



Tick () the relevant box

From _____ To _____

Fund Switch	Name Of Fund	Switch Out (Percent / Amount / Units)	Switch In (Percent / Amount / Units)

Top Up Premium Switch	Name Of Fund	Switch Out (Percent / Amount / Units)	Switch In (Percent / Amount / Units)

Fund Redirection	Name Of Fund	Percent / Amount

☐ Cancellation of riders***

(Please specify the rider name)

☐ Change & Addition/ Rectification of nominee

Nominee name	Nominee DOB	Nominee relation	Nomination Percentage
_____	_____	_____	_____
_____	_____	_____	_____

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

(if nominee is a Minor, please give appointee details below)

Name of Appointee _____ Relationship to the minor _____

Date of Birth _____ Address _____

Signature of Appointee _____

Rectification/ Modification of

☐ Life Insured Name

First Name _____ Middle name _____ Surname _____

☐ DOB***

DOB _____ Gender: ☐ Male ☐ Female

☐ LI Father's Name

Self Attested Age proof copy required (for LI Name Change) _____

First Name _____ Middle name _____ Surname _____

Top Up (Additional Single Premium**)		Additional Regular Premium**	
Name of new Fund	Percentage	Name of new Fund	Percentage
Total	100%	Total	100%

☐ Top Up (Additional Single Premium**)

☐ Additional Regular Premium

Amount ₹ _____

Lost the policy document : ☐ Not received the policy document: ☐ Remarks : _____

Rs 250/- + ☐ Indemnity bond on Rs 100 stamp paper ☐ Photo ID proof ☐ Recent colored photo ☐

Cheque leaf copy ☐ Bank Statement showing the remittance proof** ☐

☐ Original Seen & Verified Copy of original ID proof by the branch provided at the time of policy inception for DD/ Cash cases

Request you to please send the policy document at the selected address.

*Please check with your advisor on the availability of these facilities, if available, please complete the direct debit instruction mandate, relevant charge slip and submit along with your request. Alternatively please contact customer services at 1800-180-22-66 (Toll Free) for further information / assistance.
 **For availability of fund options please refer policy schedule.
 ***Please submit your original policy document along with request.
 *Rs 250/- and Indemnity bond on Rs 100 stamp paper is required only if the request is received after 1 year of the policy commencement date/policy is lost.
 **Bank Statement showing the remittance proof is applicable only for NEFT/ ECS/ Cheque cases and Original Seen & Verified Copy of original ID proof by the branch provided at the time of policy inception for DD/ Cash cases.

Enclosures: ☐ Policy ☐ other document(s), in any _____

Declaration / Authorization

I / We hereby request that Aviva Life Insurance Co. India Ltd (AVIVA), make the necessary changes to my / our policy in accordance with the information furnished above and I / we hereby accept and agree to be bound by such changes.

I / We agree and accept, no request is valid, until Aviva receives (receipt of this form by an agent does not construe as receipt by Aviva) the request during the lifetime of the LI and provide such request is accepted by aviva.

I / We declare and agree that any my / our personal information available with aviva (either through this application or otherwise), is permitted to be held, used and disclosed by aviva to any insurance intermediaries, service providers, re-insurers, claims investigation agencies or such other persons and entities are determined by Aviva to fulfill a transaction I / We have requested, process service my / our policy/ policies direct marketing investigate or handle claims detect or prevent fraud comply with lawful requests from regulatory and lawful requests from regulatory and law enforcement authorities and to communicate with me / us in this regard.

I / we agree and accept that my/our request cannot be processed without my / our furnishing the required information.

Signature of Life Insured _____

Date of request _____

signature of witness _____

Signature of Policy Owner _____
(If other then LI)

Date of request _____

signature of witness _____

Declaration by the person filling in the form

(If the form is being filled in vernacular/ PH Signature is in vernacular)

I hereby declare that I have fully explained the content of the endorsement form to the PH & he/she has fully understood the same & I have truthfully recorded the answers given by the PH.

Declarant's Name _____

Declarant's Address _____

DOB of Declarant _____ Signature of Declarant _____

Important Note: For Non-Financial Endorsements only

- The policyholder is required to visit the branch in person for submission of request. However, there is an exception for NRI & PIO.
- The policyholder is required to carry originals for verification by our branch office
- Exception for NRI & PIO: The NRI & PIO policyholders will have the option to get the Photo ID attested as a true copy by either of the below:
 - The embassy in the country of residence
 - Banker of the policyholder
 - Notary/Gazetted officer equivalent who is authorized to attest documents in the country of residence.
- All the supporting documents should be self attested by the policyholder.

For Branch Use Only

Original seen & Verified ☐ ID Proof ☐ Address Proof ☐ No (Reasons) _____

Signature Verified ☐ Yes ☐ No (Reasons) _____

Name of the Branch _____ Employee Code _____

Name of the Branch Employee _____ Signature of the Branch Staff _____