(FOR OFFICE USE ONLY) Service Request ID:	_
Affix date & time stamp	-



Please affix recent colored photograph (required for all request submitted)

## REQUEST FORM FOR PAYOUT OF POLICY

a) Any alterations/corrections made in the form need to be duly signed by the policy owner /both Policy Owner(Joint Life) / Assignee

<ul> <li>b) One Payout Form can be used for mu</li> <li>c) You will receive a call for verification</li> </ul>								efund	sought	in san	ne A/c.												
MUST READ																							
In accordance with IRDA Guidelines, if the request is submitted along with complete documents at Aviva office before 3:00 pm, the request would be processed as per the closing NAV of the next business day.  PARTIAL WITHDRAWAL: If the request is for more than the amount eligible, the request shall be declined.  SURRENDER: The surrender value being communicated is an estimated value based on NAV of previous day & the actual surrender value payable shall depend upon the closing NAV of the corresponding day as explained above. As mentioned in the Terms & Conditions of the Policy Document, the surrender value shall be arrived after deduction of Surrender Charge(s) & service tax on surrender charges @12.36% (As notified by the Government from time to time). The indicative surrender charge(s) have been explained through 'Your Policy' document. The Surrender of the units results in termination of the contract and all rights/ titles and interest under the policy shall stands cancelled.  Charge(s). The indicative surrender charge(s) have been explained through 'Your Policy' document.																							
CUSTOMER DETAILS																							
Policy Number					Date	of Bi	irth																
Name of the Policyholder / Assignee									Ш														
For quicker processing & to update any c (In case of any change in communication address,																AL LE	TTER	ONL	Y)				
Pin code T	ode Telephone No (Residence)*Telephone No (Office)																						
Mobile No*.  *Residence Number or Mobile Number is a mar			ail Add	Iress															_				
REQUEST DETAILS (Tick as applicable)		quiren	ient																				
Freelook Cancellation Reason																							
Partial Withdrawal: Rs.						7 Min	imun	n	Γ	Пм	aximu	m	(Policy	, Доси	ment is	mand	latory t	for pa	rtial w	- ⁄ithdra	awal)		
Policy Surrender					_	<b>_</b>			L				(, ,,,,				,				,		
BASIC MANDATORY DOCUMENTS (1	Tick as	applic	cable)																				
Original Policy Documents			,				Г		Can	celle	d Che	aue c	of the A/c	where	e NEF	T is re	eauire	d					
(Mandatory) Self Attested copy of Photo Identity	Droof**						Г	$\exists$	(Man	datory	)		py of ban						nium	ic			
(Mandatory)	1001						L						mittance e								emer	t**/**	*
Recent Colored Photograph (Mandatory)									(Man	datory,	)												
ADDITIONAL DOCUMENTS REQUIRE	D (Tick	as a	pplica	ble)																			
Self Attested copy of communication Mandatory (If address has been changed within			**				[		Dupl	licate	Policy	/ Doc	uments										
Bank statement/copy of bank passbo showing remittance entry <b>OR</b> latest c (If original policy documents not submitted)						ed				•			olaint/FIR y documents			•	ond (o	n Rs	.100	Stan	np Pa	aper)	
Reason for not submitting original policy doc	uments:																						
a) All the supporting documents should be self attested     b) **Request you to please carry originals for verifications."				reques	t is sub	mitted	by th	ird par	y then w	e requ	uire third	party	photo identi	ty proo	f (Origina	al requi	ired for	OSV)	and a	uthoriz	ation	etter fr	om policy
holder. c) ***For Mode of payment ECS/Direct Debit: Cancel.	led Cheque	and Bar	nk staten	nent is	not req	uired a	and pa	ayout w	ill be pro	cesse	d in sam	e A/c (	at least one	premiu	ım has b	een rei	mitted fi	rom re	gistere	ed EC	S/Dire	t Debi	t A/c).
ADDITIONAL DOCUMENTS REQUIRED FO	OR AMO	UNT T	RANS	FER	IN NI	RE (N	lon-l	Resid	lent ex	ctern	al) AC	COU	INT: (Tic	k as	appli	cable	e)						
Cancelled Cheque from NRE A/o	;									/ cop	y of b	ank p	assbook	of NF	RE A/c	from	which	all p	remi	ums	are r	emitt	ed.
(Mandatory)  Please note that if the amount has to be transferred to <b>NR</b>	E Account	then sui	bmit cop	y of NR	E Ban	k statei		datory, througl		ıll pren	niums ha	ve be	en remitted.										
PAYMENT METHOD (NEFT	is man	dator	y for a	all ca	ncel	latio	n re	eque	sts)														
DETAILS REQUIRED FOR DIRECT TRA remitted from ECS/ Direct Debit):	NSFER	(Pleas	se giv	e the	Ban	k Ac	cou	nt de	etails t	throu	ıgh w	hich	you hav	⁄e rei	nitted	you	r prei	niun	n / P	olicy	/ pre	miu	n
Bank Name																							
Bank Address			$\perp$																				
Bank Account Holder's Name										Ī				$\overline{}$	$\overline{}$	Ī						Ī	$\overline{}$
Bank Account Number	$\vdash$	$\forall$	$\forall$	+	$\forall$			П	十	$\dagger$	$\top$			一	十	十	$\top$			<u>_</u> 	<u>_</u>	$\dashv$	_
Account Type	Sa	ving	Ė	Cı	urren	t		T	NR	E			NRO	!				-					
Bank Branch NEFT IFSC Code			丁	1	Т					Т	٦	(Yo	u ou can ob	tain t	his fror	n you	ır Ban	k bra	nch)				
Bank Branch MICR Code		+	+	+	+		_		$\pm$	$\pm$	╡												

