

Proposal Number ਪ੍ਰਸਤਾਵ ਨੰ.	TIA -
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Customer ID ਗਾਹਕ ਆਈ.ਡੀ.	
Policy No. ਪਾਲਸੀ ਨੰਬਰ	

SECTOR ਸੈਕਟਰ	<input type="checkbox"/> Urban ਸ਼ਹਿਰੀ	<input type="checkbox"/> Rural ਪੇਂਡੂ	<input type="checkbox"/> Social ਸਮਾਜਿਕ	<input type="checkbox"/> NRI ਐੱਨ.ਆਰ.ਆਈ.
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Product Name ਉਤਪਾਦ ਦਾ ਨਾਮ	Aviva AnnuityPlus ਪ੍ਰਸਤਾਵ ਫਾਰਮ
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Proposal Form ਪ੍ਰਸਤਾਵ ਫਾਰਮ

Notes: ਨੋਟਸ:

- The proposer should be satisfied with the details of the product(s) and must pay specific attention to the Key Features brochure of the product(s).
- 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.
- If the proposer omits to give full and accurate information as required or misrepresents any information, the policy contract could be declared null and void.
- Proof of age is mandatory.
- Please counter sign on alterations/overwriting/ink change, if any, made in the proposal form.

ਪੇਸ਼ਕਰਤਾ ਉਤਪਾਦ(ਦਾਂ) ਦੇ ਵੇਰਵਿਆਂ ਨਾਲ ਸੰਤੁਸ਼ਟ ਹੋਣਾ ਚਾਹੀਦਾ ਹੈ ਅਤੇ ਉਤਪਾਦ(ਦਾਂ) ਦੇ ਮੁੱਖ ਵਿਸ਼ੇਸ਼ਤਾ ਬ੍ਰਾਊਚਰ ਲਈ ਵਿਸ਼ੇਸ਼ ਧਿਆਨ ਦੇਣਾ ਚਾਹੀਦਾ ਹੈ।
ਮੁਕੰਮਲ ਪੇਸ਼ਕਰਤਾ ਅਤੇ ਸ਼ੁਰੂਆਤੀ ਭੁਗਤਾਨ ਦੀ ਕੰਪਨੀ ਦੁਆਰਾ ਰਸੀਦ ਜੋਖਮ ਦੀ ਜਿੰਮੇਵਾਰੀ ਲੈਣ ਲਈ ਕੰਪਨੀ ਦੇ ਹਿੱਸੇ 'ਤੇ ਕੋਈ ਵਾਅਦਾ ਨਹੀਂ ਕਰਦੀ, ਅਤੇ ਕੰਪਨੀ ਜਵਾਬਦੇਹ ਨਹੀਂ ਹੋਵੇਗੀ ਜਦ ਤੱਕ ਇਹ ਜੋਖਮ ਦੇ ਦਸਤਖਤ ਨਹੀਂ ਕਰਦੀ ਅਤੇ ਪਾਲਸੀ ਨੂੰ ਜਾਰੀ ਨਹੀਂ ਕਰਦੀ।

ਉਮਰ ਦਾ ਸਬੂਤ ਦੇਣਾ ਲਾਜ਼ਮੀ ਹੈ।
ਕਿਰਪਾ ਕਰਕੇ ਸੋਧ/ਊਂਧਰੀ ਲੇਖ/ਇੰਕ ਬਦਲਾਓ 'ਤੇ ਪ੍ਰਤੀਦਸਤਖਤ, ਜੇਕਰ ਕੋਈ ਹੈ, ਪੇਸ਼ਕਰਤਾ ਫਾਰਮ ਵਿੱਚ ਕਰੋ।

