

Financial Endorsement Request Form

- The Endorsement form must be filled by the Policyholder and can be submitted at any Aviva Branch or courier to Aviva's Head Office. The Policyholder is required to carry Original Documents for verification at the Aviva branch. Any alterations/corrections in the form need to be duly signed by the Policyholder
- NRI/PIO Customers may get the documents attested by either of the following from the country of residence:
 (a) Embassy (b) Notary or Gazetted Officer equivalent who is authorised to attest documents (c) Banker of the Policyholder
- It is advisable to update your Banking details in Aviva records for direct transfer of future payouts of the policy, if applicable

Policy Number Policyholder Name

Email ID (Mandatory) Mobile No. (Mandatory)

PAN No. (Mandatory)¹

Current Residential Status Residing in India Not Residing in India (Please specify Country)

Residence for Tax Purposes in Jurisdiction(s) outside India Yes No (If "Yes", kindly fill the CRS/FATCA Addendum available on the Aviva website or at any Aviva Branch)

Note:

- Form 60 is to be submitted, if PAN No. is not available.

Please tick the Relevant Request

<input type="checkbox"/> CHANGE IN PREMIUM MODE	<input type="checkbox"/> Auto Debit on Bank Account ¹	<input type="checkbox"/> Standing Instruction on Credit Card ²	<input type="checkbox"/> Cash/Cheque/NEFT/Others
	1. Kindly fill NACH Mandate Form available at any Aviva Branch		2. Kindly fill Credit Card Mandate Form available at any Aviva Branch

<input type="checkbox"/> CHANGE IN PREMIUM FREQUENCY	<input type="checkbox"/> Annual	<input type="checkbox"/> Half Yearly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly
	Monthly frequency is available with Direct Debit /ECS/Credit Card option			

<input type="checkbox"/> PAID UP	<input type="checkbox"/> Sum Assured Intact	<input type="checkbox"/> Paid Up with Zero Sum Assured
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<input type="checkbox"/> SYSTEMATIC TRANSFER PLAN	<input type="checkbox"/> Start STP	<input type="checkbox"/> Stop STP	<small>(Please refer to Product Terms and Conditions for availing this option)</small>
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<input type="checkbox"/> CANCELLATION OF RIDERS	Please specify the Rider Name <input type="text"/>
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<input type="checkbox"/> CHANGE IN TERM, COVER AND PREMIUM		From	To
	<input type="checkbox"/> Premium Payment Term Change	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Policy Term Change	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Cover Level	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Change in Premium	<input type="text"/>	<input type="text"/>

<input type="checkbox"/> TOP UP AMOUNT (RS) <input type="text"/>	Top Up (Additional Single Premium)		Additional Regular Premium	
	Name of New Fund	Percentage	Name of New Fund	Percentage
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Total	100%	Total	100%

Note: For availability of Fund Options, please refer Policy Schedule.

<input type="checkbox"/> FUND SWITCH <input type="checkbox"/> TOP UP PREMIUM SWITCH	Name of Fund	Switch Out(Percent/Amount/Units)	Switch In(Percent/Amount/Units)

<input type="checkbox"/> FUND REDIRECTION	Name of Fund	Switch Out(Percent/Amount/Units)

Please refer to Product Terms and Conditions for availing the below options

<input type="checkbox"/> PREMIUM DISCONTINUANCE	<input type="checkbox"/> COMPLETE WITHDRAWAL	<input type="checkbox"/> PREMIUM HOLIDAY
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DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I permit/authorize the Company to collect, store, communicate and process information relating to the Account and all transactions therein, by the Company and any of its affiliates wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.

Signature/Thumb Impression of Policyholder/Assignee/Trustee	Signature/Thumb Impression of Joint Life Assured	Date <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">D</td> <td style="width: 20px; height: 20px; text-align: center;">D</td> <td style="width: 20px; height: 20px; text-align: center;">M</td> <td style="width: 20px; height: 20px; text-align: center;">M</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			

If the form is signed in Vernacular/Thumb Impression, the below declaration should be made by a person who is not connected to Aviva Life Insurance Company India Ltd. Kindly submit a self attested copy of the Photo Identity Proof of the Declarant.

Declarant's Name _____ Occupation _____

Declarant's Address & Contact Number _____

Declarant's Signature




FOR BRANCH USE ONLY

Service Request ID _____

Branch Name _____ Employee Code

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Employee Name & Signature	Branch Stamp & Date
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 Aviva Life Insurance Company India Limited 401-A, 4th Floor, Block A, DLF Cyber Park, Sector-20, NH-8, Gurugram, Haryana-122 016 www.avivaindia.com	 Customer Service Helpline Number 1800-103-77-66 (Toll Free) 0124-270-9046	 Email customerservices@avivaindia.com
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