the NRI questionnaire. ² Passport no. only in case of person other than Indian residents. If you wish to mention multiple correspondence/local addresses, please fill the Address Addendum.

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3.17 E	ducational Qualification		Post (Gradu	ate		Gradi	uate			Diplo	ma			12 th F	Pass			Belov	л 12 ^{tt}	h		Othe	r			_		
3.18	Occupation		Servic	ce	(Privat	e Secto	or		Public	: Secto	or		Gove	rnmen	nt Sec	tor)											
			Other	rs	(Profes	ssional			Self E	mploy	/ed		Retire	ed/Pens	sione	r [Н	ousev	wife		Stude	ent)					
			Busin	ess O\	wners		Agricı	ulturist			Othe	·			-														
3.19 S	ource of Income		Salary	/			Busin	ess Inc	ome		Agric	ulture			Inher	itance			Othe	r Inco	me	(Spec	ify)	_				
3.20 V	Vork Details: Exact nature c	of dut	ies																										
	s your occupation associate.g chemical factory, mines, e							etc.)			Yes		No		Your	Desigr	natio	n											
	lame of the Organisation/	L	L	L					L				L			L					L	L				L	L	L	L
В	usiness Address	L	L					L	L							L					L	L			L	L	L	L	L
		L	L					L	L							L						L			L	L	L	L	L
	City/Town/Village	L		L					L			L										Dist	rict		L	L		L	
	State/UT		1	1																		Cour	ntrv						
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	Landmark															. L	_				ı	Pince	oae						
	Tel (Office)																	l (Re			. L					. L			
	Fax No.		.														IVI	obile	· No.		. L	. L				. L	. L		
	Email ID		. L										. L			. L		. L			_	. L			. L	. L	. L		
3.22 L	ife Assured's Annual Incom	e₹										lf	not e	arnin	g, Par	rent's/S	Spou	se's A	nnual	Incor	ne₹.				. L	. L			_
3.23 lı	ncome Tax PAN No.		. L						L																				
3.24 A	adhar Card No.		L						L																				
3.25 C	KYC No.	L	L																										
	4. NOMINA						_								0	NĽ	Υ۱	NΗ	ΙEΝ	IT	ΗE	PR	OP	09	SER	≀ A	ND)	
	THE LIF	ΕT	O I	BE	INS	SUI	REI	Α	RE	TI	ΗE	SA	ME	≣)															
4.1	Name of the Nominee (U Section 39 of the Insurance Act as amended from time to time)	t, 1938	3				First	Nom	inee						Se	cond	Nom	ninee						Thi	ird No	mine	e		
4.2	Relationship to the Life to be Insured																												
4.3	Percentage of Entitleme	nt										 _ L									L								
4.4	Date of Birth			Da	 ate	Mo	onth		Ye	ar		L	Date	[Mor	nth		Year				 Date		_ lonth		_ L	 Year		_
4.5	Address (if different from	LI)																											
4.6	If the Nominee specified	abo	ve is	any į	perso	n otl	her tl	han y	our	pare	nt/sp	ouse	e/child	d, giv	ve re	asons	s for	such	nom	inat	ion i	n the	spac	e pro	ovide	d be	low:		
	If November 1, 200					L			<i>(</i> -1																				
4.7	If Nominee is Minor, plea		ıve d	etails	s of t	ne A	ppoi	ntee	(sho	uld b	e a N	/lajor	r)																
	a. Name of the Appoin	iee																											
	b. Relationship with the Minor																	с.	Date	of B	irth	Date	e	Mo	Lnth	L	Yea	L_ ar	L
	d. Address																	of		Signa									