1. Details of the Annuitant 00000000		Please complete in CAPITAL LETTERS (ਕੇਵਲ ਵੱਡੇ ਅੱਖਰਾਂ ਵਿੱਚ ਭਰਿਆ ਜਾਵੇ)	
1.1 Full Name : THIS IS HOW YOUR NAME WILL APPEAR ON THE POLICY CERTIFICATE. PLEASE LEAVE A SPACE BETWEEN EACH PART OF THE NAME. ਪੂਰਾ ਨਾਮ ਇਹ ਹੈ ਕਿ ਪਾਲਸੀ ਸਰਟੀਫਿਕੇਟ 'ਤੇ ਭੁਗਤਾਨਾ ਨਾਮ ਕਿਵੇਂ ਦਿਖਾਈ ਦੇਵੇਗਾ। ਕਿਰਪਾ ਕਰਕੇ ਨਾਮ ਦੇ ਹਰ ਭਾਗ ਦਰਮਿਆਨ ਇੱਕ ਖਾਲੀ ਜਗ੍ਹਾ ਛੱਡੋ।			
Title : Mr. / Mrs. / Ms. / Dr. ਸਿਰਲੇਖ ਸ਼੍ਰੀਮਾਨ / ਸ਼੍ਰੀਮਤੀ / ਕੁਆਰੀ / ਡਾ.		First Name ਪਹਿਲਾ ਨਾਮ Middle Name ਮੱਧ ਨਾਮ Surname ਗੋਰ	
1.2 Maiden Name (in case of married female life to be insured) ਵਿਆਹ ਤੋਂ ਪਹਿਲਾਂ ਦਾ ਨਾਮ (ਵਿਆਹਤਾ ਮਹਿਲਾ ਦਾ ਬੀਮਾ ਕੀਤੇ ਜਾਣ ਦੇ ਮਾਮਲੇ ਵਿੱਚ) Title : Ms. / Dr. ਸਿਰਲੇਖ ਸ਼੍ਰੀਮਤੀ / ਕੁਆਰੀ / ਡਾ. First Name ਪਹਿਲਾ ਨਾਮ Middle Name ਮੱਧ ਨਾਮ Surname ਗੋਰ			
1.3 Father's Name ਪਿਤਾ ਦਾ ਨਾਮ Title : Mr. / Dr. ਸਿਰਲੇਖ ਸ਼੍ਰੀਮਾਨ / ਕੁਆਰੀ / ਡਾ. First Name ਪਹਿਲਾ ਨਾਮ Middle Name ਮੱਧ ਨਾਮ Surname ਗੋਰ			
1.4 Date of Birth ਜਨਮ ਦਾ ਰਾਕਿ Date ਰਾਕਿ Month ਮਹੀਨਾ Year ਸਾਲ		1.5 Gender ਲਿੰਗ <input type="checkbox"/> Male ਪੁਰਸ਼ <input type="checkbox"/> Female ਮਹਿਲਾ	1.6 Marital Status ਵਿਆਹੁਤਾ ਸਥਿਤੀ: <input type="checkbox"/> Unmarried ਇਕੱਲੀ <input type="checkbox"/> Widower ਵਿਧਵਾ <input type="checkbox"/> Married ਵਿਆਹੁਤਾ <input type="checkbox"/> Divorced ਤਲਾਕਸ਼ੁਦਾ
1.7 Nationality ਕੌਮੀਅਤ <input type="checkbox"/> Indian ਭਾਰਤੀ <input type="checkbox"/> Foreign National ਵਿਦੇਸ਼ੀ ਰਾਸ਼ਟਰੀ <input type="checkbox"/> Person of Indian Origin ਭਾਰਤੀ ਮੂਲ ਦੇ ਵਿਅਕਤੀ		1.7 No. of Children ਬੱਚਿਆਂ ਦੀ ਸੰਖਿਆ Greater than 3 3 ਤੋਂ ਜ਼ਿਆਦਾ <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> NA	
1.8 Residential Status ਰਿਹਾਇਸ਼ੀ ਸਥਿਤੀ <input type="checkbox"/> Residing in India ਭਾਰਤ ਵਿੱਚ ਰਹਿਣ ਵਾਲੇ <input type="checkbox"/> Not Residing in India ਭਾਰਤ ਤੋਂ ਬਾਹਰ ਰਹਿਣ ਵਾਲੇ		'Specify Country of residence ਰਿਹਾਇਸ਼ੀ ਦੇਸ਼ ਦੱਸੋ	
1.9 Communication Address ਸੰਚਾਰ ਪਤਾ <input type="checkbox"/> Residence ਨਿਵਾਸ <input type="checkbox"/> Permanent ਪੇਕਾ <input type="checkbox"/> Office ਦਫ਼ਤਰ			
1.10 Current Residential Address (PLEASE LEAVE A SPACE BETWEEN EACH PART OF THE ADDRESS) ਮੌਜੂਦਾ ਨਿਵਾਸ ਦਾ ਪਤਾ ਕਿਰਪਾ ਕਰਕੇ ਪਤੇ ਦੇ ਹਰ ਭਾਗ ਦਰਮਿਆਨ ਖਾਲੀ ਜਗ੍ਹਾ ਛੱਡੋ			
Address (Please include c/o, s/o, w/o, d/o, h/o, f/o wherever necessary) ਪਤਾ (ਕਿਰਪਾ ਕਰਕੇ ਮਾਰਵਾੜ, ਸਪੁ, 'ਤਰ, ਪਤਨੀ, ਸਪੁੱਤਰੀ, ਪ੍ਰਧਾਨ, ਆਦਿ/ਓ ਜਿੱਥੇ ਲੋੜੀਂਦਾ ਹੋਵੇ)		Landmark ਭੂਮੀ-ਚਿੰਨ੍ਹ	
City/Village ਸ਼ਹਿਰ/ਪਿੰਡ		Pin Code ਪਿੰਨ ਕੋਡ	
Phone ਫੋਨ		Mobile ਮੋਬਾਇਲ	
STD Code ਐੱਸ.ਟੀ.ਡੀ. ਕੋਡ		Phone No. ਫੋਨ ਨੰ.	

