

Payout Form

Freelook Cancellation/Unclaimed Amount/Instrument Reissuance/Partial Withdrawal

Affix Recent
Colour
Photograph

In accordance with IRDAI guidelines, if the valid application is received upto 3 pm, the same day closing NAV shall be applicable and if received after 3 pm, the closing NAV of the next business day shall be applicable.

Instructions:

- Valid application means duly filled and signed Payout Form along with submission of Mandatory and additional documents, if required. The Policyholder/Claimant is required to carry Original Documents for verification at the Aviva Branch. Self-Attestation on documents is a mandatory requirement. Any alterations/corrections in the form need to be duly signed by the Policyholder/Claimant. The payout settlement is subject to receipt of complete documentation and successful verifications. Additional requirements may be called for and you may receive a call for verification of facts prior to the settlement.
- NRI/PIO Customers may get the documents attested by either of the following from the country of residence:
(a) Embassy (b) Notary or Gazetted Officer equivalent to who is authorised to attest documents (c) Banker of the Policyholder
- In case the premium remittance is set on ECS/NACH/Direct Debit for the policy, the payout will be settled to the same Bank Account only (At least one year Premium should be paid from the registered ECS/NACH/Direct Debit A/C), otherwise a valid Bank Account Proof is required. Online Bank Statement is to be attested by a Bank employee with his name, employee code, signature & the Bank Stamp.
- If premium paid is yet to be realized, the payout will be processed post credit realization with applicable NAV of the realization date, and the processing time will be calculated accordingly.
- Payouts are subject to Tax Deduction as per the Law. Tax laws are subject to change

Basic Mandatory Documents (Tick as Applicable)	Documents required if Original Policy Bond not submitted (Tick as Applicable)
<input type="checkbox"/> Original Policy Document <input type="checkbox"/> Photo Identity Proof <input type="checkbox"/> Recent Colour Photograph <input type="checkbox"/> Original Cancelled Cheque with pre printed name and Account Number or Bank Statement/Passbook having Pre-printed Name & Account Number	<input type="checkbox"/> Self-Attested copy of Bank Statement/Passbook from which premiums are remitted reflecting remittance entry or Self-Attested copy of inception ID/Age Proof <input type="checkbox"/> Duplicate Policy Document <input type="checkbox"/> No Policy Document Reason for not submitting Original Policy Document _____

Please tick the relevant Service Request Type

- Freelook Cancellation[^] (Please specify reason _____)
 Unclaimed Amount
 Instrument Reissuance
 Partial Withdrawal* (I would like to withdraw Rs. _____ / Maximum amount eligible)

[^]The amount for the policy cancelled within the Free Look Period & at Proposal Stage, shall be refunded back to the source of initial premium payment (only if premium was paid online). The refund, back to source, is permitted upto 180 days from the initial payment date (as per banking practice)

*If the Fund Value or Surrender Value of the policy falls below the minimum value specified in the policy terms and conditions, policy will be terminated and the Surrender/Fund Value, if any, will be paid. The partial withdrawal under the policy will reduce the Fund Value.

POLICYHOLDER DETAILS

Policy Number	<input type="text"/>	Date of Birth	<input type="text"/>
Name of the Policyholder/Assignee/Trustee	<input type="text"/>		
Current Address	<input type="text"/>		
City	State	Pin Code	<input type="text"/>
Mobile Number	Email ID	<input type="text"/>	
PAN No (Mandatory)	<input type="text"/>		
Current Residential Status	<input type="checkbox"/> Residing in India	<input type="checkbox"/> NRI (Please Specify Country) _____	
Residence for Tax Purposes in Jurisdiction(s) outside India	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	

*If either Residential Status is "NRI" or Tax jurisdiction is "Yes", kindly fill the CRS/FATCA Addendum available on the Aviva Website or at any Aviva Branch.

BANK ACCOUNT DETAILS

Complete Name of the Bank Account Holder (as appearing in the Account) _____

Bank Name _____

Branch Address _____

Account Number _____

IFSC Code (11 digits) _____

MICR Code (9 digits) _____

Account Type Savings A/C Current A/C NRE* NRO

CBS		DATE: _____
PERSONAL BANKING: SAVING ACCOUNT		
PAY: _____	OR BEARER _____	
RUPEES _____	₹ _____	
SBGEN A/c No. _____	ANWB: 003070123756	
ABC BANK LIMITED Gurugram Branch Ground Floor, Towers, Gurugram	RTGS / NEFT IFSC CODE : ABNI0000020	
* 334455 * 110229011 : 000000 * 31		
Branch Address	MICR Code	IFSC Code

*For NRE Account Type, kindly submit Pre-Printed cancelled Cheque of NRE Account and Self Attested Bank Statement/Passbook of NRE Account from which premiums are remitted. Aviva will not be responsible for any delay or non-credit due to incorrect banking details.

DECLARATION & AUTHORISATION

I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/we may be held liable for it.

For CRS/FATCA-I hereby consent and authorize the Company to collect, store, communicate and process information relating to the policy and all transactions therein, by the Company and any of its affiliates wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.

For Instrument Reissuance Payout Request : I hereby declare that I have not received / not encashed / lost the refund payout cheque issued in my favour by Aviva Life Insurance Company India Limited towards my Policy. I further declare that I will not utilize / encash the said cheque if received after placing the fresh request for instrument reissuance.

Signature of 1st Policyholder/Assignee/Trustee

Signature of 2nd Policyholder

VERNACULAR DECLARATION (Declaration when the Policyholder has affixed thumb impression or has signed in any language other than English) -

I hereby declare and certify that I have explained the content of this form to the Policyholder in the language understood by him/her and that the Policyholder has affixed his/her thumb impression/ signature on this form in my presence, after fully understanding the content thereof.

Declarant's Name _____ Declarant's Address & Contact No. _____

Declarant's Signature _____

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Note: Kindly submit a copy of the Photo Identity Proof of the Declarant.

FOR BRANCH USE ONLY

Service Request ID _____

Processed by (Employee Code & Signature)

Branch Stamp & Date



Aviva Life Insurance Company India Limited
401-A, 4th Floor, Block A, DLF Cyber Park,
Sector-20, NH-8, Gurugram, Haryana-122 016
www.avivaindia.com



Customer Service Helpline Number
1800-103-77-66 (Toll Free)
0124-270-9046



Email
customerservices@avivaindia.com