5. FAMILY AND PERSONAL DETAILS OF THE LIFE TO BE INSURED

	ı	f Alive				If	Deceased				
Family Member	Health Statu	s	Cui	rrent Age	Caus	se of Death	ı	Age at	Dea		
Father											
Mother											
Brother(s)*											
Sister(s)*											
*If you do not have any sib	lings alive or deceased, then please v	vrite "NA" or "-	".								
our Height & Weight	Height (in cms)		Weigh:	t (in kgs)							
-	ny change in weight of more	than 5 kgs in	-		Yes	No					
			i tile past i	year:] 163	NO					
yes, how many kgs?	Loss Gain.	kgs									
•	question A and B, please provid n investigated (including inv				nosed or treated	(medical o	r surgical) for a	ny of the foll	ow		
Co	ondition	Yes	No		Condi	tion		Yes	ı		
• 00 1 11 1				•	1 19 41 21	L. T. W.					
other disorder of hea	angina, heart attack, stroke or a rt or circulation?	any			orders like thyroid on the glands or othe			a,			
2. Any form of cancer, to (benign or malignant)?				10. Disorder of sk congenital dis- arthritis or god							
3. Diabetes?				11. Were you or y HIV/AIDS or a	r C,	[
of the stomach, gall	rhosis, hepatitis, jaundice; disor oladder or intestines, ulcer, gall c diarrhoea, indigestion?	ders		above or any h has not been o	ess, surgery, injury p nealth symptoms or consulted or treatm reight loss, loss of a	complaints ent received	for which a physi d? E.g. persistent f	cian	[
5. Kidney or urinary blac gynecological disorde	lder, stones, prostate disorder or r?		13. Have you been off work or observed restriction of your normal daily activities due to any illness or injury for a continuous period of more than 5 days?								
6. Asthma, bronchitis, prespiratory or lung di	neumonia, TB or any other sorder?			•	u ever been hospitalised or advised hospitalisation for any lated symptoms in last 5 years?						
7. Multiple sclerosis, ep	lepsy, tremor, numbness, doubl	e		15. Are you currer	ntly receiving any m	nedical treat	ment or are you				
vision or giddiness?				_	cal or surgical cons						
8. Mental or nervous illness (including depression) If yes, then Has the illness lasted for more than 3 months and/or			investigation? (You need not disclose matters relating to uncomplicated pregnancy, common colds, influenza, hay-fever or any minor ailment requiring a single consultation)								
Has the illness lasted f	0 consecutive days off from work				reme requiring a sin	gic consum	ation)				
Has the illness lasted f		no. of weeks	pregnant		iene requiring a si	gic consum	ation)				
Has the illness lasted frequiring more than 1 For female lives only. i. Are you Pregnant Lifestyle details	Yes No If yes,	no. of weeks	pregnant			e (if discont					
Has the illness lasted frequiring more than 1 For female lives only. i. Are you Pregnant	Yes No If yes, Current Usese If Yes, Form o	nt Usage	Average	Past Usage	Past Usage	e (if discont	inued) Past Average	Reasons for G			
Has the illness lasted frequiring more than 1 For female lives only. i. Are you Pregnant Lifestyle details of the Life to be	Yes No If yes,	nt Usage of Since When			Past Usage If Yes, Form of Consumption Cigratte/Beedi Chewing Tobacco/Tobacco Toothpaste/Gutka	e (if discont	tinued)	Reasons for G along with Doctor's Advice	Da		
Has the illness lasted frequiring more than 1 For female lives only. i. Are you Pregnant Lifestyle details of the Life to be Insured	Yes No If yes, Curre Current Usage If Yes, Form of Consumption Yes No Cigratte/Beeding Chewing Tobacco/Tobacco/Toothpaste/Gutk	nt Usage of Since When	Average Usage	s Yes No	Past Usage If Yes, Form of Consumption Cigratte/Beedi Chewing Tobacco/Tobacco	e (if discont	Past Average Usage	along with	e/Ot		

^{*1} Unit = Half pint beer/1 glass of wine/1 measure of spirits.