¹If you are an Indian or a Person of Indian Origin, not residing in India, please fill the NRI questionnaire. ਜੇਕਰ ਤੁਸੀਂ ਭਾਰਤੀ ਹੋ ਜਾਂ ਭਾਰਤੀ ਮੂਲ ਦੇ ਵਿਅਕਤੀ ਹੋ, ਭਾਰਤ ਵਿੱਚ ਨਹੀਂ ਰਹਿੰਦੇ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਪ੍ਰਸ਼ਨਾਵਲੀ ਭਰੋ।

1.11 Permanent Address (IF DIFFERENT FROM CURRENT RESIDENTIAL ADDRESS)		ਜੇਕਰ ਮੌਜੂਦਾ ਰਿਹਾਇਸ਼ੀ ਪਤੇ ਤੋਂ ਵੱਖਰਾ ਹੈ	
Address (Please include c/o,s/o,w/o,d/o, h/o,f/o wherever necessary)			
ਪਤਾ			
(ਕਿਰਪਾ ਕਰਕੇ ਮਾਰਵੜ, ਸਪੁੱਤਰ, ਪਤਨੀ, ਸਪੁੱਤਰੀ, ਪ੍ਰਧਾਨ, ਆਦਿ/ਓ ਜਿੱਥੇ ਲੋੜੀਂਦਾ ਹੋਵੇ)			
Landmark		Pin Code	
ਭੂਮੀ-ਚਿੰਨ੍ਹ		ਪਿੰਨ ਕੋਡ	
City/Village		District	
ਸ਼ਹਿਰ/ਪਿੰਡ		ਜਿਲ੍ਹਾ	
Phone		State	
ਫੋਨ		ਪ੍ਰਾਂਤ	
STD Code		Phone No.	
ਐੱਸ.ਟੀ.ਡੀ. ਕੋਡ		ਫੋਨ ਨੰ.	
Mobile		ਮੋਬਾਇਲ	
1.13 Educational Qualification		12th Pass	
ਵਿਧਿਅਕ ਯੋਗਤਾ		12ਵੀਂ ਪਾਸ	
Post Graduate		Below 12th	
ਪੋਸਟ ਗ੍ਰੈਜੂਏਟ		ਭਾਗ 12 ਤੋਂ ਘੱਟ	
Graduate		Others (Specify)	
ਗ੍ਰੈਜੂਏਟ		ਕੋਈ ਹੋਰ (ਸਪਸ਼ਟ ਕਰੋ)	
1.14 Occupation		Self-employed	
ਕਿੱਤਾ		ਸਵੈ-ਰੋਜ਼ਗਾਰ	
Salaried		Student	
ਆਮਦਨੀ		ਵਿਦਿਆਰਥੀ	
Housewife		Others (Specify)	
ਘਰੇਲੂ ਔਰਤ		ਕੋਈ ਹੋਰ (ਸਪਸ਼ਟ ਕਰੋ)	
Retired/Pensioner		Agriculturist	
ਸੇਵਾ-ਮੁਕਤ/ਬੈਂਪੀ ਪੈਨਸ਼ਨ		ਕਿਸਾਨ	
If student (a) Course presently pursuing		(b) Name of Institution	
ਜੇਕਰ ਵਿਦਿਆਰਥੀ ਹੈ ਮੌਜੂਦਾ ਕਰ ਰਹੇ ਕੋਰਸ		ਸੰਸਥਾ ਦਾ ਨਾਮ	
ਸੰਸਥਾ ਦਾ ਨਾਮ		ਕੋਰਸ ਦੀ ਮਿਆਦ	
Work details of life to be insured		ਜੀਵਨ ਬੀਮਾ ਕੀਤੇ ਜਾਣ ਦੇ ਵੇਰਵੇ	
1.15 Exact Nature of Duties (Give Description e.g: Trading In Food Grain / Textiles, Driving Taxi / Business of Diamond Export etc.)			
ਡਿਊਟੀਆਂ ਦੀ ਅਸਲ ਕਿਸਮ ਵਰਣਨ ਕਰੋ ਉਦਾਹਰਣ ਦੇ ਨਦੀ ਭੋਜਨ ਅਨਾਜ / ਕੱਪੜਾ ਵਿੱਚ ਵਪਾਰ, ਟੈਕਸਟਾਈਲ ਚਲਾਉਣਾ / ਹੀਰਾ ਨਿਰਯਾਤ ਦਾ ਕਾਰੋਬਾਰ ਆਦਿ			
1.16 Your Designation		ਰੁਹਾਣਾ ਅਹੁਦਾ/ਪਦ	
1.17 Is your occupation associated with any specific hazard (e.g. Chemical factory, mines, explosives, corrosive chemicals etc.)		YES	
ਜੇਕਰ, ਦਿੱਤਾ ਕਿਸੇ ਖਾਸ ਜੋਖਮ ਨਾਲ ਸੰਬੰਧਤ ਹੈ (ਉਦਾਹਰਣ ਰਸਾਇਣਕ ਫੈਕਟਰੀ, ਮੀਨ, ਫਲਾਮਾ, ਖਰਾਬ ਰਸਾਇਣਕ ਆਦਿ)		NO	
