

(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.
- b) Please use a separate request form for each policy.
- c) You will receive a verification call prior to processing your request

CUSTOMER DETAILS

Policy Number Date of Birth

Name of the Policyholder

For quicker processing & to update any change in communication address, kindly provide LATEST contact information (In case of any change in communication address, a valid address proof of the current communication address is mandatory) (TO BE FILLED IN CAPITAL LETTER ONLY)

Pin code Telephone No (Residence)* Telephone No (Office)

Mobile No* Email Address

*Residence Number or Mobile Number is a mandatory requirement

REQUEST DETAILS (Tick as applicable):

- Freelook Cancellation Reason: _____
- Partial Withdrawal**: Rs. _____/- Minimum Maximum (Policy Document is mandatory for partial withdrawal)
- Policy Surrender

NOTE: In accordance with IRDA Guidelines, if the request is submitted at Aviva office before 3:00 pm, the request would be processed as per the closing NAV of the same day and if the request is submitted after 3:00 pm, the request would be processed as per the closing NAV of the next business day.

In case subsequently, additional information is required for processing the surrender value, in such a case, Surrender Value would be calculated on the NAV of the date of completion and submission of such additional information (same day for cases received before 3.00 pm and the next day if received after 3.00 pm).

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). 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 stand cancelled.

BASIC MANDATORY DOCUMENTS (Tick as applicable)

- Original Policy Documents
- Self Attested copy of Photo Identity Proof*** (Mandatory)
- Recent Colored Photograph
- Cancelled Cheque from A/c through which premium is remitted **** (Mandatory)
- Bank statement / copy of bank passbook from which premium is remitted (except for single premium cases and where all premiums are paid through cash, DD, credit card)***

ADDITIONAL DOCUMENTS REQUIRED (Tick as applicable)

- Self Attested copy of communication Address Proof****/**** (Mandatory (if address has been changed within last one year))
- Copy of Police complaint / FIR & recent colored Photograph (if original policy documents not submitted)

Reason for not submitting original policy documents: _____

***Request you to please carry originals for verification by our branch office

**** Please note that Surrender value shall be remitted to the same account from where premium have remitted to AVIVA

ADDITIONAL DOCUMENTS REQUIRED FOR AMOUNT TRANSFER IN NRE (Non-Resident external) ACCOUNT: (Tick as applicable)

- Cancelled Cheque from NRE A/c (Mandatory)
- Bank statement / copy of bank passbook of NRE A/c from which premium is remitted. (Mandatory)

Please note that if the amount has to be transferred to NRE Account then submit copy of NRE Bank statement through which all premiums have been remitted.

PAYMENT METHOD (NEFT is mandatory for all cancellation requests)

DETAILS REQUIRED FOR DIRECT TRANSFER (Please give the Bank Account details through which you have remitted your premium):

Bank Name

Bank Address

Bank Account Holder's Name

Bank Account Number

Account Type Saving Current NRE NRO

Bank Branch NEFT IFSC Code (You can obtain this from your Bank branch)

Bank Branch MICR Code

(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 A/c (mandatory)
- Copy of self attested bank statement of the new A/c for last six months along with originals for physical verification at the branch. (mandatory)
- One of the following:
 - Cancelled Cheque of the old bank A/c with name printed on it OR
 - Self attested copy of the Original Bank a/c Statement of old A/c along with original for physical verification at the branch OR
 - Self attested copy of the bank pass book of old A/c along with original for physical verification at the branch OR
 - Duly Stamped original letter from the old bank on the letterhead of the bank confirming the closure of the A/c.

IF ALL THE PREMIUMS PAID BY CASH / DEMAND DRAFT: (Tick as applicable)

- Cancelled Cheque of the new Bank A/c
- Copy of self attested Bank statement of the new A/c for last six months along with originals for physical verification at the branch.

NEW BANK ACCOUNT DETAILS REQUIRED FOR DIRECT TRANSFER

Bank Name:

Bank Address:

Bank Account Holder's Name:

Bank Account Number:

Account Type: Saving Current NRE NRO

Bank Branch NEFT IFSC Code: (You can obtain this from your Bank branch)

Bank Branch MICR Code:

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

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 non-credit to customer's account or if transaction is delayed or not effected at all for reasons of incomplete/ incorrect information of customer's account in the above section • In case the requisite information for Direct Credit is not received the payout will be made vide cheque.

DECLARATION & AUTHORISATION

I understand and agree to all the conditions and information stated in this form.

Date:

Declarant's Name*: _____

Policyholder's Signature*: _____

Declarant's Signature*: _____

*(We might contact you for verification of your details prior to payout)

Declarant 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.

Documents received

FOR BRANCH USE ONLY

- Original Policy Documents
- Self Attested copy of Photo Identity Proof
- Self Attested copy of communication Address Proof
- Cancelled Cheque of NRE A/c
- Bank statement / copy of bank passbook from which premium is remitted
- Last six month bank statement / copy of Pass book of new A/c (incase old A/c get closed)
- Bank declaration on letter head –original (incase old A/c get closed)
- Others _____
- Copy of Police complaint / FIR & recent colored Photograph
- Cancelled Cheque from A/c through which premium is remitted
- Cancelled Cheque from new A/c (incase old A/c get closed)
- Bank statement / copy of Passbook of NRE A/c

Signature Verified: Yes No (Reason) _____

Name of the Branch: _____

Name of the Branch Employee: _____ Signature of the Branch Staff: _____