

CONSENT FORM FOR NON STANDARD AGE PROOF

| Date: | D D M M Y Y Y Y | |
|--|--|---|
| Proposal Form Number: | | |
| Date of Birth of Life Assured: | | |
| I hereby declare that I am aware that the company accepts Standard Age Proof without Age Extra Premium at the proposal acceptance stage. However due to non availability of the same I wish to submit the following as the Non Standard Age Proof. | | |
| ☐ Election Card (Voter ID) | | |
| ☐ Ration Card | | |
| ☐ Adhar Card without complete DOB | | |
| □ Others | | |
| I hereby give my consent to an additional annual charge of Rs.2.50 per 1000 of Sum Assured (applicable for Non DGH products) / Rs.1.25 per 1000 of Sum Assured (applicable for DGH products) to be deducted from the Unit Balance(for ULIP) / paid along with initial premium (for Traditional & Term Plan)for the entire policy term. | | |
| Name of the Life to be Insured | Name of Proposer (If different from Life assured) | Name of Declarant (If Life to be Insured / Proposer signature is in vernacular) |
| | | |
| Signature | Signature | Signature |
| Note: Any additional rating due to underwriting reasons will be intimated separately for consent. | | |
| We will be happy to hear from you. Allow us to keep in touch on a regular basis by updating your contact details. www.avivaindia.com 1800–180–2266 / 0124–2709046 (Mon - Sat; 8AM-10PM) customerservices@avivaindia.com | | |