1.18 Name of Organisation/Business		ਸੰਸਥਾ/ਕਾਰੋਬਾਰ ਦਾ ਨਾਮ	
Address		ਪਤਾ	
Landmark		Pin Code	
ਭੂਮੀ-ਚਿੰਨ੍ਹ		ਪਿੰਨ ਕੋਡ	
City/Village		District	
ਸ਼ਹਿਰ/ਪਿੰਡ		ਜਿਲ੍ਹਾ	
Phone		State	
ਫੋਨ		ਪ੍ਰਾਂਤ	
STD Code		Phone No.	
ਐੱਸ.ਟੀ.ਡੀ. ਕੋਡ		ਫੋਨ ਨੰ.	
Mobile		ਮੋਬਾਇਲ	
1.18 Annuitant's Annual Income Rs. :			
1.20 E-mail ID		ਈ-ਮੇਲ ਆਈ.ਡੀ.	
1.21 Age proof		School/College Certificate	
ਉਮਰ ਦਾ ਸਬੂਤ		ਸਕੂਲ/ਕਾਲਜ ਦਾ ਸਰਟੀਫਿਕੇਟ	
Municipal Records		Defence ID Card	
ਨਗਰ ਨਿਗਮ ਰਿਕਾਰਡ		ਰੱਖਿਆ ਆਈ.ਡੀ. ਕਾਰਡ	
Passport		Others (Specify)	
ਪਾਸਪੋਰਟ		ਕੋਈ ਹੋਰ (ਸਪਸ਼ਟ ਕਰੋ)	
1.22 Income Tax PAN Number		ਆਮਦਨ ਕਰ ਪਨ (PAN) ਨੰਬਰ	
2. Nomination/Beneficiary Details (Applicable for option II,III & IV only)			
2.1 Name of the Nominee/Beneficiary		ਨਾਮੀਨੀ/ਬੇਨੀਫਿਸ਼ਰੀ	
(*Under section 39 of the Insurance Act 1938)			
2.2 Relationship to the Annuitant			
2.3 Date of Birth		ਜਨਮ ਤਾਰੀਖ	
Date		Month	
ਤਾਰੀਖ		ਮਹੀਨਾ	
Year		ਸਾਲ	
2.4 Address		ਪਤਾ	
Landmark		Pin Code	
ਭੂਮੀ-ਚਿੰਨ੍ਹ		ਪਿੰਨ ਕੋਡ	
City/Village		District	
ਸ਼ਹਿਰ/ਪਿੰਡ		ਜਿਲ੍ਹਾ	
Phone		State	
ਫੋਨ		ਪ੍ਰਾਂਤ	
STD Code		Phone No.	
ਐੱਸ.ਟੀ.ਡੀ. ਕੋਡ		ਫੋਨ ਨੰ.	
Mobile		ਮੋਬਾਇਲ	
2.5 If the nominee/Beneficiary specified above is any person other than your parent/spouse/child, give reasons for such nomination in the space provided below:			
ਜੇਕਰ ਉਪਰੋਕਤ ਨਿਰਧਾਰਤ ਕੀਤਾ ਨਾਮਜ਼ਦ/ਤੁਹਾਡਾ ਮਾਪਿਆਂ/ਜੀਵਨ ਸਾਥੀ/ਬੱਚੇ ਤੋਂ ਬਿਨਾਂ ਕੋਈ ਹੋਰ ਹੈ, ਤਾਂ ਹੇਠ ਦਿੱਤੀ ਖਾਲੀ ਜਗ੍ਹਾ ਵਿੱਚ ਅਜਿਹੇ ਨਾਮਜ਼ਦ/ਲਈ ਕਾਰਨ ਦੱਸੋ:			
If Nominee/Beneficiary is a Minor, please give details of the appointee (should be a Major)		ਜੇਕਰ ਨਾਮਜ਼ਦ/ਮਾਮਲਾ ਹੈ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਨਿਯੁਕਤ ਵਿਅਕਤੀ ਦੇ ਵੇਰਵੇ ਦਿਓ	
a. Name of the Appointee		ਨਿਯੁਕਤੀ ਕਰਨ ਵਾਲੇ ਦਾ ਨਾਮ	
b. Relationship to the Minor		ਨਾਬਾਲਗ ਨਾਲ ਹਿੱਸਾ	
c. Date of Birth		ਜਨਮ ਤਾਰੀਖ	
Date		Month	
ਤਾਰੀਖ		ਮਹੀਨਾ	
Year		ਸਾਲ	

d. Address
ਪਤਾSignature
of the Appointee
ਨਿਯੁਕਤੀ ਕਰਨ ਵਾਲੇ ਦੇ ਦਸਤਖਤPhone
ਫੋਨMobile
ਮੋਬਾਇਲSTD Code
ਐੱਸ.ਟੀ.ਡੀ. ਕੋਡPhone No.
ਫੋਨ ਨੰ.

