

<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 <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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