

# **PROPOSAL FORM** IN UNIT LINKED PLANS, THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER.



## URN: LUP/P02/02/072018

FOR OFFICE USE ONLY	For Bancassurance Channel Only	
Proposal Number UPF	Bank Partner	Affix Photo
For Existing Customer ID	Policy No. Bank Branch Code	
Advisor Name	Customer Segment	
Advisor Number	SP Certificate No.	
SECTOR Urban Rural Social	NRI Unique Village Code	
PROPOSAL DEPOSIT DETAILS	Voucher Number	
Cheque/DD No.	Date	STAFF
Amount	Drawn on	
Amount	Diawii oli	Direct Marketing
NOTES:		
	ompletely in CAPITAL LETTERS. If any section is not applicable, please w	
	Illustration should be understood & signed by the Proposer (can be san	ne as Life to be Insured).
<ol> <li>Any alterations, overwriting and/or ink change</li> <li>Receipt by the Company of the completed proposal</li> </ol>	and initial payment does not create any obligation on the part of the Company	, to underwrite the risk and the
	inderwritten the risk and issued the policy. Same applies for allocation of units for	
	otable by Aviva, shall be drawn in favor of 'Aviva Life Insurance Account Propos	
The advisor is not authorized to collect cash / b		
5. If this proposal is withdrawn before the policy is issu	ed, the application money shall be refunded by NEFT ONLY, post deduction of	medical examination expenses incurred,
if applicable.		
Life to be Insured, same as the Proposer	Life Insured different from the Proposer	
1. DETAILS OF THE PL	AN APPLIED FOR	
.1 Name of the Plan		
.2 Term of the Plan in Years (if applicable)	<b>1.3 Select Option</b> (if applicable) Option A	Option B Option C
1.4 Premium Paying Term in Years (if applicable)	1.5 Smoking Status Smoker	Non Smoker
1.6 Sum Assured in ₹ (if applicable)		
1.7 Single/Annualized Premium in ₹		
I.8 Premium Frequency		
	Yearly Half-Yearly Quarterly Monthly	Single Premium
	Yearly Half-Yearly Quarterly Monthly	Single Premium
1.9 Premium as per Frequency (₹) 1.10 Preferred Mode of Payment		
.9 Premium as per Frequency (₹) .10 Preferred Mode of Payment (for Future Premiums) .11 Piders Onted for (if applicable)	Online     Cheque     Demand Draft     Direct Debit     ECS	
<ul> <li>I.9 Premium as per Frequency (₹)</li> <li>I.10 Preferred Mode of Payment (for Future Premiums)</li> <li>I.11 Piders Onted for (if applicable)</li> </ul>	Online     Cheque     Demand Draft     Direct Debit     ECS       Riders     Sum Assured (₹)	
.9 Premium as per Frequency (₹) .10 Preferred Mode of Payment (for Future Premiums) .11 Piders Onted for (if applicable)	Online     Cheque     Demand Draft     Direct Debit     ECS	
<ul> <li>.9 Premium as per Frequency (₹)</li> <li>.10 Preferred Mode of Payment (for Future Premiums)</li> <li>.11 Riders Opted for (if applicable)</li> </ul>	Online     Cheque     Demand Draft     Direct Debit     ECS       Riders     Sum Assured (₹)	
<ul> <li>.9 Premium as per Frequency (₹)</li> <li>.10 Preferred Mode of Payment (for Future Premiums)</li> <li>.11 Riders Opted for (if applicable)</li> <li>For Unit Linked Plans Only</li> </ul>	Online     Cheque     Demand Draft     Direct Debit     ECS       Riders     Sum Assured (₹)	
.9 Premium as per Frequency (₹)         .10 Preferred Mode of Payment (for Future Premiums)         .11 Riders Opted for (if applicable)         For Unit Linked Plans Only         .12 Automatic Asset Allocation (if applicable)	Online Cheque   Demand Draft   Direct Debit   ECS   Riders   Aviva Term Plus Rider	
I.9       Premium as per Frequency (₹)         I.10       Preferred Mode of Payment (for Future Premiums)         I.11       Riders Opted for (if applicable)         I.11       Riders Opted for (if applicable)         For Unit Linked Plans Only         I.12       Automatic Asset Allocation (if applicable)         I.13       Systematic Transfer Plan (if applicable)	Online Cheque   Demand Draft   Direct Debit   ECS     Riders     Sum Assured (₹)     Aviva Term Plus Rider     Yes   No	
<ul> <li>1.9 Premium as per Frequency (₹)</li> <li>1.10 Preferred Mode of Payment (for Future Premiums)</li> <li>1.11 Pidere Onted for (if applicable)</li> </ul>	Online Cheque   Demand Draft   Direct Debit   ECS     Riders     Sum Assured (₹)     Aviva Term Plus Rider     Yes   No	
I.9       Premium as per Frequency (₹)         I.10       Preferred Mode of Payment (for Future Premiums)         I.11       Riders Opted for (if applicable)         I.11       Riders Opted for (if applicable)         I.12       Automatic Asset Allocation (if applicable)         I.13       Systematic Transfer Plan (if applicable)         I.14       Type of Fund (if applicable)         Balanced Fund-II       %	Online Cheque   Demand Draft   Direct Debit   ECS     Riders     Sum Assured (₹)     Aviva Term Plus Rider     Yes   No   Yes   No   Yes   No   If Yes,   Weekly   Monthly   %   Growth Fund-II   %     PSU Fund	
<ul> <li>I.10 Preferred Mode of Payment (for Future Premiums)</li> <li>I.11 Riders Opted for (if applicable)</li> <li>For Unit Linked Plans Only</li> <li>I.12 Automatic Asset Allocation (if applicable)</li> <li>I.13 Systematic Transfer Plan (if applicable)</li> <li>I.14 Type of Fund (if applicable)</li> <li>Balanced Fund-II</li> <li>% Bond Fund-II</li> </ul>	Online Cheque   Demand Draft   Direct Debit   ECS     Riders     Sum Assured (₹)     Aviva Term Plus Rider     Yes   No   Yes   No   If Yes   No   If Yes   No   If Yes   Growth Fund-II   %     Sum Assured (₹)     Direct Debit   ECS     But Assured (₹)     Sum Assured (₹)     Monthly     %     Growth Fund-II	
<ul> <li>I.10 Preferred Mode of Payment (for Future Premiums)</li> <li>I.11 Riders Opted for (if applicable)</li> <li>For Unit Linked Plans Only</li> <li>I.12 Automatic Asset Allocation (if applicable)</li> <li>I.13 Systematic Transfer Plan (if applicable)</li> <li>I.14 Type of Fund (if applicable)</li> <li>Balanced Fund-II</li> <li>% Bond Fund-II</li> </ul>	Online Cheque   Demand Draft   Direct Debit   ECS     Riders     Sum Assured (₹)     Aviva Term Plus Rider     Yes   No   Yes   No   If Yes   No   If Yes   No   If Yes   Source   Yes   No   Infrastructure Fund     %	