									UPF00000
		y of criminal charges/proceed ou convicted in any criminal p						irrently or in	Yes
4	Are you or your Nom	inee a Politically Exposed	l Person (PEP)	?					Yes
(Central/State governme	ons (PEP) are individuals who ent, Senior politicians, Senior k immediate family member (r government/ji	udicial/Military Of	fficers, Seni	or Executive of Sta	te owned Corporations		
		ment card/ID which is specificatails (please state NA or Not A							
	6. HOBE	BIES/TRAVEL DI	ETAILS						
	Do you take part in a	ny form of motor sport, cl	limbing, divin	ng, caving, flyin	g private a	aircraft, sky divin	g, hang gliding, etc.?	?	Yes
		oroad (other than Canada, as part of your current job		ew Zealand, US	A, EU and	GCC) in the last	five years or have an	у	Yes
li	If yes, please give full de	etails including counties, citie	es, purpose an	d duration of stay	y. (Please co	omplete the Travel	Questionnaire)		
	7 INICIII	RANCE DETAILS	C						
		-							
-	Are you holding any	life, health or critical illnes	ss Insurance F	Policies (in-force	e/paid-up)	in your name or	have submitted any		
		life, health or critical illnes al with us or any other Lif					have submitted any		Yes I
S	simultaneous propos If yes, give details of as well. (If more than	al with us or any other Lif existing Insurance cover of five Policies exist, then g	fe Insurance c of in-force/pa live details of Term of	ompany which id-up Policies in all the Policies	is under continuity the name by attachi	onsideration? e of Life to be Ins ng an addendum	ured. Please include I) Whether accepted a	t ordinary rate	viva Life Insu
S	simultaneous propos If yes, give details of	al with us or any other Lif existing Insurance cover of five Policies exist, then g	fe Insurance c of in-force/pa ive details of	ompany which id-up Policies in all the Policies	is under continuity the name by attachi	onsideration? e of Life to be Ins	ured. Please include I	t ordinary rate	viva Life Insu
S	simultaneous propos If yes, give details of as well. (If more than	al with us or any other Lif existing Insurance cover of five Policies exist, then g	fe Insurance c of in-force/pa live details of Term of	ompany which id-up Policies in all the Policies	is under continuity the name by attachi	onsideration? e of Life to be Ins ng an addendum	ured. Please include I) Whether accepted a	t ordinary rate	viva Life Insu
S	simultaneous propos If yes, give details of as well. (If more than	al with us or any other Lif existing Insurance cover of five Policies exist, then g	fe Insurance c of in-force/pa live details of Term of	id-up Policies in all the Policies Sum Assured/	is under continuity the name by attachi	onsideration? e of Life to be Ins ng an addendum	ured. Please include I) Whether accepted a	t ordinary rate	viva Life Insu
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I a	simultaneous proposi If yes, give details of as well. (If more than Name of the Insure	al with us or any other Lifexisting Insurance cover of five Policies exist, then given a substitute of Policy. Type of Policy of Life Insurance Policies in your contents of the policies in your contents.	fe Insurance coof in-force/pa jive details of Term of Policy	Sum Assured/ Sum Assured/ Sum Assured/	is under con the name by attachi Paid-up ured	onsideration? e of Life to be Ins ng an addendum Year of Issue	ured. Please include I) Whether accepted a If not, state the extra	t ordinary rate	viva Life Insu
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I a	simultaneous proposi If yes, give details of as well. (If more than Name of the Insure Total Annual Premium of Have you ever made an have fully recovered?	al with us or any other Lifexisting Insurance cover of five Policies exist, then given a substitute of Policy. Type of Policy of Life Insurance Policies in your contents of the policies in your contents.	fe Insurance coof in-force/pa live details of Term of Policy our own name	Sum Assured/I Sum Assured/I Sum Assured/I	is under con the name by attachi (Paid-up ured)	onsideration? e of Life to be Insing an addendum Year of Issue ments from which you (If yes)	wred. Please include I) Whether accepted a If not, state the extra	at ordinary rate: a charge impos	viva Life Insuration of the second of the se
I a	If yes, give details of as well. (If more than Name of the Insure) Total Annual Premium of Have you ever made an have fully recovered? Has your proposal or appostponed or accepted	existing Insurance cover of the Policies exist, then given Policies exist, the ginterpolicies exist, the given Policies exist, the given Policies	our own name as or health Policy	Sum Assured/I Su	is under con the name by attachi (Paid-up ured) r minor ailm or critical illr	onsideration? e of Life to be Insing an addendum Year of Issue ments from which y (If yes	wred. Please include I) Whether accepted a If not, state the extra	at ordinary rate	viva Life Insur
I i a	If yes, give details of as well. (If more than Name of the Insure) Total Annual Premium of Have you ever made an have fully recovered? Has your proposal or appostponed or accepted	eal with us or any other Life existing Insurance cover of the Policies exist, then given a supplied of Life Insurance Policies in your critical illness opplication for reinstatement years.	our own name as or health Policy	Sum Assured/I Su	is under con the name by attachi (Paid-up ured) r minor ailm or critical illr	onsideration? e of Life to be Insing an addendum Year of Issue ments from which you (If yes ness cover been de (If yes)	wred. Please include I) Whether accepted a If not, state the extra	at ordinary rate: a charge impos	viva Life Insur
III A	If yes, give details of as well. (If more than Name of the Insure) Total Annual Premium of the Young and the You ever made and the Young and Youn	existing Insurance cover of the Policies exist, then given Policies exist, the ginterpolicies exist, the given Policies exist, the given Policies	our own name as or health Policy ou have made u ever withdray on any other life.	Sum Assured/ Sum Assured/ Sum Assured/ Sum Assured/ Sum Assured/ Sum Assured/ For life, health of the theorem and application fee.	is under con the name by attachi (Paid-up ured) r minor ailm or critical illn	onsideration? of Life to be Insing an addendum Year of Issue The state of Issue Year of Issue In the state of Issue In the state of Issue If yes of Issu	wred. Please include I Whether accepted a If not, state the extra Ou , please give details) clined, , please give details) , please give details)	yes Yes	s. Riders Coved No No No
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8. DECLARATION & AUTHORISATION

