



2. BANK ACCOUNT DETAILS OF THE PROPOSER

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

3.1 Full Name (Same as ID Proof)
 Title: Mr./Mrs./Ms./Dr. _____ First Name _____ Middle Name _____
 Surname _____

3.2 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
 Date Month Year

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 Nation PIO *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)

City/Town/Village _____ **District** _____

State/UT _____ **Country** _____

Landmark _____ **Pincode** _____

Tel (Office) _____ **Tel (Resi)** _____

Fax No. _____ **Mobile No.** _____

Email ID _____

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.

3.17 Educational Qualification Post Graduate Graduate Diploma 12th Pass Below 12th Other _____

3.18 Occupation Service (Private Sector Public Sector Government Sector)
 Others (Professional Self Employed Retired/Pensioner Housewife Student)
 Business Owners Agriculturist Other _____

3.19 Source of Income Salary Business Income Agriculture Inheritance Other Income (Specify) _____

3.20 Work Details: Exact nature of duties
 Is your occupation associated with any specific hazard (e.g chemical factory, mines, explosives, corrosive, chemicals etc.) Yes No Your Designation

3.21 Name of the Organisation/
 Business Address

City/Town/Village District

State/UT Country

Landmark Pincode

Tel (Office) Tel (Resi)

Fax No. Mobile No.

Email ID

3.22 Life Assured, Annual Income ₹ If not earning, Parent's/Spouse's Annual Income ₹.

3.23 Income Tax PAN No.

3.24 CKYC No.

4. NOMINATION DETAILS (TO BE COMPLETED ONLY WHEN THE PROPOSER AND THE LIFE TO BE INSURED ARE THE SAME)

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

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)

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. FAMILY AND PERSONAL DETAILS OF THE LIFE TO BE INSURED

5.1 Family history of the life to be insured

Has any of your family members ever been diagnosed with or died from heart disease, stroke, paralysis, high blood pressure, kidney disease, cancer or any hereditary/familial disorders? Yes No If yes, please give the details in the following table :

| Family Member | If Alive | | If Deceased | |
|---------------|---------------|-------------|----------------|--------------|
| | Health Status | Current Age | Cause of Death | Age at Death |
| Father | | | | |
| Mother | | | | |
| Brother(s)* | | | | |
| Sister(s)* | | | | |

*If you do not have any siblings alive or deceased, then please write "NA" or "-".

5.2 Your Height & Weight

Height (in cms) Weight (in kgs)

Have you experienced any change in weight of more than 5 kgs in the past 1 year? Yes No

If yes, how many kgs? Loss Gain..... kgs

Reason for the same

5.3 Health & Activity Section

If you answer with YES to question A and B, please provide us details in the space provided below.

A. Have you ever been investigated (including investigations, test, scans or X-Ray), diagnosed or treated (medical or surgical) for any of the following illnesses or medical conditions?

| Condition | Yes | No | Condition | Yes | No |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| 1. High blood pressure, angina, heart attack, stroke or any other disorder of heart or circulation? | <input type="checkbox"/> | <input type="checkbox"/> | 9. Hormonal disorders like thyroid disorders; Anaemia, leukaemia, disorder of lymph glands or other blood disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Any form of cancer, tumor or growth (benign or malignant)? | <input type="checkbox"/> | <input type="checkbox"/> | 10. Disorder of skin, back, muscle, joints, bone, neck, bodily deformity, congenital disorders (any disorder present since birth), amputation, arthritis or gout? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Diabetes? | <input type="checkbox"/> | <input type="checkbox"/> | 11. Were you or your spouse ever diagnosed to have hepatitis B or C, HIV/AIDS or any other sexually transmitted disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Liver disorders like cirrhosis, hepatitis, jaundice; disorders of the stomach, gall bladder or intestines, ulcer, gall stones, colitis, chronic diarrhoea, indigestion? | <input type="checkbox"/> | <input type="checkbox"/> | 12. Any other illness, surgery, injury pertaining to condition not listed above or any health symptoms or complaints for which a physician has not been consulted or treatment received? E.g. persistent fever, unexplained weight loss, loss of appetite, pain, swelling, etc.? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Kidney or urinary bladder, stones, prostate disorder or gynecological disorder? | <input type="checkbox"/> | <input type="checkbox"/> | 13. Have you been off work or observed restriction of your normal daily activities due to any illness or injury for a continuous period of more than 5 days? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Asthma, bronchitis, pneumonia, TB or any other respiratory or lung disorder? | <input type="checkbox"/> | <input type="checkbox"/> | 14. Have you ever been hospitalised or advised hospitalisation for any health related symptoms in last 5 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Multiple sclerosis, epilepsy, tremor, numbness, double vision or giddiness? | <input type="checkbox"/> | <input type="checkbox"/> | 15. Are you currently receiving any medical treatment or are you awaiting medical or surgical consultation, reports of test or investigation? (You need not disclose matters relating to uncomplicated pregnancy, common colds, influenza, hay-fever or any minor ailment requiring a single consultation) | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Mental or nervous illness (including depression) If yes, then Has the illness lasted for more than 3 months and/or requiring more than 10 consecutive days off from work? | <input type="checkbox"/> | <input type="checkbox"/> | | | |