盦	2. BANK A	CC	OUI	I TI	DET	All	.S (	DF	TH	EF	PRO	OP	OS	ER														
Bank	Account	I	Availab	ole		Not	Availa	ble		Bar	nk Ac	coun	t Tvne	2														
	e as per Bank Account					-																						
Bank	Account Number																											
Bank	Name																									_		
MIC	R Code (9 digits)									IF:	SC Co	ode (	11 di	gits)												_		
	3. DETAILS	0	F LIF	ET	'O E	BE I	NS	UR	ED	)																		
3.1	Full Name (Same as ID Proof) Title: Mr./Mrs./Ms./Dr.		Name														Midd	le Na	me									
	Surname	1				I	1	1				1	1					1	1						1			1
3.2	Maiden Name (in case of ma	rried ·	. L L female,	∟ if diff	erent)	_ L					_ [															_ L		
	Title: Mrs./Ms./Dr.	First I	Name			I	I				1		1		1		Midd 	lle Nar	me 			I			I		I	1
	Surname																											
3.3	Father's Name/Husband's N Title: Mr./Dr.		Name														Midd	le Nar	me									
																										_ [_	_ [	
	Surname								1																			
3.4	Mother's Name			L	[	_ L													L							_ L	- ـ	
	Title: Mrs./Ms./Dr.	First I	Name														Midd 	lle Nar 	me 									
	Surname																											
																											_ [	
3.5	Date of Birth	1	I	3.	6 Ge	ender		Male	è		3.7	Ma Sta			Unma	arried		Marri	ed		3.8		of Idrer		1		2	3
	Date Month Y	 ′ear						Fema	ale						Wido	w(er)		Divor	ced						Grea	ater tha	in 3	NA
								Tran	sgend	er																		
3.9	Age Proof School/Coll	ege C	ertificate	9		Mu	nicipa	Reco	ords			Pas	sport				efence	e ID Ca	ard			Oth	ers					
3.10	Nationality <sup>1</sup> Indian	Γ	For	eign Na	ational		3.11	Citi	izens	hip		Ind	ian		Г		hars (	Please	Snec	ify Co	untry)							
	Others (Plea	se Spe	ecify Cou	intry)		_				·					L		.11015 (	1 16036	spec	ity COI	unuy/_							
2 12	Residential Residing in I		F													3	13 C	omm	unic	ation	. —	1						
3.12	Status	ndia			eign Na	ition	2	Passp	oort N	Э						5.		ddre		ation	'	1	idenco 	e				
	NRI		L	PIO																			ice		_			
	Do you/your Nominee have re				•									Yes				No		If YE	•							
	I agree that I am obliged to n FATCA/CRS rules within 30 da	-		-	-			-		-							al Sta	tus of	f mys	elfor	·my M	lomi	nee i	in fut	ure	as pe	r	
	Yes No	ys 01	suuru	lange	. 1 11 ave	uecia	lieun	iy ta	A I CSI	lency	y Das		i i i i y t	nuei	stariu	ing.												
						1		1		1	1	i.	I		1				1		1	1	I		1		1	
3.16	Current Residential Address			_ L						L							L										-	
	(please include c/o, s/o, w/o, d/o, f/o, wherever necessary)			_ [_																						_ L_	_	
	(NRIs please mention your overseas address as your			[	_ [																			. L		_ [	-	
	communication address)																									_ L_		
	City/Town/Village																			I	Distr	ict						
	State/UT																			(	Coun	try						
	Landmark	L								L	L		L		L		L			I	Pinco	ode						
	Tel (Office)															Tel	(Res	i)										
	Fax No.															Mo	bile	No.										
	Email ID							_		_																		

