

# Non Financial Endorsement 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

Policy Number

Policyholder Name

Email ID (Mandatory)  Mobile No. (Mandatory)

PAN No. (Mandatory)<sup>1</sup>

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:

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

**Please tick the Relevant Request**

**PROFILE UPDATE**

- POLICYHOLDER
- LIFE ASSURED
- ASSIGNEE
- TRUSTEE

Address:  Office  Residential  Correspondence (Tick as applicable)

City  State  Pin Code

Email ID  Alt. Email ID

GSTIN  CKYC No.

Mobile No.  Residential No.

Alternate No.  Occupation

**CHANGE OF NOMINEE**

Name of Nominee	Date of Birth	Relationship with Policyholder	Percentage of Entitlement
<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"/>

If the Nominee specified is any other than your Parent/Spouse/Children, give reasons for such nomination

If Nominee is minor, please give Appointee details.

Name of Appointee  Date of Birth

Relationship with the Minor  Address

Signature/Thumb Impression  
of Appointee

Note: Kindly submit ID Proof of Appointee

**BANK ACCOUNT UPDATE**

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

Bank Name

Branch Address

Account Number

IFSC Code  MICR Code (9 digits)

Account Type  Savings Account  Current Account  NRE\*  NRO

Note: Kindly submit copy of Cancelled Cheque with pre-printed Name and Account Number or Bank Statement reflecting the last 3 months transactions. Aviva will not be responsible for any incorrect banking details

\* For NRE Account type, kindly submit Pre Printed cancelled Cheque of NRE Account and Self Attested Bank Statement/Passbook of NRE Account from which premiums are remitted.

<input type="checkbox"/> <b>RECTIFICATION OF NAME, DATE OF BIRTH, GENDER, HEIGHT AND WEIGHT</b>	Role Details	Full Name	Date of Birth				Gender	Height(cm)	Weight(kg)				
	Life Assured		D	D	M	M	Y	Y	Y	Y			
	Policyholder		D	D	M	M	Y	Y	Y	Y			
	Father/Spouse		D	D	M	M	Y	Y	Y	Y			

Note: Valid age proof with New Name and Date of Birth is required for processing the request

<input type="checkbox"/> <b>DUPLICATE POLICY REQUEST</b>  <input type="checkbox"/> <b>AT CORRESPONDENCE ADDRESS</b>  <input type="checkbox"/> <b>AT THE MENTIONED BRANCH</b>	<input type="checkbox"/> Lost the Policy Document <input type="checkbox"/> Not received the Policy Document    Remarks _____
	<input type="checkbox"/> ₹295/- <sup>1</sup> <input type="checkbox"/> Indemnity Bond on ₹100 Stamp Paper <sup>1</sup> <input type="checkbox"/> Bank Statement showing the Remittance proof <sup>2</sup>
	<input type="checkbox"/> Photo ID Proof <input type="checkbox"/> Colored Photograph <input type="checkbox"/> Copy of Photo ID Proof provided at the time of Policy Inception
	<input type="checkbox"/> Cancelled Cheque Leaf

Note :

- ₹295/- and Indemnity Bond on ₹100 Stamp Paper is required only if the request is received after 1 year of the policy commencement date or if Policy is lost
- Bank Statement showing the Remittance proof is applicable where premium is received through NEFT/ECS/Cheque

### 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 <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
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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

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