3. Details of the plan applied for

3.1 Name of the Plan: **Aviva AnnuityPlus**3.2 Annuity Option: ☐ (I) Life Annuity ☐ (II) Annuity guaranteed for 5 years and life thereafter ☐ (III) Annuity guaranteed for 10 years and life thereafter
☐ (IV) Annuity guaranteed for 15 years and life thereafter ☐ (V) Annuity for life increasing @ 3% per annum simple

3.3 Purchase price (Not applicable for Aviva Pension policyholders)

3.4 Are you funding the purchase price through the maturity proceed of an existing pension policy. ☐ Yes ਹਾਂ ☐ No ਨਹੀਂ3.5 Annuity frequency: ☐ Yearly ਸਾਲਾਨਾ ☐ Half-Yearly ਫਾਸ਼ੀ ☐ Quarterly* ਤਿਮਾਹੀ ☐ Monthly* ਮਾਹੀਨੇਵਾਰ

(If the annuity payable is less than Rs. 500, Aviva will automatically change annuity mode to higher level.)

*
Only NEFT mode of payment is allowed for Quarterly and Monthly frequency of Annuity3.6 Preferred mode of payout: ਭੁਗਤਾਨ ਦਾ ਤਰਜੀਹੀ ਢੰਗ ☐ Cheque ਚੈੱਕ ☐ NEFT (National Electronic Fund Transfer)

3.7 Bank Details (For Annuity Payout)

Bank Account Number

Bank Name ਬੈਂਕ ਦਾ ਨਾਮ

Account Type ਖਾਤਾ ਕਿਸਮ

☐ Saving Account
ਬਚਤ ਖਾਤਾ☐ Current Account
ਚਾਲੂ ਖਾਤਾ☐ NRO/NRE
ਐੱਨ.ਆਰ.ਓ/ ਐੱਨ.ਆਰ.ਈ.Address of
Branch
ਸ਼ਾਖਾ ਦਾ ਪਤਾ

MICR Code (9 digits)

Please note:

- a. For NEFT mode of payment, please enclose cancelled cheque and submit the duly completed and signed NEFT mandate.
- b. Existence certificate is required to be submitted on every policy anniversary for option I & V to receive annuity in the following year. For option-II,III & IV, this is required at the end of year-5, year-10 & year-15 respectively and every year thereafter.

For Aviva Pension policyholders only

3.8 Pension policy number

3.9 Date of maturity

3.10 Fund Value as on Rs.

(Fund Value on maturity may differ basis the NAV movement.)

3.11 Commutation opted Yes ☐ ਹਾਂ No ☐ ਨਹੀਂIf yes, ☐ 1/3rd of the fund value at vesting ☐ Less than 1/3rd of the fund value at vesting ☐ (Specify Percentage)

Purchase price will be calculated as fund value on maturity less commutation if, opted

3.12 Do you want to increase the purchase price Yes ☐ ਹਾਂ No ☐ ਨਹੀਂ

If yes, please mention the additional amount you want to pay Rs.

5. Declaration & Authorization

ਐਲਾਨ ਅਤੇ ਇਖਤਿਆਰੀਕਰਨ

I declare that I have answered the question in the proposal form and have fully understood the nature of the questions and the importance of disclosing all material information while answering such questions. I further declare that the answers given by me to all the questions in the proposal form are true and complete in every respect and that I have not withheld any material information or suppressed any material fact. I also certify that I have read and understood the Benefits and Exclusion Sheet as published by the company that were handed over to me along with this proposal form.

In order to enable the company to assess the risk under my proposal and any time thereafter, I hereby authorise my past and present employer(s) business associates/medical practitioner / hospital any medical source / any life and non-life insurance company / or organisation or Life Insurance Association's medical register to release to the Company and the Company to release to any medical source / any life and non-life insurance company / or Life Insurance Association or medical register, reinsurer, claims investigators, legal, medico-legal professionals such details and provide such records of my/our employment / business or other details as may be considered relevant.

In case, for any reason this proposal has not been filled in by me, I hereby declare that the contents of this application for 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.