<sup>1</sup> If you are an Indian or a Person of Indian Origin, not residing in India, please fill the NRI questionnaire. <sup>\*</sup> 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 G	Gradu	ate		Grad	uate		Diplo	ma			] 12 <sup>th</sup>	Pass			Belov	w 12 <sup>th</sup>			Othe	r				
3.18 Occupation		Service Others	S	(		Profe	e Sect	I	Publi Self E	mplc				ernmer ed/Pen			F	lousev	vife		Stude	ent )				
3.19 Source of Income		Busine Salary		wners		-	ulturis ess Inc		Othe Agric		e		_ Inhe	ritance			Othe	r Incor	me		(Spec	ify)				
3.20 Work Details: Exact nature Is your occupation associa (e.g chemical factory, mines)	ted w	ith ar	ny sp	oecifi	ic haz		etc.)		Yes		] No		Your	r Desig	natior	ייייי									 	
3.21 Name of the Organisation/ Business Address																										
City/Town/Villag	e																			Dist	rict					
State/UT																		-		Cou	ntry		. L_	. L		
Landmark																				Pinc	ode			. L		
Tel (Office)										. L				_		l (Re				_ [			. L	. L		
Fax No. Email ID											_			_	Me	obile	e No.			_ [						
3.22 Life Assured, s Annual Inco	ne₹									.	lf not e	arnir	ng, Pa	rent's/	Spous	se's A	nnual	Incon	ne₹.							
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)	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	Date Month Year	Date Month Year	Date     Month     Year
4.5	Address (if different from LI)			
4.6	If the Nominee specified above is	any person other than your parent/spou	use/child, give reasons for such nominatio	on in the space provided below:
4.7	If Nominee is Minor, please give d	letails of the Appointee (should be a Ma	jor)	
	a. Name of the Appointee			
	b. Relationship with the Minor		c. Date of Bir	th
	d. Address		Signatu of the Appoint	