- 1. I declare and confirm that all the replies to the questions in the proposal, the details furnished in the enclosed questionnaires, in the documentary evidence and the reports of any medical examination are true and accurate to the best of my knowledge. I have fully understood the nature of the questions and importance of disclosing all material information accurately and truthfully, while answering such questions. I am aware that the policy is sourced on the basis of limited health questions and I declare that no material information required by Aviva Life Insurance Company India Limited (the Company) to assess the risks on my life has been withheld and/or misrepresented by me.
- 2. I undertake to notify the Company of any change in the state of my health, or my occupation or my financial condition, subsequent to the signing of this proposal and before the issuance of policy by the Company. I also undertake to notify the Company if any certification becomes incorrect and to provide fresh self-certification along with documentary evidence with respect to the status of my tax residence, contact details including without limitation residential address, correspondence address, registered email id, phone/mobile numbers, in my (or my beneficiary's/nominee's, as the case may be).

- 3. I hereby understand and agree that the Company is under no obligation to issue the policy on receipt of the proposal form and premium. Risk commences after acceptance of risk by the Company.
- 4. I hereby authorize the Company to conduct medical examinations which may include laboratory tests, cardiac & radiological investigations and other medical tests as deemed by the Company to assess my health status. I hereby accord my express consent to undergo HIV1/2 test by ELISA method. I am aware that this test is only for screening purpose and does not amount to a confirmation for HIV/AIDS. The company reserves the right to accept, decline or offer alternate terms on my proposal for life or health insurance based on the results of medical tests performed.
- I hereby expressly accord consent, for the purpose of assessing the proposal and underwriting the risk and any time thereafter to the Company (a) to collect and retain with itself my personal sensitive information, including without limitation my medical record, financial information relating to the Account and all transactions therein including my bank account details, income tax returns.; (b) to collect from and authorize my past and present employer(s), business associates, medical practitioner, hospital, medical source, any life and non-life insurance Company/organization, government, statutory body, any third parties to release to the Company the records of employment/business or personal sensitive information, including without limitation my medical record, financial information relating to the Account and all transactions therein including my bank account details, income tax returns or other details of mine as may be considered relevant. I/We hereby accept and acknowledge that the Company shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me/us to the Company. I further accord my express consent to the Company to disclose any information contained in the proposal, the annexure, in the reports of any medical examination/laboratory tests or in the documents submitted by me (or as the case may be, by my beneficiary) or procured by the Company to any other insurer or to any reinsurer, law enforcement agencies, statutory auditors, tax authorities, regulatory bodies or any third parties engaged by the Company for the purpose of completion/servicing of this proposal or the resulting policy, Central KYC registry, including but not limited to claims investigator, legal counsels engaged by the Company.
- 6. I declare that all sums of money paid by me to the Company are from a legitimate source and I am legally entitled to use the monies for the purposes envisaged herein. I further undertake to promptly declare the source of any funds paid or sought to be paid by me to the Company, as and when asked for by the Company. I declare that in case I am found guilty of any offence relating to any applicable laws, including without limitation Anti Money Laundering law, Foreign Exchange Management Act, 1999 then the Company shall have the right to handle my policy in the manner as per the applicable laws.
- 7. I hereby understand and agree that fraud, suppression of material fact and misrepresentation would be dealt with in accordance with the provisions of Section 45 of Insurance Act, 1938 as amended from time to time.
- 8. I/We also agree to furnish such information and/or documents as the Company may require from time to time on account of any change in law either in India or abroad in the subject matter herein.
- 9. I/We fully agree and confirm to the use of electronic medium, including email, as a mode of communication, in relation to this proposal/resulting policy, from and to the Company. Also, I hereby consent to receiving information from Central KYC registry through sms/email on the registered number/email address.
- 10. I hereby understand and agree that this proposal form, including any declarations and statements annexed to it or submitted to the Company in connection with the proposal and any additional statement(s) or documents(s) provided by me to the Company shall form part of the policy documents issued by the Company.