B. For female lives only.

i. Are you Pregnant Yes No If yes, no. of weeks pregnant

C.

| Lifestyle details of the Life to be Insured | Current Usage | | | | Past Usage (if discontinued) | | | | |
|--|--|---|------------|--|--|---|--------------|--|---------------------------------------|
| | Current Usage | If Yes, Form of Consumption | Since When | Average Usage | Past Usage | If Yes, Form of Consumption | For How Long | Past Average Usage | Reasons for Giving Up along with Date |
| Tobacco/Smoking | Yes <input type="checkbox"/> No <input type="checkbox"/> | Cigarette/Beedi Chewing Tobacco/Tobacco Toothpaste/Gutka /Other | | Sticks/Pouches per day <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Cigarette/Beedi Chewing Tobacco/Tobacco Toothpaste/Gutka /Other | | Sticks/Pouches per day <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> | Doctor's Advice/Others |
| Alcohol | Yes <input type="checkbox"/> No <input type="checkbox"/> | Beer/Wine/ Hard Liquor /Others | | *Unit per week <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Beer/Wine/ Hard Liquor /Others | | *Unit per week <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> | Doctor's Advice/Others |
| Any Narcotics (For Medical/Recreational Purposes) | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | Counselling/ Rehabilitation etc. |

*1 Unit = Half pint beer/1 glass of wine/1 measure of spirits.

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- D. 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
- E. 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)
- F. 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)

6. HOBBIES/TRAVEL DETAILS

- 6.1 Do you take part in any form of motor sport, climbing, diving, caving, flying private aircraft, sky diving, hang gliding, etc.? Yes No
- 6.2 Have you travelled abroad (other than Canada, Australia, New Zealand, USA, EU and GCC) in the last five years or have any prospect of doing so as part of your current job? Yes No

If yes, please give full details including counties, cities, purpose and duration of stay. (Please complete the Travel Questionnaire)

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7. INSURANCE DETAILS

- 7.1 Are you holding any life, health or critical illness Insurance Policies (in-force/paid-up) in your name or have submitted any simultaneous proposal with us or any other Life Insurance company which is under consideration? Yes No

If yes, give details of existing Insurance cover of in-force/paid-up Policies in the name of Life to be Insured. Please include Policies from Aviva Life Insurance as well. (If more than five Policies exist, then give details of all the Policies by attaching an addendum)

| a. | Name of the Insurer | Type of Policy | Term of Policy | Sum Assured/Paid-up Sum Assured | Year of Issue | Whether accepted at ordinary rates. If not, state the extra charge imposed | Riders Covered | |
|----|--|----------------|----------------|---------------------------------|---------------|--|---|--|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| b. | Total Annual Premium of Life Insurance Policies in your own name (₹ in figures) | | | | | | <input type="text"/> | |
| c. | Have you ever made any claim on your critical illness or health Policy other than for minor ailments from which you have fully recovered? (If yes, please give details) | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| d. | Has your proposal or application for reinstatement you have made for life, health or critical illness cover been declined, postponed or accepted on special terms or have you ever withdrawn an application? (If yes, please give details) | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| e. | Are you paying Premium for Life Insurance Policies on any other life. (If yes, please give details) | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