### 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 :

		If Aliv	e		If Deceased			
	Family Member	Health Status		Current Age	Cause of Death	Age at	Death	
	Father							
	Mother							
	Brother(s)*							
	Sister(s)*							
	*If you do not have any s	iblings alive or deceased, then please write "N	NA" or "-".					
γ	our Height & Weight	Height (in cms)		Weight (in kgs)				
F	lave you experienced	any change in weight of more than	5 kgs in the	past 1 year?	Yes No			
Н	yes, how many kgs?	Loss Gain	kgs					
R	eason for the same		Ŭ					
A				pace provided belov scans or X-Ray), o	diagnosed or treated (medical or surgical) for any	of the foll	lowin	
A	illnesses or medic	al conditions?	ations, test,	scans or X-Ray), (	diagnosed or treated (medical or surgical) for any			
	illnesses or medic			scans or X-Ray), (		of the foll Yes	lowin No	
	illnesses or medic	al conditions? Condition e, angina, heart attack, stroke or any	ations, test,	o 9. Hormona	diagnosed or treated (medical or surgical) for any			
	illnesses or medic ( 1. High blood pressure	al conditions? Condition a, angina, heart attack, stroke or any art or circulation?	ations, test,	scans or X-Ray), o 9. Hormona disorder o 10. Disorder	diagnosed or treated (medical or surgical) for any Condition al disorders like thyroid disorders; Anaemia, leukaemia, of lymph glands or other blood disorder? of skin, back, muscle, joints, bone, neck, bodily deformi al disorders (any disorder present since birth), amputatio	Yes		
	Illnesses or medic     Illnesses or medic     C     Illnesses or medic     C     C     Any form of cancer, 1	al conditions? Condition a, angina, heart attack, stroke or any art or circulation?	ations, test,	<ul> <li>scans or X-Ray), or</li> <li>9. Hormona disorder of the disor</li></ul>	diagnosed or treated (medical or surgical) for any Condition al disorders like thyroid disorders; Anaemia, leukaemia, of lymph glands or other blood disorder? of skin, back, muscle, joints, bone, neck, bodily deformi al disorders (any disorder present since birth), amputatio	Yes		

unexplained weight loss, loss of appetite, pain, swelling, etc.?

13. Have you been off work or observed restriction of your normal

of more than 5 days?

health related symptoms in last 5 years?

daily activities due to any illness or injury for a continuous period

14. Have you ever been hospitalised or advised hospitalisation for any

**15.** Are you currently receiving any medical treatment or are you

any minor ailment requiring a single consultation)

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

#### B. For female lives only.

i. Are you Pregnant Yes

gynecological disorder?

respiratory or lung disorder?

vision or giddiness?

5. Kidney or urinary bladder, stones, prostate disorder or

6. Asthma, bronchitis, pneumonia, TB or any other

7. Multiple sclerosis, epilepsy, tremor, numbness, double

8. Mental or nervous illness (including depression) If yes, then

requiring more than 10 consecutive days off from work?

No

Has the illness lasted for more than 3 months and/or

If yes, no. of weeks pregnant

C.	Lifestyle details		Current	Usage				Past Usage	e (if discon	tinued)	
	of the Life to be Insured	Current Usage	If Yes, Form of Consumption	Since When	Average Usage	Past l	Jsage	If Yes, Form of Consumption	For How Long	Past Average Usage	Reasons for Giving Up along with Date
	Tobacco/Smoking	Yes No	Cigratte/Beedi Chewing Tobacco/Tobacco Toothpaste/Gutka /Other		Sticks/Pouches per day	Yes	No	Cigratte/Beedi Chewing Tobacco/Tobacco Toothpaste/Gutka /Other		Sticks/Pouches	Doctor's Advice/Others
	Alcohol	Yes No	Beer/Wine/ Hard Liquor /Others		*Unit per week	Yes	No	Beer/Wine/ Hard Liquor /Others		*Unit per week	Doctor's Advice/Others
	Any Narcotics (For Medical/Recreational Purposes)	Yes No				Yes	No				Counselling/ Rehabilitation etc.

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

**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?

#### E. Are you or your Nominee a Politically Exposed Person (PEP)?

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.?
- 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?

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

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?

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 If not, state the ext		Riders Covered					
b.	Total Annual Premium of Lit												
с.	Have you ever made any cla have fully recovered?	aim on your critical illnes	s or health Po	licy other than for minor ailm	,	ou , please give details)	Yes	No					
d.	Has your proposal or applic postponed or accepted on s	clined, , please give details)	Yes	No									
e.	Are you paying Premium fo	Yes	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).

UPF0000	00000

Yes	NO
Yes	No

Yes

No

- 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.
- I hereby expressly accord consent, for the purpose of assessing the proposal and underwriting the risk and any time 5. 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 pro	posal stage calling		(We may call you to verify the details submitted in the proposal for				
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 ac	count no.				
If no, do you want to open an elA account	Yes No	If yes, please submit the comple	eted form for eIA along with required docu	uments 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.

