

Maturity Payout Form - Non-Pension Policies

- 1. The form must be duly filled and signed by the Claimant (PolicyHolder / Assignee / Trustee) and can be submitted at any Aviva Branch or sent by courier to Aviva's Head office
- 2. The PolicyHolder/Claimant is required to carry Original Documents for verification at the Aviva Branch. Self-attestation on documents is a mandatory requirement and any alterations/corrections in the form need to be duly signed by the PolicyHolder/Claimant
- 3. In case the PolicyHolder authorizes any third person to submit the document/s on his / her behalf, the customer's authorization letter & depositor's ID proof is required
- 4. TDS (Tax Deduction at Source), if applicable will be imposed as per applicable Income Tax Laws

Self attested copy of Photo ID Proof Copy of Cancelled Cheque/Self attested Bank Statement with pre-printed name and Account Number reflecting the last 3 months' transactions Address Proof (in case of Non-Residents or change in address) POLICYHOLDER/BENEFICIARY DETAILS Policy Number(s) Name of the Policyholder/Assignee/Trustee Current Address State Alternate Number Prin Code Mobile Number Alternate Number Email ID PAN No. (Mandatory) Residential Status (Tick as applicable) Residential Status (Tick as applicable) Residence for Tax Purposes in Jurisdiction (s) outside India: Yes* 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 (in case of change in bank account details, please fill the below) Account Holder's Name Account Holder's Na
Policy Number(s)
Name of the Policyholder/Assignee/Trustee
Account Holder's Name
Branch Address Account Number IFSC Code (11 digits) MICR Code (9 digits) Account Type Savings Account Current Account NRE* NRO Segen Archo. ANNE 00307023756 RIGS / NET 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



PAYMENT OPTIONS	
Option to get maturity amount in Lump Sum/Installments (Family income builder plan only) Installments Lump Sum Payout	
DECLARATION	
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 a rever 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.	
Signature/Thumb Impression of PolicyHolder	Date DDMMYYYY Place
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 a ression/ 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 DDMMYYYY	
Note: Kindly submit a copy of the Photo Identity Proof of the Declarant.	
FOR BRANCH USE ONLY	
Service Request ID Branch Name Employee Code	
Employee Name & Signature	Branch Stamp & Date



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