(If the cheque attached is 'At Par' please attach the first page of the cheque book containing MICR code)



IF THERE IS A BANK A/C CHANGE AND PAYMENT NEEDS TO BE PROCESSED TO THE NEW A/C THEN PLEASE PROVIDE THE FOLLOWING:  (Tick as applicable)																													
Cancelled Cheque of the new bank and Copy of self attested bank statemen	A/c (/ t of t	<sub>mand</sub> he n	latory) iew A/	c for	last	six	moi	nths	alon	g wit	:h o	rigina	ıls fo	r ph	ysica	al vei	rifica	ition	at t	he b	rar	nch.	(mai	ndato	y)				
NEW BANK ACCOUNT DETA	AILS	REC	QUIRE	D F	OR I	DIR	ECT	TR	ANS	FER																			
Bank Name																													
Bank Address																					T								
Bank Account Holder's Name																					Ī								
Bank Account Number																					Ī	Ī							
Account Type			Savin	g				Cur	rent				Ī	NR	E				N	RO		_							
Bank Branch NEFT IFSC Code	(You can obtain this from											om your Bank branch)																	
Bank Branch MICR Code			H	Ť	T							İ		Ħ	ī														
(If the cheque attached is 'At Par' please attack	the	first p	page o	f the	cheq	ue k	ook	cont	tainin	g MIC	R c	ode)		_															
EXCEPTION TO THE ABOVE: Cheque Dispatch to my Communication Address (as registered in our records):																													
Applicable only in the following situations (Tick as applicable):  The customer wants the refund in NRE account and unable to provide sufficient Bank proof (Bank declaration / Statement) which helps us to establish that all the premiums paid towards the policy have been remitted through NRE a/c.  The customer is having an account in the bank which does not provide the NEFT facility.																													
Note: We will not be responsible in case of r customer's account in the above section • In																								lete/	inco	rect	info	orma	ation of
					D	ECI	LAR	RAT	ION	& Al	JTH	IORI	SAT	ION	1														
I understand and agree to all the conditions an	d info	orma	tion st	ated i	in th	s fo	rm.																						
Date:																													
Signature of 1st Policy Owner / Assignee*:										_ Się	gnat	ure of	2nd	Poli	cy Ov	vner '	<u>'</u> :										_		
Declarant's Name*:						_ De	eclara	ant's	Signa	ture*:	_											-							
Declarant's Address & Contact Number:																													
*In case of signature in vernacular/ thumb impression this declaration should be made by a person of standing whose identity can easily be established but not connected with Aviva Life Insurance Company India Ltd. *A self attested copy of the Photo identity proof of the declarant is required.														ance															
Documents received							FOI	R B	RAN	CH	USI	E ON	LY																
Original Policy Documents									Cop	y of	Pol	ice c	omp	lain	t / FII	R													
Recent colored Photograph									Inde	emni	ty E	Bond	(on F	Rs.1	00 S	tamp	Pap	oer)											
Self Attested copy of Photo Id	entit	y Pr	oof						Can	celle	ed C	hequ	ie of	the	A/c	wher	e NE	EFT	is r	equii	red	l.							
Self Attested copy of commun	icati	on A	Addres	s Pr	oof							nontl									000	k of	nev	w A/	С				
Cancelled Cheque of NRE A/c									Ban	ık sta	aten	nent	сор	y of	Pas	sboo	k of	NRI	ΕA	/c									
Bank statement / copy of bank premium is remitted showing					nich		L		Late	est o	ne y	year l	oank	sta	teme	ent / d	сору	of F	as	s bo	ok	of n	ew.	A/c					
Duplicate Policy Documents									Oth	ers _									-										
Signature Verified: Yes			(Rea																-										
Name of the Branch:								C:	4		ula -	D	- L C	1 - EE															
Name of the Branch Employee:								əıgr	iatur	e 01 1	ine	Bran	cn S	ıaff:															