

Unique Reference Number: NUPF00000000

FOR OFFICE USE ONLY

Proposal Number	NUPF	
For Existing Customer	Customer ID	Policy No.
Details of the Point of Sales Person		
Name		
Advisor Number		
Aadhaar Number		
PAN Number		
For Bancassurance Channel Only		
Bank Partner		
Bank Branch Code		
Customer Segment		
SP Certificate No.		
Affix Photo		

SECTOR ☐ Urban ☐ Rural ☐ Social ☐ NRI Unique Village Code - - -

PROPOSAL DEPOSIT DETAILS

Cheque/DD No.	Date	STAFF
Amount	Drawn on	Direct Marketing



NOTES:

The proposal form should be filled in accurately & completely in CAPITAL LETTERS. If any section is not applicable, please write NA.

- Key Feature Document should be carefully read & understood by the Applicant.
- Any alterations, overwriting and/or ink change needs to be countersigned by the Applicant.
- Receipt by the Company of the completed proposal and initial payment does not create any obligation on the part of the Company to underwrite the risk and the Company shall not be liable until such time it has underwritten the risk and issued the policy. Same applies for allocation of units for ULIP policies.
- The Cheque/DD/other payment instrument, as acceptable by Aviva, shall be drawn in favor of 'Aviva Life Insurance Account Proposal Number _____'.
The advisor is not authorized to collect cash / bearer cheque that is meant for the Company.
- If this proposal is withdrawn before the policy is issued, the application money shall be refunded by NEFT ONLY, post deduction of medical examination expenses incurred, if applicable.



1. DETAILS OF THE PLAN APPLIED FOR

- Name of the Plan P o s - A v i v a D h a n S u r a k s h a
- Term of the Plan 1 1
- Premium Paying Term 1 0
- Sum Assured in ₹
- Annualized Premium in ₹
- Premium Frequency ☐ Yearly
- Preferred Mode of Payment (for Future Premiums) ☐ Online ☐ Cheque ☐ Demand Draft ☐ Direct Debit ☐ ECS/NACH ☐ NEFT ☐ Credit Card/EDC



2. BANK ACCOUNT DETAILS OF THE LIFE INSURED

- Bank Account ☐ Available ☐ Not Available Bank Account Type
- Name as per Bank Account
- Bank Account Number
- Bank Name
- MICR Code (9 digits) IFSC Code (11 digits)



3. DETAILS OF LIFE TO BE INSURED

- Full Name (Same as ID Proof)
Title: Mr./Mrs./Ms./Dr. First Name Middle Name Surname
- Maiden Name (in case of married female, if different)
Title: Mrs./Ms./Dr. First Name Middle Name Surname

3.3 Father's Name/Husband's Name

Title: Mr./Dr.

First Name

Middle Name

Surname

3.4 Mother's Name

Title: Mrs./Ms./Dr.

First Name

Middle Name

Surname

3.5 Date of Birth

3.6 Gender

☐ Male☐ Female☐ Transgender

3.7 Marital Status

☐ Unmarried☐ Married☐ Widow(er)☐ Divorced

3.8 No. of Children

☐ 1☐ 2☐ 3☐ Greater than 3☐ NA

3.9 Age Proof

☐ School/College Certificate☐ Municipal Records☐ Passport☐ Defence ID Card☐ Others _____3.10 Nationality¹☐ Indian☐ Foreign National☐ Others (Please Specify Country) _____

3.11 Citizenship

☐ Indian☐ Others (Please Specify Country) _____

3.12 Residential Status

☐ Residing in India☐ Foreign National

*Passport No. _____

☐ NRI☐ PIO

3.13 Communication Address

☐ Residence☐ Office

3.14 Do you/your Nominee have residence for Tax Purposes in Jurisdiction(s) outside India

☐ Yes☐ No

If YES, please fill the addendum.

3.15 I agree that I am obliged to notify Aviva of any change in Nationality, Citizenship, Jurisdiction or Tax Residential Status of myself or my Nominee in future as per FATCA/CRS rules within 30 days of such change. I have declared my tax residency based on my understanding.

☐ Yes☐ No

3.16 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)

Email ID

4. NOMINATION DETAILS

4.1 Name of the Nominee (Under Section 39 of the Insurance Act, 1938 as amended from time to time)

First Nominee

Second Nominee

Third Nominee

4.2 Relationship to the Life to be Insured

4.3 Percentage of Entitlement

4.4 Date of Birth

4.5 Address (if different from LI)

¹ If you are an Indian or a Person of Indian Origin, not residing in India, please fill the NRI questionnaire.

* 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.

