Endorsement Request Form

Any alterations/corrections made in the form need to be duly signed by the policy Holder.
Please use a separate request form for each policy. (Change / correction in Policy Holder Name, DOB & personal contact details automatically changes the details in other policies).
Tick (/) the relevant box.
Kindly fill in BLOCK LETTERS ONLY





Policy Number:		Date:						
Name of the Policy Holder	: Title First Nam	e	Middle Na	ıme	Surname			
		For of	ffice use only					
Branch Name:		Client	ID:	Interacti	on/SR ID:			
Type of endorsement: Financial Non-Financial				Voucher No (For Banking details:				
Signature verified: Ye	No. If No, reason							
Processor Name:			Signature of Processor:					
Change in Personal Contact Details:	Address:							
Office		<u> </u>			D: 6 1			
Correspondence		ty: State: Country: Pin Code:						
Permanent	Fax No.: Mobile No.: Office No.:							
remainent	Residential No.: Email ID:							
Change in Premium Mode*	A/C No./Credit Card No# Cash/Cheque/DD (Cheque#)    PDC^^ ECS (A/C#) Credit Card (SI #)^    (^Applicable only for Direct Debit / Credit card payment. Please enclose credit card mandate. (^^ PDC only applicable for Non ECS locations & only MICR code chequaccepted. ^^Atleast one year PDC need to be submit).							
Change in Premium Frequency*	To: Annual Hall	,	terly Monthly  Credit card mode)					
Paid Up	Sum Assured Intact	Paid Up with Ze	ro Sum Assured (if app	olicable)				
Premium Discontinuance*	"I would like to discontinue the fu basis the product Terms & Conditi				continue to be deducted and the	e policy may get closed		
Change in Cover Level*	From			To				
Change in Premium Level*	From			To				
Fund Switch	Base Premiu	ım**	Top Up Pre	mium**	Premium Redir	ection**		
	Name of new fund	Percentage/ Amount	Name of new fund	Percentage/ Amount	Name of new fund	Percentage/ Amount		
Base Premium								
Top Up Premium								
Redirection								
	(For number of free switches & n	umber of redirections a	llowed in a policy year - Plea	se refer to policy terms &	Conditions)			
Cancellation of riders***	(Please specify the rider name)							

Change & Addition*** / Rectification of nominee	Nominee Name	Nominee DOB	Nominee Relation	Nominee Percentage				
or nonninee	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:							
Rectification/	Signature of Appointee:							
Modification of	First Name Middle Name Surname							
Life Insured Name  DOB***	DOB: Gender: Male Female Self Attested age proof copy required (for LI Name Change)							
LI Father's Name	First Name Middle Name Surname							
Top Up (Additional Single Premium**)	Top Up (Additional Single	Premium**)	Additional Regular P	Additional Regular Premium**				
	Name of new fund	Percentage	Name of new fund	Percentage				
Additional Regular Premium								
Amount Rs								
	Total	100%	Total	100%				
Duplicate Policy Request  At the above mentioned address  At the above	Specify Reason:							
mentioned branch	(I understand that if policy documents have been lost by me, I have to pay a fee of Rs. 250/- for issuance of a duplicate policy). Request you to please send the policy documents at the selected address.							
Alternatively please contact custom  **For availability of fund options plea  ***Please submit your original policy	er services at 1800-180-22-66 (Toll Free) for further ase refer policy schedule.	complete the direct debit instr information / assistance.	uction mandate, relevant charge slip and submit along w	rith your request.				
hereby accept and agree to be receipt by Aviva) the request di with Aviva (either through this claims investigation agencies o direct marketing investigate or	a Life Insurance Co. India Itd (AVIVA), make to bound by such changes. I / We agree and a uring the lifetime of the LI and provide such is application or otherwise), is permitted to or such other persons and entities are deterr	accept, no request is valid, request is accepted byAviv be held, used and disclose mined by Aviva to fulfill a t ly with lawful requests fron	y / our policy in accordance with the informatio until Aviva receives (receipt of this form by ar a. I / We declare and agree that any my / our pe db y Aviva to any insurance intermediaries, se ransaction I / We have requested, process serv n regulatory and law enforcement authorities ar	a agent does not construe as rsonal information available rvice providers, re-insurers, ice my / our policy/ policies				
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	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:							
(If the form is being filled in vernacular/ PH Signature is in vernacular)	Declarant's Address:							
	DOB of Declarant:		Signature of Declarant:					