



Non-Linked Non-Participating Plan

Policy	
Policy Number :	
Plan Name : Aviva Wealth Build	er
UIN : 122N100V03	
Policyholder	Insured
Name :	Name :
Date of birth :	Date of birth :
Age :	Age :
Sex :	Sex :
Identity Proof :	Identity Proof :
Address :	Address :
	Whether Age admitted (Yes/No):
Relationship with Insured (Yes/No):	Marital Status:
Insurance Details	
Single Premium(if applicable)	: Commencement Date :
Regular Premium(if applicable)	: Premium Frequency :
Applicable Tax Amount* :	
Total Amount :	



Sum Assured	:	Risk Commencement Date:	
Policy Term	:		
Premium Payment Term	:		
Maturity Date	:		
:			
Due date for payment of last instalment of Regular Premium:			
Nature of Charge/Fee	Rate applicable at t	he Commencement Date	
Revival Fee	Rs 250*		
This is a fee levied at the time of reinstatement of the Policy			
* Applicable taxes will be charged and/ or deducted on/ from the premium/charges/fees at the prevailing rate. Tax laws are subject to change.			
Nomination Details (Under section 39 of the Insurance Act 1938)			
Nominees:			
Name:Na	ime:	Name:	
Percentage Pe	ercentage	Percentage	
Address: Ad	dress:	Address:	
Age: Ag	e:	Age:	
Relationship: Rela	ationship:	Relationship:	
Telephone No.: Te	lephone No. :	Telephone No. :	
Appointee (in case of minority of the Nominee)			

Name:



Address:		
Telephone No.:		
Beneficiaries in case of Insurance under the Married Women's Property Act, 1874		
Name:	Name:	
Age:	Age:	
Relationship:	Relationship:	
Address :	Address :	
Telephone No. :	Telephone No. :	
Any Special Conditions:		
Endorsements, if any:		
This Schedule forms an integral part of the Policy Document and should be read in conjunction.		
Insurance Agent/ Insurance Broker: Name of the Insurance Agent/ Insurance Broker: Insurance Agent/ Insurance Broker License No.: Insurance Agent/ Insurance Broker Code: Address: Telephone No.: Email:		
Our Address: Aviva Life Insurance Company India Ltd., Aviva Tower, Sector Road, Opp. Golf Course, DLF Phase V, Sector 43, Gurgaon -122 003 (Haryana).		
Note: On examination of this Caba	adula if Vau nation any miataka in the information	

Note: On examination of this Schedule, if You notice any mistake in the information related to You, this Policy Document is to be returned for correction to Us.

Authorised Signatory:

Date:

Place: New Delhi