ਮੈਂ/ਅਸੀਂ ਐਲਾਨ ਕਰਦੇ/ਕਰਦੀ ਹਾਂ ਕਿ ਪੇਸ਼ਕਸ਼ ਵਿੱਚ ਸਾਰੇ ਸਵਾਲਾਂ ਦੇ ਉੱਤਰ, ਨਾਮੀ ਪੁਸ਼ਟਾਵਲੀਆਂ ਅਤੇ ਕਿਸੇ ਵੀ ਡਾਕਟਰੀ ਮੁਆਇਨੇ ਦੀਆਂ ਰਿਪੋਰਟਾਂ ਵਿੱਚ ਪੂਰਨ ਫੇਰਵੇ ਮੇਰੇ/ਸਾਡੇ ਸਰਵੋਤਮ ਗਿਆਨ ਤੱਕ ਪ੍ਰਦਾਨ ਕੀਤੇ ਗਏ ਹਨ ਅਤੇ ਮੈਂ/ਅਸੀਂ ਪੂਰਨ ਤੌਰ 'ਤੇ ਅਜਿਹੇ ਸਵਾਲਾਂ ਦੇ ਉੱਤਰ ਦੁਆਰਾ ਸਮੇਂ ਸਵਾਲਾਂ ਨੂੰ ਸਹੀਆਂ ਪ੍ਰਫਲਕਸ਼ ਜਾਣਕਾਰੀ ਦਾ ਖੁਲਾਸਾ ਕਰਨ ਦੀ ਮਨਜ਼ੂਰੀ ਦਿੰਦੇ ਹਾਂ। ਮੈਂ/ਅਸੀਂ ਸਹਿਮਤ ਹਾਂ ਕਿ ਪਾਲਿਸੀ ਸੀਮਿਤ ਸਿਰਤ ਸ਼ਰਤਾਂ ਦੇ ਆਧਾਰ 'ਤੇ ਸਰੋਤ ਅਤੇ ਮੈਂ/ਅਸੀਂ ਐਲਾਨ ਕਰਦੇ ਹਾਂ ਕਿ ਅਵੀਵਾ ਜੀਵਨ ਬੀਮਾ ਕੰਪਨੀ ਭਾਰਤ ਲਿਮਿਟਿਡ (ਬੀਅਸ ਵਿੱਚ "ਕੰਪਨੀ" ਦੇ ਰੂਪ ਵਿੱਚ ਜ਼ਿਕਰ ਕੀਤਾ ਜਾਵੇਗਾ) ਦੁਆਰਾ ਮੇਰੇ/ਸਾਡੇ ਜੀਵਨ 'ਤੇ ਜ਼ਖਮ ਦੀ ਪਹੁੰਚ ਲਈ ਕੋਈ ਵੀ ਨੌਜਵਾਨ ਪ੍ਰਦਰਸ਼ਨ ਜਾਣਕਾਰੀ ਮੇਰੇ/ਸਾਡੇ ਵਾਸਤੇ ਰੱਖੇ ਹੋ।

ਜੇਕਰ, ਕਿਸੇ ਵੀ ਕਾਰਨ ਇਹ ਪੇਸ਼ਕਸ਼ ਮੇਰੇ ਦੁਆਰਾ ਨਹੀਂ ਭਰਿਆ ਜਾਂਦਾ, ਤਾਂ ਮੈਂ/ਅਸੀਂ ਐਲਾਨ ਕਰਦੇ ਹਾਂ ਕਿ ਬੀਮਾ ਲਈ ਇਸ ਦਰਖਾਸਤ ਦੇ ਤਤਕਰੇ, ਮੇਰੇ/ਸਾਡੇ ਲਈ ਪੂਰਨ ਤੌਰ 'ਤੇ ਵਿਆਖਿਆ ਕੀਤੇ ਗਏ ਹਨ ਅਤੇ ਮੈਂ/ਅਸੀਂ ਪੂਰਨ ਤੌਰ 'ਤੇ ਪੇਸ਼ਕਸ਼ ਇਕਰਾਰਨਾਮੇ ਦੀ ਮਨਜ਼ੂਰੀ ਨੂੰ ਸਮਝਦੇ/ਸਮਝਦੀ ਹਾਂ। ਇਹ ਪੇਸ਼ਕਸ਼ ਵਾਰਮ ਜੀਵਨ ਬੀਮਾ ਪਾਲਿਸੀ ਇਕਰਾਰਨਾਮੇ ਦਾ ਭਾਗ ਹੋਵੇਗਾ, ਜੇਕਰ ਕੰਪਨੀ ਦੁਆਰਾ ਮਨਜ਼ੂਰ ਕੀਤਾ ਜਾਂਦਾ ਹੈ।

Signature* / thumb impression* of the Annuitant

Date: DD MM YYYY Place: ਸਥਾਨ

बीमा अधिनियम 1938 के तहत धारा 41 और 45 Section 41 & 45 of Insurance Act 1938

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.