- 7.2 Family Insurance details (to be completed if the Life to be Insured is a student, a non-earning individual or a married female) the following information is required only in respect of the Life to be Insured.

| | Life Insured | | | | |
|----------------|---------------------|------------------|-------------|--------|---------------|
| | Name of the Company | Policy Number(s) | Sum Assured | Status | Year of Issue |
| Father | | | | | |
| Mother | | | | | |
| Spouse | | | | | |
| Brother/Sister | | | | | |
| Brother/Sister | | | | | |

8. DECLARATION & AUTHORISATION

1. I declare and confirm that all the replies to the questions in the proposal, the details furnished in the enclosed questionnaires, in the documentary evidence and the reports of any medical examination 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 health 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.
2. 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).

3. I hereby understand and agree that the Company is under no obligation to issue the policy on receipt of the proposal form and premium. Risk commences after acceptance of risk by the Company.
4. I hereby authorize the Company to conduct medical examinations which may include laboratory tests, cardiac & radiological investigations and other medical tests as deemed by the Company to assess my health status. I hereby accord my express consent to undergo HIV1/2 test by ELISA method. I am aware that this test is only for screening purpose and does not amount to a confirmation for HIV/AIDS. The company reserves the right to accept, decline or offer alternate terms on my proposal for life or health insurance based on the results of medical tests performed.
5. I hereby expressly accord consent, for the purpose of assessing the proposal and underwriting the risk and any time thereafter to the Company (a) to collect and retain with itself my personal sensitive information, including without limitation my medical record, financial information relating to the Account and all transactions therein including my bank account details, income tax returns.; (b) to collect from and authorize my past and present employer(s), business associates, medical practitioner, hospital, medical source, any life and non-life insurance Company/organization, government, statutory body, any third parties to release to the Company the records of employment/business or personal sensitive information, including without limitation my medical record, financial information relating to the Account and all transactions therein including my bank account details, income tax returns or other details of mine as may be considered relevant. I/We hereby accept and acknowledge that the Company shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me/us to the Company. I further accord my express consent to the Company to disclose any information contained in the proposal, the annexure, in the reports of any medical examination/laboratory tests or in the documents submitted by me (or as the case may be, by my beneficiary) or procured by the Company to any other insurer or to any reinsurer, law enforcement agencies, statutory auditors, tax authorities, regulatory bodies or any third parties engaged by the Company for the purpose of completion/servicing of this proposal or the resulting policy, Central KYC registry, including but not limited to claims investigator, legal counsels engaged by the Company.
6. 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.
7. I hereby understand and agree that fraud, suppression of material fact and misrepresentation would be dealt with in accordance with the provisions of Section 45 of Insurance Act, 1938 as amended from time to time.
8. 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.
9. I/We fully agree and confirm to the use of electronic medium, including email, as a mode of communication, in relation to this proposal/resulting policy, from and to the Company. Also, I hereby consent to receiving information from Central KYC registry through sms/email on the registered number/email address.
10. I hereby understand and agree that this proposal form, including any declarations and statements annexed to it or submitted to the Company in connection with the proposal and any additional statement(s) or documents(s) 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: _____
DD MM YYYY

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

Date: _____ Place: _____
DD MM YYYY



ADDITIONAL INFORMATION, IF ANY –



AVIVA
| Life Insurance |

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

Aviva Life Insurance Company India Limited

Head Office: Aviva Tower, Sector Road, Opposite Golf Course, DLF Phase-V, Sector 43, Gurgaon-122 003, Haryana, India

Tel.: +91 0124 -2709000, Fax: +91 0124 -2571210

Website: www.avivaindia.com

E-mail: customerservices@avivaindia.com

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

IRDA Registration No : 122

Corporate Identity Number (CIN No) : U66010DL2000PLC107880

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