Cianatura	/Thumah	Improveniero	of + 10		4.0	h.c.		J
signature.	/ mumb	Impression	OF UN	e Liie	ιο	be	insured	J

Place<sup>.</sup>

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

DD MM YYYY

Date<sup>.</sup>

DD MM YYYY

	9. DECLARATION BY TH	HE PERSON FILLING THE FORM
(IN	I CASE SIGNATURE IS IN VERNACU	JLAR LANGUAGE, THUMB IMPRESSION AND/OR IN CASE THE
-	OPOSAL HAS NOT BEEN FILLED IN	
	eby declare that I have fully explained the contents of ded the answers given by the Life to be Insured/Prop	f the proposal form to the Life to be Insured/Proposer and that he/she has fully understood the same and I have t
	arant's Name and Address	
Decia		Signature of Declarant
	Pincode	Signature of Advisor/SP
मैं यह	द घोषित करता हूँ कि मैंने इस प्रस्ताव फॉर्म को पुरी तरह	समझ लिया है, और इस प्रस्ताव फॉर्म में मैंने समी सवालों के जवाब अपनी जानकारी के हिसाब से पूर्णतः सही दिए हैं।
	Ha	andwritten Vernacular Declaration
		surance have been fully explained to me & I have fully understood the significance of the proposed contract. This
prop	osal form shall be a part of the life insurance policy co	ontract, in case of its acceptance by the Company.
Witr	ess's Name and Address	
		Signature of Witness
	Pincode	Signature of Life to be Insured/Proposer
	10 CONSENT FOR CHA	RGING EXTRA PREMIUM IN CASE OF NON-STANDARD
K	AGE PROOF (IF APPLICA	
		,
l Mr.,	'Ms./Mrs, am	aware that I will be paying extra Premium of ₹2.50 per thousand Sum Assured due to submission of Non Standa
proo	f classified by the guidelines of Aviva Life Insurance C	Company India Limited. I am aware that this amount will be charged for all subsequent Premiums paid by me.*
*for	raditional products, Premium has to be paid towards nor	n-standard age proof, for Unit Linked Insurance Policies, this is charged from units.
Signa	ature/Thumb Impression of the Life to be Insured	Signature/Thumb Impression of the <b>Proposer</b> (if different from Life Assured)
Date	DD MM YYYY Place:	Date: Place:
	DD MM YYYY	DD MM YYYY
,	11. SECTION 41 & 45 OI	F INSURANCE ACT 1938 AS AMENDED FROM TIME TO TIME
	on 41: No person shall allow or offer to allow, either directly	ly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind
	risk relating to lives or property in India, any rebate of	f the whole or part of the commission payable or any rebate of the Premium shown on the Policy, nor shall any pe any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the
	insurer:	any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the
		commission in connection with a Policy of Life Insurance taken out by himself on his own, Life shall not be deem aning 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 en	mployed by the insurer.
	,, , , , , , , ,	ovisions of this section shall be liable for a penalty which may extend to ten lakh rupees.
	on 45 No Policy of Life Insurance shall be called in question	n on any ground whatsoever after the expiry of three years from the date of the Policy, i.e., from the date of issu
	of the Policy or the date of commencement of risk or	r the date of revival of the Policy or the date of the rider to the Policy, whichever is later.
	A Policy of Life Insurance may be called in question a of revival of the Policy or the date of the rider to the	It any time within three years from the date of issuance of the Policy or the date of commencement of risk or the Policy, whichever is later, on the ground of fraud:
	Provided that the insurer shall have to communicate materials on which such decision is based.	in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and
(3)	Notwithstanding anything contained in sub-section (2	2), no insurer shall repudiate a Life Insurance Policy on the ground of fraud if the insured can prove that the
		as true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or th
	Provided that in case of fraud, the onus of disproving	g lies upon the beneficiaries, in case the Policyholder is not alive.
	of revival of the Policy or the date of the rider to the I	at any time within three years from the date of issuance of the Policy or the date of commencement of risk or the Policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy
	life of the insured was incorrectly made in the propos	sal 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 materials on which such decision to repudiate the Po	in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and olicy of life insurance is based:
	Provided further that in case of repudiation of the P	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 repu period of ninety days from the date of such repudiati	
(5)		udiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within ion.
	Nothing in this section shall prevent the insurer from o	

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

#### Aviva Life Insurance Company India Limited

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