Existence Certificate For Child Benefits

DOCUMENTS REQUIRED

- ☐ Self-attested Photo ID Proof (Passport/Aadhar (First 8 digits must be masked) / Voter ID / Driving License of the Declarant)
- ☐ PAN card

POLICYHOLDER/BENEFICIARY DETAILS

Policy Number(s)

Name of the Policyholder/ BENEFICIARY/Assignee/Trustee

Current Address

City State Pin Code

Mobile Number Alternate Number

Email ID

PAN No. (Mandatory)

Residential Status (Tick as applicable) ☐ Resident ☐ Non Resident

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

Signature/Thumb impression of the Annuitant

Date D D M M Y Y Y Y

*If either Residential Status is "NRI" or Tax jurisdiction is "Yes", kindly fill the CRS/FATCA Addendum available on the Aviva Website or at any Aviva Branch.

BANK ACCOUNT DETAILS (in case of change in bank account details, please fill the below)

Account Holder's Name
(as appearing in the Bank records)

Bank Name

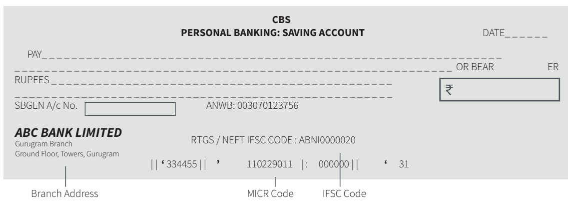
Branch Address

Account Number

IFSC Code (11 digits)

MICR Code (9 digits)

Account Type ☐ Savings Account ☐ Current Account ☐ NRE* ☐ NRO



Signature/Thumb impression of the Annuitant

*Please submit Pre-Printed cancelled cheque copy of your name.
*Aviva will not be responsible for any delay or non-credit due to incorrect banking details.
*Kindly submit Pre Printed cancelled Cheque of NRE Account and Self Attested Bank Statement/Passbook of NRE Account from which premiums are remitted.

VERIFIER DETAILS OR YOU MAY SUBMIT ANNUITANT SELFIE WITH DAILY NEWS PAPER/TELEVISION SCREEN SHOWING THE CURRENT DATE & TIME STAMP

Verifier's Name

Designation

Name of Organization

Employee Code

Category

☐ Aviva Life Insurance Employee ☐ Bank Manager ☐ Post Master ☐ Gazetted Officer ☐ Advocate

☐ Principal of School/College ☐ Magistrate ☐ Sarpanch of Village Panchayat ☐ Medical Practitioner with Reg no. I

_____ hereby certify that Mr/Mrs/Ms _____

Son/Daughter of _____ personally appeared before me and has signed in my presence and his/her signature is attested above. I am fully satisfied about his/her identity.

Verifier's Signature and Organization Stamp

Date D D M M Y Y Y Y

Place _____

FOR BRANCH USE ONLY

Service Request ID

Branch Name

Employee Code

Employee Name & Signature

Branch Stamp & Date

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