Please mention the preferred language for proposal stage of	calling	(We may	call you to verify the details subn	nitted in the proposal form)
Please tick the suitable timings to contact you:	(9 AM – 12 NOON)	[](1	2 NOON – 4 PM)	(4 PM – 7 PM
Do you have an e-Policy account no.	No If yes, please provi	de the elA account no.		
If no, do you want to open an eIA account Yes	No If yes, please subm	nit the completed form fo	or eIA along with required docun	nents to us.
For Existing Policyholders of Aviva				
I would like to update the contact details (Communication proposal form.	address, Phone number, Mobile	number and email ID) ir	n my existing policies with the inf	formation provided in this
Signature/Thumb Impression of the Life to be Insur	red	Signature/Thumb Impro		
Date: Place:		Date:		
DD MM YYYY		DD MM YYYY		

Declarant's Name and Address



UPF00000000

(IN CASE SIGNATURE IS IN VERNACULAR LANGUAGE, THUMB IMPRESSION AND/OR IN CASE THE PROPOSAL HAS NOT BEEN FILLED IN BY THE PROPOSER)

I hereby declare that I have fully explained the contents of the proposal form to the Life to be Insured/Proposer and that he/she has fully understood the same and I have truthfully recorded the answers given by the Life to be Insured/Proposer. Enclose identity proof of the declarant.

	Signature of Declarant
Pincode	Signature of Advisor/SP
मैं यह घोषित करता हूँ कि मैंने इस प्रस्ताव फॉर्म को पूरी तरह समझ लिया	है, और इस प्रस्ताव फॉर्म में मैंने सभी सवालों के जवाब अपनी जानकारी के हिसाब से पूर्णतः सही दिए हैं।
Handwr	ritten Vernacular Declaration
I hereby declare that the contents of this application of insurance ha proposal form shall be a part of the life insurance policy contract, in	ave been fully explained to me & I have fully understood the significance of the proposed contract. This case of its acceptance by the Company.
Witness's Name and Address	
	Signature of Witness
Pincode	Signature of Life to be Insured/Proposer
10. CONSENT FOR CHARGING AGE PROOF (IF APPLICABLE)	G EXTRA PREMIUM IN CASE OF NON-STANDARD
	at I will be paying extra Premium of ₹2.50 per thousand Sum Assured due to submission of Non Standard age ndia Limited. I am aware that this amount will be charged for all subsequent Premiums paid by me.*
*for traditional products, Premium has to be paid towards non-standard	age proof, for Unit Linked Insurance Policies, this is charged from units.
Signature/Thumb Impression of the Life to be Insured	Signature/Thumb Impression of the Proposer (if different from Life Assured)
Date: Place:	Date: Place:



11. SECTION 41 & 45 OF INSURANCE ACT 1938 AS AMENDED FROM TIME TO TIME

Section 41:

- (1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the Premium shown on the Policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer:
 - Provided that acceptance by an Insurance agent of commission in connection with a Policy of Life Insurance taken out by himself on his own, Life shall not be deemed to be acceptance of a rebate of Premium within the meaning of this sub-section if at the time of such acceptance, the Insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.
- (2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Section 45

- (1) No Policy of Life Insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the Policy, i.e., from the date of issuance of the Policy or the date of commencement of risk or the date of revival of the Policy or the date of the Policy, whichever is later.
- (2) A Policy of Life Insurance may be called in question at any time within three years from the date of issuance of the Policy or the date of commencement of risk or the date of revival of the Policy or the date of the rider to the Policy, whichever is later, on the ground of fraud:
 - Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based.
- (3) Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a Life Insurance Policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer:
 - Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the Policyholder is not alive.
- (4) A Policy of Life Insurance may be called in question at any time within three years from the date of issuance of the Policy or the date of commencement of risk or the date of revival of the Policy or the date of the rider to the Policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the Policy was issued or revived or rider issued:
 - Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the Policy of life insurance is based:
 - Provided further that in case of repudiation of the Policy on the ground of misstatement or suppression of a material fact, and not on the ground of fraud, the Premiums collected on the Policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.
- (5) Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no Policy shall be deemed to be called in question merely because the terms of the Policy are adjusted on subsequent proof that the age of the Life Insured was incorrectly stated in the proposal.
 For a complete text of Section 45, please refer to Insurance Act, 1938 as amended from time to time.





 ${\it A Joint Venture between Dabur Invest Corp and Aviva International Holdings Limited}$

Aviva Life Insurance Company India Limited

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E-mail: customerservices@avivaindia.com

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IRDA Registration No : 122
Corporate Identity Number (CIN No) : U66010DL2000PLC107880
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