4.6 If the Nominee specified above is any person other than your parent/spouse/child, give reasons for such nomination in the space provided below:

4.7 If Nominee is Minor, please give details of the Appointee (should be a Major)

a. Name of the Appointee

b. Relationship with the Minor

c. Date of Birth

d. Address

Signature of the Appointee



5. DECLARATION OF GOOD HEALTH OF THE LIFE TO BE INSURED

- A. Have you ever been investigated (including investigations, test, scans or X-Ray), diagnosed or treated (medical or surgical) or currently taking treatment for any of the following illnesses or medical conditions like heart disease, stroke, hypertension, paralysis, cancer, tumor, diabetes, liver disease, Kidney disease, Tuberculosis or any other lung disease, mental illness, HIV infection, STD or AIDS? ☐ Yes ☐ No
- B. Have you been absent from work due to illness or injury for a continuous period of more than 10 days during the last one year? ☐ Yes ☐ No



6. PERSONAL DETAILS OF THE LIFE TO BE INSURED

- A. Do you have any history of criminal charges/proceeding against you and /or are there any criminal charges or proceeding against you currently or in the past and/or were you convicted in any criminal proceeding and/or are on bail/probation/suspended sentence? ☐ Yes ☐ No
- B. Are you or your Nominee a Politically Exposed Person (PEP)? ☐ Yes ☐ No
- Politically Exposed Persons (PEP) are individuals who are or have been entrusted with prominent public functions, for example Heads/Ministers of Central/State government, Senior politicians, Senior government/judicial/Military Officers, Senior Executive of State owned Corporations, important political party officials & immediate family member of above persons (spouse, children, parents, siblings & in-laws)
- C. Do you hold any government card/ID which is specifically issued for economically and financially backward strata of the society like BPL Card, MGNREGA Card, etc. Please give details (please state NA or Not Applicable, if this is not applicable to you)



7. DECLARATION & AUTHORISATION

- I declare and confirm that all the replies and information furnished by me in the proposal form along with the supporting documentary evidence 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 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.
- 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).
- I understand and agree that submission of the proposal form and initial premium to Company is not an obligation to issue the policy. The insurance cover will start only after acceptance of risk by the Company.
- I expressly accord consent and authorize the Company, for the purpose of assessing my proposal and underwriting the risk, to collect and retain with itself my information, including any personal or sensitive personal information provided by me or procured by the Company. I further accord my express consent to the Company to disclose any information contained in the proposal or in the documents submitted by me or procured by the Company to any government bodies or third parties engaged by the Company for the purpose of policy administration and servicing, to pursue legal claims and remedies, to any other insurer or any other reinsurer, to enforce its rights under the policy issued to me, to statutory auditors, to tax authorities, Central KYC registry, to claims investigator, legal counsels engaged by the Company and as required under law.
- 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.
- 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.
- I agree and consent to being contacted through email, SMS, telephone or a letter for any policy related, regulatory or product related information by the Company or its authorized third parties in relation to this proposal and / or resulting policy. I also consent to receiving information from Central KYC registry through SMS/ email on the registered number/ email address provided by me. I agree that such transactions shall be valid and legally binding on me.
- I hereby understand and agree that this proposal form along with supporting declarations, statements and documents submitted to the Company including any additional statement(s) or documents(s) etc 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 calling (We may call you to verify the details submitted in the proposal form)

Please tick the suitable timings to contact you:

☐ (9 AM – 12 NOON)

☐ (12 NOON – 4 PM)

☐ (4 PM – 7 PM)

Do you have an e-Policy account no.

☐ Yes ☐ No

If yes, please provide the eIA account no.

If no, do you want to open an eIA account

☐ Yes ☐ No

If yes, please submit the completed form for eIA along with required documents to us.

For Existing Policyholders of Aviva

I would like to update the contact details (Communication address, Phone number, Mobile number and email ID) in my existing policies with the information provided in this proposal form.



Signature/Thumb Impression of the Life to be Insured

Date:

Place:



Signature/Thumb Impression of the Proposer
(if different from the Life to be Insured)

Date:

Place:



8. DECLARATION BY THE PERSON FILLING THE FORM

(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.

Declarant's Name and Address

Pincode									

Signature of Declarant _____

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।

I hereby declare that the contents of this application of insurance have been fully explained to me & I have fully understood the significance of the proposed contract. This proposal form shall be a part of the life insurance policy contract, in case of its acceptance by the Company.

Witness's Name and Address

Pincode									

Signature of Witness _____

Signature/Thumb Impression of Life to be Insured/Proposer _____



9. 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 rider to 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.



A Joint Venture between Dabur Invest Corp and Aviva International Holdings Limited

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IRDA Registration No : 122

Corporate Identity Number (CIN No) : U66010DL2000PLC107880

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