41(1) ભારતમાં જવન અથવા સંપત્તિ સાથે જોડાયેલ કોઈપણ પ્રકારના જોખમ અંગેનો વીમો મેળવવા અથવા રિન્યુ કરવા અથવા વીમો જાળવી રાખવા કોઈ વ્યક્તિને પ્રલોભન કે લાલચ આપવા પ્રત્યક્ષ કે પરોક્ષ રીતે કોઈને પરવાનગી આપવામાં આવતી નથી અથવા પરવાનગી માટે ઓફર કરવામાં આવતી નથી. ચુકવવાપાત્ર સંપૂર્ણ અથવા આંશિક કમિશનનું કોઈપણ રિબેટ અથવા વીમામાં દર્શાવવામાં આવેલ પ્રિમિયમનું કોઈપણ રિબેટ કોઈપણ વ્યક્તિ મેળવશે નહીં, રિન્યુ નહીં કરે અથવા પોલીસી સ્વીકૃતિને જાળવવાનું રિબેટ મેળવશે નહીં, સિવાય કે પ્રસિદ્ધ કરવામાં આવેલ પ્રોસ્પેક્ટસ અથવા ઇન્સ્યોરરના કોષ્ટક પ્રમાણે પરવાનગી આપવામાં આવી શકે છે.
જવન વીમાની પોલીસી સાથે જોડાયેલ હોય તે કમિશન ઇન્સ્યોરન્સ એજન્સ દ્વારા સ્વીકારવામાં આવે છે ત્યારે આ પેટા-કલમમાં પ્રિમિયમના રિબેટની સ્વીકૃતિ ડીમ્ડ નહીં હોય અને આ પ્રકારની સ્વીકૃતિના સમયમાં ઇન્સ્યોરન્સ એજન્ટને સંતોષ થાય તે રીતે તેવી શરતોને દર્શાવી તે બોનાફાઇડ ઇન્સ્યોરન્સ એજન્ટ ઇન્સ્યોરર દ્વારા કામે લગાવશે.

(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.

(2) કોઈ વ્યક્તિ આ કલમની જોગવાઈનું પાલન કરવામાં કસૂર કરે તો દંડને પાંચ લાખ રૂપિયા દસ લાખ રૂપિયા હોઈ શકે છે.

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

45 (1) પોલીસીની તારીખથી ત્રણ વર્ષની મુદત પૂર્ણ થઈ ગયા બાદ જવન વીમાની કોઈ પોલીસીને લગતો પ્રશ્ન કોઈપણ મૂળભૂત બાબતને આધારે ધ્યાનમાં લેવામાં આવશે નહીં. જેમ કે પોલીસી જારી કરી તે તારીખથી અથવા જોખમ શરૂ કર્યા તારીખથી અથવા પોલીસી ફરી સક્રિય કરવાની તારીખ અથવા પોલીસી કરારની તારીખ, જે કઈપછીથી કરવામાં આવેલ હોય.

(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.

(2) પોલીસી ઇસ્યુ કર્યા તારીખ અથવા જોખમની શરૂઆત થાય તે તારીખ અથવા પોલીસી સક્રિય કરવાની તારીખ અથવા પોલીસી કરારની તારીખ તે પૈકી કોઈ પછીથી આવતી હોય તે ત્રણ વર્ષના ગાળામાં કોઈપણ સમયે જવન વીમા પોલીસીનો પ્રશ્ન રજૂ કરી શકાય છે.

ઇન્સ્યોરરે વીમાકૃત અથવા કાનૂની પ્રતિનિધિઓ અથવા નિમેલ વ્યક્તિ અથવા વીમાદારના અસાઈની નિર્ણય જેના આધારે હોય તે પૃષ્ઠભૂમિ અને સામગ્રી સાથે લેખિતમાં સંપર્ક કરવાનો રહેશે.

(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

(3) વીમો ધરાવનાર ગેરનિવેદન સાબિત કરે અથવા હકીકત સામગ્રીને દૂર કરવામાં આવી હોવાનું સાબિત થાય, જે વીમો ઉત્તરનારની જાણકારીમાં હોય તેમ છતાં પેટા-કલમ (2)માં કોઈપણ સામેલ હોય તો પણ કોઈ ઇન્સ્યોરર જવન વીમા પોલીસીને છોટરિપંડીના આધારે નકારશે નહીં.
વીમાધારક જીવિત ન હોય તો છોટરિપંડીના કેસમાં લાભોને આધારે ખોટી બાબતોનું ખંડન કરવાની જવાબદારી રહેશે.

(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 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.

(4) વીમો જારી કરવાની તારીખ અથવા જોખમ શરૂ થવાની તારીખ અથવા પોલીસી ફરી સક્રિય થવાની તારીખ અથવા પોલીસી કરારની તારીખ પૈકી બાદમાં આવે તો ત્રણ વર્ષની અંદરના સમયમાં જવન વીમાની પોલીસી અંગે પ્રશ્ન રજૂ કરી શકાય છે. જેને આધારે પોલીસી ઇસ્યુ કરવામાં આવેલ અથવા ફરી સક્રિય કરવામાં આવી હોય અથવા કરાર ઇસ્યુ કરવામાં આવ્યા હોય તે દરખાસ્ત અથવા અન્ય દસ્તાવેજમાં વીમાધારકના જવન અંગે ખોટી માહિતી અથવા નિવેદન અથવા હકીકત સામગ્રી નાબૂદીને આધારે ધ્યાનમાં લેવામાં આવે છે.

