

POLICY SERVICING FORM - Personal Details

Date:

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*Policyholder Name: _____ *Policy No.: _____

*Email Address: _____ *Mobile No.: _____ *PAN: _____

*Bank Account Details: *Filling bank details are mandatory as the details are required to process the payouts. To update fill out below details and provide cancelled cheque along with ID proof (Annexure-1)*

Bank Name: _____	Account Type: Savings <input type="checkbox"/> Current <input type="checkbox"/>
Account No.: _____	IFSC Code: _____

** I give my consent to Aegon Life Insurance to consider the above mentioned details as the latest ones and update them in the system for all my policies.*

Change in Address Permanent Current

** Provide Address Proof (Document list is mentioned in Annexure -1)
* This change is applicable to all policies held under your client ID*

House/ Flat No.:	Street/ Area:	
City/ District:	State:	Pincode:

Change in premium frequency Monthly Quarterly Half Yearly Annually

** Auto Debit is mandatory if monthly mode is selected*

Addition of Nominee:

** Total allocation of the nominees should equal to 100%
* Nominee should be a blood relative
* If the nominee/beneficiary is a minor, please fill in the appointee section*

I, _____ (the policy owner), hereby nominate the following person (s) as my nominee who will receive the moneys secured by this policy in the event of my death to give valid discharge to the company:

Name	Date of Birth	Relationship with Life Assured	% Allocation

Appointee Details:

To be filled only in case the nominee is minor

I hereby appoint the following person as the Appointee to receive the money secured by the policy in the event of my death during the minority of the nominee.

Name	Date of Birth	Relationship with Nominee

Signature of Appointee: _____

Accidental Rider: To be filled if you want to opt the rider

Product Name: _____

*Please select: Accidental Death Benefit Rider (138B006V05) Sum Assured: _____
 Accidental Death & Disability Rider (138B002V02) Sum Assured: _____

Questionnaire:

1) Since the date of submission of proposal for above policy to the Company:

A) Have you suffered from any illness/accident or consulted a Medical Practitioner: Yes No
If yes, please give details: _____

B) Have you undergone any investigation tests such as Blood Test, X-ray, ECG etc.? Yes No
If yes, please give details: _____

C) Did you have to take time off from office/work due to any health condition other than for common cold and cough for more than 5 days? Yes No
If yes, please give details: _____

D) Has there been any condition/symptom for which you have yet not sought any professional advice for? Yes No
If yes, please give details: _____

2) Please mention the Life Assured's current occupation details including designation:

Accidental Rider Disclaimer:

- The Company will not be responsible in case of non-credit to your account or if transaction is delayed or not effected at all for reasons of incomplete/incorrect information provided or rejected by your bank
- Your rider premium will be part of base premium and if auto debit is already active your rider premium will be deducted along with base premium
- Please note that life insured may be required to undergo medical tests. Any addition of rider is subject to the company underwriting the risk or realisation of premium whichever is later and company shall not be liable until it has been underwritten the risk and issued the rider to the policyholder. Also, relevant processing will be applicable from date of complete requirements/documents revived from ALIC

Are you Politically Exposed Person ? Yes No

FATCA details:

Select your current residential status: Indian NRI

Please note: For NRI, TDS deduction, if any, is subject to RBI regulation based on residential status

I confirm having read and understood all the relevant policy provisions before making this service request.

Signature of Policyholder: _____ Signature of Assignee: _____
(In case policy is assigned)

Dated: | D | D | M | M | Y | Y | Y | Y |

Place: _____

Declaration & Authorization

1. We hereby declare that the particulars given above are correct. If the transaction is delayed or not effected at all for reason of incomplete or incorrect information provided by me/us above, I/We would not hold Aegon Life Insurance Company Limited or any of its associates/employees/agents responsible.
2. Further, I/We agree to indemnify or keep indemnifying Aegon Life against any loss, claim, damage, or expenses arising out of any incomplete or incorrect information provided by me/ us above.
3. I have understood the meaning and the scope of this form and take complete responsibility for the changes submitted by me here in.

Annexure - 1:

List of KYC Proof:

OVDs	ID Proof	Address Proof
Valid Passport	Yes	Yes
Valid Driving License	Yes	Yes
PAN Card	Yes	No
Aadhar card/ Proof of Possession of Aadhaar card	Yes	Yes
Voters identity card issued by Election Commission of India	Yes	Yes
The letter issued by the National Population Register containing details of name, address, etc.	No	Yes
Job card issued by NREGA duly signed by an officer of the State Government	Yes	Yes
Any other document as notified by the Central Government in consultation with the Regulator	Yes	Yes

Please note: All documents submitted need to be self-attested by the Policy owner. Where Aadhaar/proof of possession of Aadhaar containing Aadhaar Number is voluntarily provided, the customer shall redact or black out first 8 digits of Aadhaar number.