



Change & Addition\*\*\* / Rectification of nominee

Nominee Name \_\_\_\_\_ Nominee DOB \_\_\_\_\_ Nominee Relation \_\_\_\_\_ Nominee 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

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\*\*)**

Name of new fund \_\_\_\_\_ Percentage \_\_\_\_\_

Additional Regular Premium

**Additional Regular Premium\*\***

Name of new fund \_\_\_\_\_ Percentage \_\_\_\_\_

Amount Rs. \_\_\_\_\_

Total 100%

Total 100%

**Duplicate Policy Request**

At the above mentioned address

Specify Reason: \_\_\_\_\_

At the above 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.

\*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.

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 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: \_\_\_\_\_ Date of request: \_\_\_\_\_ Signature of Witness: \_\_\_\_\_  
(If other than LI)

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: \_\_\_\_\_

**AVIVA Life Insurance Company India Ltd.**

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