જેને આધારે જવન વીમાની પોલીસીને નામજૂર કરવા અંગે નિર્ણય કરવામાં આવ્યો હોય તે બાબત અને સામગ્રીને ધ્યાનમાં લઈ ઇન્સ્યોરરે લેખિતમાં વીમો ધરાવનાર અથવા કાનૂની પ્રતિનિધિઓ અથવા નોમિની અથવા વીમો ધરાવનારના અસાઈનીનો સંપર્ક કરવો.

વધુમાં ગેરનિવેદન અથવા હકીકત સામગ્રીની નાબૂદીએ પોલીસીનો અસ્વીકારનો આધાર રહેશે અને છોટરિપંડીની મૂળભૂત સ્થિતિને ધ્યાનમાં લેવામાં આવશે નહીં. પોલીસી પર વસુલવામાં આવેલ પ્રિમિયમ ઇન્સ્યોર્સ અથવા કાનૂની પ્રતિનિધિઓ અથવા નોમિની અથવા ઇન્સ્યોર્સના અસાઈનીને નામજૂર થયાની તારીખથી નેવુ દિવસના સમયમાં ચુકવવામાં આવશે.

(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

(5) હક્કદાર હોય તેમ છતાં આ કલમમાં કોઈપણ સમયે ઉંમરના પૂરાવાથી ઇન્સ્યોરરને અટકાવે છે. ચોક્કસ પૂરાવાને આધારે જવન વીમાધારકની ઉંમરના પૂરાવાને આધારે પોલીસીની શરતોને લઈ કોઈ ભ્રમણે જ કોઈ પ્રશ્ન પૂછવામાં આવે છે, જ્યાં દરખાસ્તમાં જવન વીમો ધરાવનારની ઉંમર ખોટી રીતે રજૂ કરવામાં આવે છે.
કલમ 45ની સંપૂર્ણ માહિતી માટે કૃપા કરી ઇન્સ્યોરન્સ ધારો, 1938ને ધ્યાનમાં લો, જે યોગ્ય સમયાંતરે સુધારવામાં આવેલ છે.

6. Vernacular Declaration (to be handwritten by the Annuitant)

The Annuitant should fill in the following declaration in the box given below:

"I/we hereby declare that the contents of this application for insurance have been fully explained to me/us & I/we have fully understood the significance of the proposed contract "

અર્થવાર્ષિક
હું અમે આ સાથે ઘોષણા કરી છીએ કે ઈન્સ્યોરન્સ માટે આ અરજીની સમાવેશ કરાવતી માહિતી મારી અમારી સમજ સંપૂર્ણપણે રજૂ કરવામાં આવેલ છે અને હું અમે સૂચિત કોન્ટ્રાક્ટની નોંધપાત્ર બાબતને સંપૂર્ણપણે સમજ્યા છીએ.

Signature of life to be Annuitant

7. Declaration by the person filling in the form (in case of signature in vernacular language, thumb impression and/or in case the proposal has not been filled in by the proposer).

બંધિત દ્વારા ફોર્મમાં કરવામાં આવતી ઘોષણા આ સાથે હું ઘોષણા કરું છું કે વીમાકર્તા/દરખાસ્ત કરનાર સમક્ષ જીવન વીમા અંગે દરખાસ્ત ફોર્મમાં સમાવિષ્ટ માહિતી મારા દ્વારા વિગતવાર રીતે રજૂ કરવામાં આવી છે અને તેઓ તે અંગે સંપૂર્ણપણે સમજ કરાવે છે અને જીવન વીમો રજૂ કરનાર/દરખાસ્તકર્તા દ્વારા જે જવાબો આપવામાં આવ્યા તેને મારા દ્વારા ખરી રીતે નોંધવામાં આવેલ છે. ઘોષણાના ઓળખ પૂરાવા જોડવામાં આવેલ છે.

I hereby declare that I have fully explained the contents of the proposal form to the Annuitant and that he/she has fully understood the same and I have truthfully recorded the answers given by the Annuitant

અર્થવાર્ષિક

Declarant's* Name and Address ઘોષણાકર્તાનું નામ અને સરનામું

Pincode						

Signature of declarant* ઘોષણાકર્તાની સહી

*In case of signature in vernacular or thumb impression this declaration should be made by a person of standing whose identity can easily be established, but unconnected with Aviva Life Insurance Company India Ltd

★જો સહી સ્થાનિક ભાષામાં/અંગૂઠાની નિશાની કરેલ હોય તો આ ઘોષણા સૂરંગતાથી જેમની ઓળખ થઈ શકતી હોય પરંતુ અવિવા લાર્ડફ ઈન્સ્યોરન્સ કંપની ઈન્ડિયા લિમિટેડ સાથે સંકળાયેલ હોય તેવી બંધિત દ્વારા કરવી હોઈએ.

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

Aviva Life Insurance Company India Ltd. Aviva Tower, Sector Road, Opp. Golf Course, DLF Phase-V, Sector 43, Gurgaon 122 003 Haryana

Insurance is the subject matter of the solicitation.

Registered Office: 2nd Floor Prakashdeep Building 7 Tolstoy Marg New Delhi 110 001

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